

Oldham Medical Services

Inspection report

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Date of inspection visit: 27 July 2018
Date of publication: 28/08/2018

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Overall summary

On 16 February 2018 we carried out a full comprehensive inspection of Oldham Medical Services. This resulted in the practice being placed in special measures and Warning Notices being issued against the provider on 3 April 2018.

The Notices advised the provider that the practice was failing to meet the required standards relating to Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment, Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance and Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

On 27 July 2018 we undertook a focused inspection to check that the practice had met the requirements of the Warning Notices. We found that although some improvement had been made and some systems had been introduced further improvements were still required to ensure that safety was maintained. In particular we found that:

- The practice introduced a new system for recording significant events. However, we found that there were still further improvements to be made to this system.
- The practice introduced a nationally recognised Sepsis tool into the clinical system and clinical staff had been trained on its use.
- The cold chain was now being appropriately managed and vaccinations were in date.
- Infection control audits had been completed the most recent in 2018 which was conducted by the Local Authority infection control team and scored the practice as 96% compliant, with minor actions recommended which the practice was actioning.
- Fire safety checks were being carried out and included a fire evacuation and testing of emergency lights.
- Emergency medication was stored securely and checks were carried out by the nursing staff.
- We saw monthly checks and records were now being kept for the defibrillator, however we did note that checks had already been recorded for August 2018. Speaking with the practice manager they told us this was an error.
- We saw records were kept for regular locums and now included training. A training record was also maintained for the salaried GP.
- A new locum had been employed to carry out minor surgery within the practice and we saw records of training and qualifications had been obtained.

- A new system was in place for safety alerts including Medicines and Healthcare products Regulatory Agency (MHRA). However, we found that there were still further improvements to be made to this system.
- A Legionella inspection had been carried out in April 2018.
- A newly appointed reception manager had conducted appraisals with reception and administration staff.
- Clinical audits had been initiated by GPs, including a warfarin audit. However, these had not yet been completed.
- We reviewed four complaints received since our previous inspection and found that these had been investigated and responded to in line with policy and procedure.
- The new reception manager had arranged a meeting with the patient participation group (PPG) in May 2018 in which two members attended. The meeting was minuted and noted ideas and suggestions from the PPG members. There was no record as to when or if the group would meet again in the future.
- A meeting schedule has been introduced including monthly partner, clinical and practice meetings. We reviewed the minutes of meetings and saw a record of discussion and actions.
- CQC records showed that an application for a new registered manager had not been received, however an application to add a partner had been received, but rejected in June 2018. Speaking with the practice manager they told us they would resubmit application for new partner once the Disclosure and Barring Service (DBS) had been completed. They believed an application for registered manager had been completed and they would review progress with the partners. The rating awarded to the practice following our full comprehensive inspection on 16 February 2018 of 'inadequate' remains unchanged. The practice will be re-inspected in relation to their rating in the future.

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Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

Our inspection team

Our inspection team was led by a CQC lead inspector and also included an additional second CQC inspector.

Background to Oldham Medical Services

Oldham Medical Services is located in a two storey building on a main road in the Hathershaw area of Oldham. The practice moved to this adapted building in 2010.

There are two partners at the practice, both female, and there is a female salaried GP. There are also two practice nurses and a healthcare assistant. They are supported by a practice manager, new reception manager and administrative staff.

The practice is open:

Monday 7am – 6.30pm

Tuesday 7.30am – 6.30pm

Wednesday 7.30am – 6.30pm

Thursday 8am until 6.30pm

Friday 7.30am – 6.30pm.

Clinics started at the time the practice opened and were at various times throughout the day.

The practice delivers commissioned services under a General Medical Services (GMS) contract. At the time of our inspection 4784 patients were registered with the practice.

The practice is in an area of high deprivation with a deprivation level of one on a scale of one to 10, where one is the most deprived. Oldham Medical Services had opted out of providing out-of-hours services to their patients. This service was provided by Go to Doc Limited via NHS 111.

Are services safe?

We did not inspect the safe domain in full at this inspection. We inspected only those aspects mentioned in the Warning Notice issued on 3 April 2018.

