

Gordon Street Medical CentreGordon Street Medical Centre

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.

Summary of findings

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Summary of findings

Overall summary

Gordon Street Medical Centre is located on the outskirts of Ashton under Lyne. The practice is registered with the Care Quality Commission (CQC) to deliver care under the following regulated activities: diagnostic and screening, family planning, maternity and midwifery, surgical procedures and treatment of disease, disorder or injury.

The patients we spoke with were complimentary about the service and the professionalism of the doctors, although some were unhappy about the lack of appointment times available.

The Centre currently has 4,250 registered patients. We looked at the latest patient satisfaction survey completed by an external company. We saw that satisfaction levels were high with 91% of people assessing services as either good or excellent. Staff at the Centre clearly understood their responsibility to cater to different population groups in their area.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The service was safe. Staff had a sound knowledge of safeguarding procedures for vulnerable adults and children. An effective system was in place to record, investigate and learn from significant incidents.

Are services effective?

The service was effective. Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met in a timely manner. The practice's induction and training programmes were effective and well planned.

Are services caring?

The service was caring. All the patients we spoke to during our inspection were very complimentary about the service. A satisfaction survey completed by an external company produced positive results.

Are services responsive to people's needs?

The service was responsive to people's needs. There was an open culture within the organisation and a clear complaints policy. Patient suggestions for improving the service were generally acted upon. There were some complaints relating to access to appointments. The provider participated regularly in discussions with local commissioners about how to improve services for patients in the area.

Are services well-led?

The service was well led. There was a strong and visible leadership team with a clear vision and purpose. Staff said that they felt well supported and could easily seek advice when required. Governance structures were robust and there was an effective system in place for managing risks. Additional attention to audits would further improve the governance arrangements.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

All patients who were registered at the practice and were over 75 years of age were provided with a nominated GP which allowed the GP to have a more in depth knowledge of that individual, their personal circumstances and their general requirements.

People with long-term conditions

We were told and could see from data that we were shown that people who suffered with long term illnesses were identified by the practice. These people had their cases reviewed on a regular basis by both nurses and GPs at the Centre which ensured that any changes in condition could be identified early and treated appropriately.

Mothers, babies, children and young people

The provider made special allowances for mothers who required appointments which were maternity related. We spoke with a patient who told us this worked really well and appointments for maternity issues were easily accessed. The practice was also able to provide sexual health advice to young people as one of the nurses had been specially trained to provide this.

The working-age population and those recently retired

The practice had recognised that people who worked during normal office hours sometimes found it difficult to attend appointments during that time. In order to assist this group of people, the practice had altered its surgery hours on two days of the week with consultations being made available from seven in the morning.

People in vulnerable circumstances who may have poor access to primary care

The practice told us how the area had a number of homeless people who were able to use the practice postal address to ensure that any referrals or other health communications were received by the patient. The practice had developed close links with a nearby hostel where homeless people would frequent and could be located. This meant that important information about health appointments that would otherwise not reached the patient were now doing so.

People experiencing poor mental health

GPs at the Centre told us how they referred a significant number of people with mental health problems directly to the local Community Mental Health Team (CMHT). They told us this was the best method

Summary of findings

of ensuring that these people received the best assessment of their needs and on-going treatment. We were told dual diagnosis was commonplace and an effective way of ensuring the best care was provided.

Summary of findings

What people who use the service say

People we spoke with on the day of our inspection told us they were generally very happy with the Centre, its GPs and staff and with the treatment and care they provided. There were some concerns about the general availability

of appointments and some people were confused about the appointment system. These concerns were reflected in the CQC comments cards that we received as well as reviews by patients on the NHS choices website.

Areas for improvement

Action the service **COULD** take to improve

- Staff at the practice did not have a full understanding of term “whistleblowing” and how they could contact external organisations if they had any concerns about their colleagues.
- The auditing regime at the practice did not allow the managers to have a full overview of its processes and how they might make improvements to the service. For example minor complaints were not recorded and staff supervisions were not completed or recorded.
- The practice did not have a patient participation group (PPG); this is an effective medium for responding to the wishes of its patients and communicating information to them.

