Oldham Family Practice

Quality Report

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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.

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Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oldham Family Practice (then registered as Dr Ahmed Choudhury) on 6 December 2017. The overall rating for the practice was inadequate, and the practice was placed in special measures. The full comprehensive report on the December 2017 inspection can be found by selecting the 'all reports' link for Oldham Family Practice on our website at www.cqc.org.uk.

The inspection of 6 December 2017 resulted in four warning notices being issued against the provider.

On 11 January 2018 we issued warning notices to the provider in relation to a breach of:

- Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.
- Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment.
- Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Receiving and acting on complaints.
- Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

Key findings

This inspection was an announced focused inspection carried out on 6 April 2018 to confirm that the practice had made improvements and met the requirements of the warning notices. At this inspection we found that all aspects of the warning notices had been met.

The rating awarded to the practice following our full comprehensive inspection on 6 December 2017 remains unchanged, and the practice will remain in special measures. The practice will be re-inspected in relation to their rating and being removed from special measures within six months of the report being published from the December 2017 inspection.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Oldham Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector, and also included a GP specialist advisor.

Background to Oldham Family Practice

Oldham Family Practice is located on the first floor of a health centre in Oldham Town Centre. There are other GP practices located in the same building. The practice is fully accessible to those with mobility difficulties. There is a car park next to the building.

There are three male GP partners at the practice, who have all become partners since our previous inspection. The two partners who were in place at the previous inspection had both left. The new partners were in process of registering with CQC. There were also two salaried GPs and a regular locum GP, two locum advanced nurse practitioners and a practice nurse. There was a practice manager who was supported by administrative staff.

The practice has 2834 patients registered. It is a member of NHS Oldham clinical commissioning group (CCG) and delivers commissioned services under the General Medical Services contract.

The practice is open 8am until 6.30pm Monday to Friday. Appointment times are 8am until 11.30am and 2.30pm until 5pm.

The practice is in the second most deprived area on the deprivation scale, where one is most deprived and 10 least. Life expectancy is 76 for males (below the national average of 79) and 80 for females (below the national average of 83). There is an above average number of patients with a long term condition (65% compared to the CCG average of 56% and the national average of 53%).

There is an out of hours service available by phoning NHS 111. The out of hours provider is Go To Doc Limited.

Why we carried out this inspection

This was a follow up focused inspection of the service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We inspected to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care

Act 2008 and to check if the practice had met the specifications of the Warning Notices issued on 11 January 2018.

Are services safe?

Our findings

We did not inspect the safe domain in full at this inspection. We inspected only those aspects mentioned in the warning notice issued on 11 January 2018. All aspects of the warning notice had been met.

Safety systems and processes

- Following our inspection in December 2017 the practice met with the Oldham clinical commissioning group (CCG) safeguarding team to review systems in the practice. They reviewed the concerns raised and held two meetings, the initial focus being on safeguarding children. A third meeting looking at safeguarding adults was scheduled.
- The Oldham CCG safeguarding nurse carried out a safeguarding audit on 4 April 2018. Results were positive, and where further improvements were required we saw these actions had taken place. The audit was scheduled to be reviewed at the practice meeting in May when the safeguarding leads were available.
- We saw there was a clear policy for ensuring children on the child protection register or looked after children were correctly coded. Although the coding system was still being developed we saw evidence of alerts on the system for children with safeguarding issues.
- There was a system in place to follow-up on children who did not attend appointments at the practice or the hospital. Their parents or carer received a telephone call and this was then escalated to a letter if it was repeated. A record was kept of children who did not attend appointments and we saw evidence that these had been followed up and the information was shared with appropriate others, for example health visitors.
- We saw evidence that all staff had received safeguarding training. This training formed part of the newly implemented staff induction process. All staff had been trained to the appropriate level, for example GPs had level three training. Staff told us they now had a better understanding of safeguarding as they had previously been unsure about the subject.
- The process of obtaining Disclosure and Barring Service (DBS) checks had been reviewed. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). All new staff had a DBS check on recruitment. We saw that existing staff had an enhanced DBS check in place. These were recorded and there was a system to review the checks every three years.
- We looked at the personnel files for staff recruited since the inspection in December 2017. We saw that all the required pre-employment checks had been completed.
- The practice had implemented a new system to check the expiry dates of medicines and equipment. Expiry dates were recorded and highlighted within the electronic system . All the medicine and equipment the inspection team checked were in date.

Information to deliver safe care and treatment

- Since the inspection in December 2017 patient records had been reviewed to ensure all relevant alerts were logged where required. For example, we observed that patients with safeguarding issues had alerts in place.

Safe and appropriate use of medicines

- We saw evidence that all prescriptions held at the practice were logged and tracked through the practice. All prescriptions were held securely.
- The practice had reviewed their process of issuing repeat prescriptions, and staff had received training.
- Medicine reviews were monitored and carried out at each consultation, and going forward patients would be recalled for an annual review in the month of their birthday.