- The practice introduced a new system for recording significant events. We reviewed the details of three significant events including one identified during the previous inspection in relation to 300 missed childhood immunisations. We noted significant events had been discussed during clinical and partner meetings. However, we saw only brief overviews of the investigations and actions taken had been recorded and review dates had not been set.
- The practice introduced a nationally recognised Sepsis tool into the clinical system and clinical staff had been trained on its use. The guidance had also been added to GP locum pack.
- We saw a procedure was in place for the cold chain and speaking with staff and reviewing recent data from the cold chain data logger we were satisfied the cold chain was now being appropriately managed and vaccinations were in date.
- Infection control audits had been completed, the most recent June 2018 which was conducted by the Local Authority infection control team and scored the practice as 96% compliant with minor actions recommended which the practice was actioning. We noted infection control was a regular item on both clinical and practice meetings. Staff also participated in hand hygiene training in May 2018. We found cervical smear sample brushes were kept sterile.
- Fire safety checks were being carried out and included a fire evacuation and testing of emergency lighting. We noted however the review and checks had only come into place in July 2018 and we were unable to see that these would be maintained.
- Emergency medication was stored securely and checks were carried out by the nursing staff. We noted however there was paracetamol oral suspension within the emergency medication bag which was prescribed for a patient.
- We saw monthly checks and records were now being kept for the defibrillator, however we did note that checks had already been recorded for August 2018. The practice manager told us this was an error.
- We noted records were kept for regular locums and now included training. A training record was also maintained for the salaried GP.
- A new locum had been employed to carry out minor surgery within the practice and we saw records of training and qualifications had been obtained. To date only one clinical session had taken place and so no audit had yet been carried out.
- A system was in place for safety alerts including Medicines and Healthcare products Regulatory Agency (MHRA) to be distributed to clinical staff to action where appropriate and a new template had been created to log actions and outcomes in the future. However this had yet to be populated. The clinical commissioning group (CCG) medicines management team also circulated a newsletter highlighting MHRA alerts and the CCG pharmacist assisted the practice in actioning alerts. However, alerts were not standard meeting agenda items and speaking with one GP they told us they often had informal discussions which were not minute. We reviewed a recent alert in relation to Sodium Valproate and noted action had been taken and was overseen by the CCG pharmacist and reception manager.
- A Legionella inspection had been carried out in April 2018.

Are services effective?

We did not inspect the effective domain at this inspection.
We inspected only those aspects mentioned in the Warning
Notice issued on 3 April 2018.

Are services caring?

We did not inspect the caring domain at this inspection. We inspected only those aspects mentioned in the Warning Notice issued on 3 April 2018.

Are services responsive to people's needs?

We did not inspect the responsive domain at this inspection. We inspected only those aspects mentioned in the Warning Notice issued on 3 April 2018.

Are services well-led?

We did not inspect the well-led domain in full at this inspection. We inspected only those aspects mentioned in the Warning Notice issued on 3 April 2018.

- A newly appointed reception manager had conducted appraisals with reception and administration staff. We reviewed five records and found that they had been fully documented. The nursing staff had been appraised by the practice manager and a GP and the health care assistant had been appraised by a practice nurse.
- Clinical audits had been initiated by GPs, including a warfarin audit. They were unable to show any documentation linked to the on-going audits as they had not been completed. The CCG pharmacist supporting the practice had completed some medicines management audits including antibiotic prescribing which had been discussed during clinical meetings.
- We reviewed four complaints received since our previous inspection and found that these had been investigated and responded to in line with policy and procedure. The practice manager told us they and the new reception manager were reviewing all policies and procedures to ensure they were up to date and any changes were communicated to staff.
- The new reception manager had arranged a meeting with the patient participation group (PPG) in May 2018 in which two members attended. The meeting was minuted and noted ideas and suggestions from the PPG members. There was no record as to when or if the group would meet again in the future.
- A meeting schedule has been introduced including monthly partner, clinical and practice meetings. We review the minutes of meetings and saw a record of discussion and actions. There were no formal agenda items and although we saw discussions in relation to SEAs, complaints, and a new sepsis tool, there was no record of discussion in relation to safety alerts.
- CQC records showed that an application for a new registered manager had not been received, however an application to add a partner had been received, but rejected in June 2018. Speaking with the practice manager they told us they would resubmit application for new partner once DBS had been completed and they believed an application for registered manager had been completed and they would review progress with the partners.