Good practice

Our inspection team highlighted the following areas of good practice:

- The provision of equipment for patients to use themselves to measure body mass index (BMI) and blood pressure in the waiting room.
- The use of the Centre’s postal address for homeless people.
- The close links with the nearby women’s shelter and centre for people with mental health conditions.
- The practice of encouraging Asian patients to undertake blood tests in order to detect diabetes.

Gordon Street Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector. The inspector was accompanied by two specialist advisers (a GP, and a person who has had experience of receiving care and treatment).

Background to Gordon Street Medical Centre

Gordon Street Medical Centre is located near to the centre of Ashton Under Lyne. The Centre serves the local population and has 4,250 registered patients and is a training practice. The Centre has two full time GPs and one part time GP. There is also a trainee GP, a practice nurse and an assistant practitioner available to provide care and treatment. There is wheelchair access to all treatment rooms. The centre offers appointments on weekdays up to 6pm and provides two early morning surgeries from 7am on Mondays and Tuesdays. Out of hours service is provided by Aston Primary Care. The Centre is part of the Tameside and Glossop clinical commissioning group (CCG).

Why we carried out this inspection

We inspected this GP practice as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

Before visiting, we reviewed a range of information we had received from the out-of-hours service and asked other organisations to share their information about the service.

We carried out an announced visit on 14 May 2014 between 9am and 4pm.

During our visit we spoke with a range of staff, including GPs, the Practice Manager, Receptionists, Nurses and administration staff.

We also spoke with patients who used the service. We observed how people were being cared for and reviewed personal care or treatment records of patients.

Are services safe?

Summary of findings

The service was safe. Staff had a sound knowledge of safeguarding procedures for vulnerable adults and children. An effective system was in place to record, investigate and learn from significant incidents.

Our findings

Safe patient care

We found staff at the practice had an effective method of recording significant incidents. These were then discussed at staff meetings to ensure that any learning could be shared and the practice could maintain a regime of continuous improvement. We were shown the minutes of staff meetings where these issues were discussed and saw that all staff had the opportunity to make suggestions.

Safeguarding

We found staff had a sound understanding of how to safeguard vulnerable adults and children. We saw staff had recently undertaken safeguarding training. We saw from a training plan refresher training was planned annually. One member of staff we spoke with was able to provide an example of how they had referred a concern to the Local Authority and how a police investigation had been completed as a result of their referral. Some members of staff were not clear on what they should do if they had concerns about the actions of a colleague at the practice and were unaware of the term “Whistleblowing”. We saw that the safeguarding policy at the practice had been recently updated and supplied to all staff. There was a “safeguarding” lead, who took responsibility for managing safeguarding referrals. The policy was clear and provided a variety of contact numbers for other agencies should the need to contact them arise.

Monitoring safety and responding to risk

We looked at the Centre’s staffing levels and saw that they were monitored to ensure sufficient staff were available to meet patient needs. We were told that if there was a staff shortage due to sickness or holidays, then absences were covered by existing staff; this reduced the need for locum doctors or bank staff.

The Centre had systems in place to respond to medical emergencies and all staff were trained in basic life support. We saw that there was suitable equipment and medicines available to deal with medical emergencies.

Medicines management

We spoke to the nurse who was the lead for medication management. We checked all medication was stored in conditions as per the directions of the manufacturer. We checked a variety of different medications and saw that they were all within the date to be used by. We saw that the

Are services safe?

nurse had a system for ensuring the fridge where medications were stored was operating at the correct temperature and they did not solely rely on the fridge's in-built thermometer. There was an effective system in place for the replacement of medication which had exceeded its expiry date.

