

Guttridge Medical Centre

Inspection 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.

Ratings

Overall rating for this location

Good



Are services well-led?

Good



Overall summary

This practice is rated as Good overall. (Previous rating January 2018 – Good)

The key question at this inspection is rated as:

Are services well-led? - Good

We carried out an announced focused inspection at Guttridge Medical Centre (Dr Shahid Surgery) on 24 October 2018 to follow up the breach of regulation 17, Good governance, identified at our inspection in January 2018 and to see whether our recommendation for improvement at our January inspection had been addressed. At the time of this inspection, the principal GP had been absent for some time and care for patients was being provided primarily by a regular locum GP. We inspected evidence relating to the Well-led key question.

At this inspection we found:

- The practice had begun to identify and manage the risks associated with historical patient clinical care. Patient prescribing was under review and changes had been made to reflect best practice.
- We saw evidence of good patient record-keeping although reasons for changes to patient medicines were not always recorded.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice had improved the identification of patients on the register who were carers and offered them the appropriate support. They had identified 30 patients as carers (1.3% of the practice list) at the time of our inspection.
- Governance of the practice had improved and additional systems to manage risk in the practice had been identified and put in place.
- The organisation of practice policies and procedures had improved although further work to avoid duplication of policies was needed.

The areas where the provider **should** make improvements are:

- Improve the management of practice policies and procedures.
- Take action to record reasons for changes to patient medicines and treatment on patient clinical records.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser.

Background to Guttridge Medical Centre

Guttridge Medical Centre (Dr Shahid Surgery) is situated on the Deepdale Road in Preston at PR1 6LL serving a mainly urban population. The building is a converted church that has been occupied by the practice since September 2016. The practice shares the building with one other GP practice, a physiotherapy service and a pharmacy. The practice provides ramped access for patients to the building with disabled facilities available and fully automated entrance doors. Part of the reception desk is lowered to aid patient access.

The practice has parking for disabled patients and there is parking available on nearby streets for all other patients and the surgery is close to public transport.

The practice is part of the Greater Preston Clinical Commissioning Group (CCG) and services are provided under a General Medical Services (GMS) contract with NHS England. There is one regular male locum GP who provides seven surgery sessions each week, assisted by additional locum GPs and an advanced nurse practitioner. A practice nurse, a practice manager and seven additional administrative and reception staff assist them. One of the administrative staff acts as the practice medicines co-ordinator and one member of staff is the practice information technology lead.

At the time of our inspection, the practice principal GP (the registered provider) had been absent from the practice since 22 June 2018.

The practice doors open from Monday to Friday from 8.30am to 6pm, and telephone access to the practice starts at 8am and finishes at 6.30pm. Appointments are offered from 9am to 12pm and from 2.30pm to 5.30pm on weekdays. Extra appointments are offered through the Locality Group on Sundays by appointment. The surgery has no bookable surgery on Thursday afternoon when there is a rota for the two GP practices in the Medical Centre to cover any patient emergency appointments, including home visits. When the practice is closed, patients are able to access out of hours services offered locally by the provider GotoDoc by telephoning 111.

The practice provides services to approximately 2,401 patients. There are lower numbers of patients aged over 65 years of age (14%) than the national average (17%) and the same number of patients aged under 18 years of age (21%). The practice also has considerably more male patients than female.

Information published by Public Health England (PHE) rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level

ten the lowest. The ethnicity estimate given by PHE gives an estimate of 2.7% mixed and 32.8% Asian. Male life expectancy is given as 77 years of age and female as 80 years.

The practice is registered with CQC to provide surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

Are services well-led?

We rated the practice as good for providing a well-led service.

At our previous inspection in January 2018, we identified failures in the leadership capability and the governance of the practice. We saw patient clinical care was not always provided according to best practice guidelines and some risks to patients had not been identified or mitigated. The management of practice policies and procedures was not comprehensive.

At this inspection, we found considerable improvements in these areas, although we identified some further improvement work was needed.

Leadership capacity and capability

At our inspection in January 2018, we saw the principal GP had devolved many aspects of leadership of the practice to the practice manager. At this inspection, we found the practice regular locum GP was acting as the clinical lead for the practice and had started to address previous gaps in practice leadership.

- We saw leaders had the capacity and skills to deliver high-quality, sustainable care.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

We saw the process to allow the regular locum GP to become contractually responsible for the practice was near completion. Work was underway to develop a fresh vision for the practice and to provide a realistic strategy to deliver high quality, sustainable care. Staff were aware of the need to provide patient care to the highest possible level.

Governance arrangements

At our last inspection we found patient care was not always provided according to best practice guidelines. There was

evidence of poor patient record keeping by one GP. We saw although there had been work to improve the governance of practice policies and procedures further improvements were needed.

At this inspection we looked at the areas of patient record keeping and practice policies and procedures. We found:

- Patient clinical records now followed best practice guidelines for record-keeping. There was evidence of good record-keeping and changes made to patient care to reflect best practice guidelines, although reasons for these changes were not always recorded.
- There was a comprehensive folder of practice policies and procedures on the practice shared computer system. We saw these were reviewed appropriately and contained relevant information. However, we saw some duplication of policies and some had not been completed with all the necessary practice-specific details.

Managing risks, issues and performance

At our previous inspection in January 2018, we saw risks to patients had not been addressed appropriately; systems to manage this were lacking. There was evidence of poor patient prescribing by one GP and a lack of knowledge and understanding in some areas of patient care.

At this inspection, we saw risks had started to be identified and strategies to address these risks had been begun to be implemented.

- A regular peer review process had been introduced between the locum GP and the advanced nurse practitioner. Mentorship was established and was operating effectively.
- The locum GP had identified the lack of patient access to a female GP and told us they planned to employ two female locum GPs in the practice.
- There was a network of GP peer support between GPs in the premises. GPs in the neighbouring practice supported staff if necessary when there was no GP available in the practice.
- The locum GP had begun to identify historical poor patient prescribing and implemented action to rectify this. The rationale for this was not always recorded in the patient record and we were told this would be addressed in future.

Are services well-led?

- There was evidence of good training for clinicians; clinicians were experienced and demonstrated sound clinical knowledge and understanding of the challenges faced by the patient population.
- A new system for recording patient requests for home visits had been introduced.
- The regular locum GP had plans to improve care planning for patients to help mitigate risks for vulnerable people.
- There was a comprehensive system in place for the management of patients referred urgently under the two-week-wait rule.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.

- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

At our previous inspection we identified a lack of information recorded in patient consultation records.

At this inspection we noted patient consultation records were kept comprehensively allowing for information to be used and shared effectively.

Please refer to the evidence tables for further information.