Lessons learned and improvements made

- Following our inspection in December 2017 the practice had reviewed and analysed all significant events. Significant events was a standing agenda item for the practice meetings that were now held each month. We saw that significant events were recorded and actions required as a result of the significant events were monitored. Timeframes and the person responsible for carrying out actions were documented. There was a system in place to review significant events to ensure learning was embedded.

Are services effective?

(for example, treatment is effective)

Our findings

We did not inspect the effective domain in full at this inspection. We inspected only those aspects mentioned in the warning notice issued on 11 January 2018. All aspects of the warning notice had been met.

Effective needs assessment, care and treatment

Since our inspection in December 2017 the practice had implemented a new system for managing new guidelines and safety alerts.

- National Institute for Health and Care Excellence (NICE) guidance was received by the practice manager and GPs by email. We saw that these were collated and available for all staff to see for guidance. The lead GP summarised all new guidance and it was discussed in the monthly practice meetings as a standard agenda item.
- Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were received by the practice manager and lead GP by email. These were collated and all actions required as a result of the alert were recorded.
- The clinical pharmacist had sight of all alerts and ensured relevant action was taken. We saw evidence that appropriate action had been taken following alerts, including the MHRA alert regarding risks to unborn babies of patients taking Valproate (used primarily to treat epilepsy, bi-polar disorder and prevent migraine headaches). All relevant patients receiving this medicine had been reviewed and provided with advice.
- We saw evidence of care plans being in place for high risk patients. Relevant information was included in the care plans and there was a system to regularly update these.
- The practice had reviewed its system of recalling patients for reviews of their long term conditions. We saw that patients were recalled for an annual review in the month of their birthday. The practice had also put a system in place so that babies who had not attended for a baby check at the correct time were highlighted and their parents or carers could be contacted.

Monitoring care and treatment

- The practice was developing programme of clinical audits. We saw that since our inspection in December 2017 they had carried out some clinical audits and second cycle dates had been set.

Are services caring?

Our findings

We did not inspect the caring domain in full at this inspection. We inspected only those aspects mentioned in the warning notice issued on 11 January 2018. All aspects of the warning notice had been met.

Involvement in decisions about care and treatment

- Since our inspection in December 2017 the number of patients on the carers' register had increased from 17 to 32 (1% of the patient list). The practice was proactively identifying carers and there was a carers' identification protocol in place.
- All carers had been contacted and provided with information about support in the area. They were also offered a flu vaccination and an annual health check. The practice had initiated meetings with Age UK regarding support that was available to carers.
- A member of staff acted as the practice carers' advocate. They had received training in signposting patients to relevant services. There was also a carers' noticeboard in the waiting area giving information to patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We did not inspect the responsive domain in full at this inspection. We inspected only those aspects mentioned in the warning notice issued on 11 January 2018. All aspects of the warning notice had been met.

Listening and learning from concerns and complaints

- Since our inspection in December 2017 a new complaints policy, containing up to date guidance, had been put in place. One staff member had been trained in complaints handling by NHS England, and they now had a contact for advice if they required any assistance with responses to complaints or investigations.
- We looked at the complaints that had been received since our previous inspection. We saw that all had been recorded in detail, investigated, and appropriate responses had been sent. In addition, complaints were discussed in the monthly practice meetings as a standard agenda item, so learning from complaints could be disseminated.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Leadership capacity and capability

- Since our inspection in December 2017 there had been several personnel changes. Both partners had left the practice and new partners, who were also partners in another practice in Oldham, had joined. They were in the process of changing the registration. The new partners had reviewed all aspects of the practice following the previous inspection and had met with all staff to discuss a comprehensive plan of how to manage the improvements that were required. The plan was monitored and discussed with all staff on a regular basis.

Governance arrangements

- The practice had anticipated that they would work jointly with another practice where the new partners also worked. This had been trialled and it had been decided that as the two practices had a very different patient population and were in different areas they would work separately, but share good practices.
- Monthly practice meetings were now held and all staff were invited. All staff were involved in discussion around how the practice was working to improve services.
- The practice had developed new systems and processes in order to make the required improvements. For example, significant events were collated on a central database and monitored, and all safety checks were recorded.

Engagement with patients, the public, staff and external partners

- Since our inspection in December 2017 the practice had contacted all members of their virtual patient participation group (PPG) to ask if they would be interested in attending face to face meetings. Some members and the practice manager attended a meeting at a practice in Oldham with a well-established PPG, to see how their group ran. Since that meeting other patients had expressed an interest in joining the PPG. The practice was in the process of arranging a meeting, and a secretary from another PPG planned to meet with the group to discuss the remit of the group.