Cleanliness and infection control

We looked around all the treatment rooms, waiting areas and other areas of the Centre. We found it to be clean, tidy and uncluttered. We spoke to the Centre lead for infection control who told us that they were currently working on the infection control policy and associated risk assessments. We saw examples of good practice were in place, such as cleaning schedules and checks on various parts of the Centre to ensure they were clean.

Staffing and recruitment

We looked at the Centre's recruitment policy and procedures, they were clear and fit for purpose. We looked at two files relating to staff who had been recruited recently. The most recent file was more comprehensive and the Business Manager told us that this was because this member of staff had been recruited after they began managing the recruitment process. We saw in both cases that only one reference check had been made before allowing the new member of staff to start work, We discussed this with the Business Manager and they agreed two checks would be safer and would introduce this in future recruitment. We also talked about the need to explore any gaps in a person's employment; again the Business Manager agreed this would be best practice. We found that other recruitment information was available within the file. This gave us confidence that the Centre now took its recruitment responsibilities seriously. We did note

that two of the GP's Criminal Records Bureau (CRB) checks had not been updated since 2008. We noted in one of the staff files that we looked at that, there was a gap between the starting date of the member of staff and the CRB check. We were told that the member of staff had shown a CRB certificate at the time, but no copy or record of the reference number had been taken. We discussed this with the business manager who told us that evidence of CRB checks was now always retained.

Dealing with Emergencies

We asked about how the Centre planned for unforeseen emergencies. We were told that all staff received basic life support training and that some staff were trained to an advanced level. We were shown certificates which evidenced this and a training plan to show that refresher training was scheduled annually. Staff knew what to do in event of an emergency evacuation; the Business Manager agreed that fire drills could be practiced more regularly. We looked at the Centre's business continuity plan and found it to be clear covered areas such as staffing, emergency procedures, access to alternative premises, disaster recovery and equipment.

Equipment

We checked the emergency medication and other equipment. We saw that it was checked regularly and replaced as required. The Practice Nurse had the responsibility for maintaining and checking the emergency equipment. All electrical equipment was subject of testing on an annual basis. We were told by the clinical staff that equipment was generally well managed and available as necessary. Any identified issues relating to equipment were raised and dealt with at staff meetings.

Are services effective?

(for example, treatment is effective)

Summary of findings

The service was effective. Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met in a timely manner. The practice's induction and training programmes were effective and well planned.

Our findings

Promoting best practice

We spoke to the GPs at the Centre and asked them about best practice. It was clear that they kept themselves abreast of current medical guidance and considered the National Clinical Institute for Excellence (NICE) when making clinical decisions. We were told that regular discussions took place between the GPs and trainee doctors about individual cases and best options for treatment.

We saw from records that the Centre followed national strategies relating to caring and treating patients. For example the Centre ensured that all people who they treated aged over 75 years of age had a nominated GP.

Staff at the Centre had an understanding of how people should consent to their care and treatment. We spoke to clinical staff and they were able to provide examples of how they ensured people's best interests were maintained.

Management, monitoring and improving outcomes for people

We spoke to the GPs about how they managed and monitored outcomes for people. We were told that impromptu meetings were held whenever there was any doubt about a clinical decision. These meetings were also held when one GP believed another GP may have more experience on a particular subject. The meetings were complimented by more formal clinical meetings held every two weeks. These meetings were held to discuss any clinical issues that were apparent, any best practice that had been identified and any matters resulting from meeting with other clinical groups. We saw that GPs and staff were able to communicate with each other confidentially by instant computer messages. We saw this worked well in practice whilst consultations with patients were taking place. However there was no auditability of these messages as they were "instant" messages which were not saved by the computer systems. Bi weekly meetings for non-clinical staff were held to discuss matters of finance, staff support and other administrative issues.

Meetings for all staff at the Centre were held approximately every three months. We looked at the minutes of these meetings and saw that discussion was held on topics such as: medical advice, significant events, appointments, prescription policy, referrals, waiting room information, home visits and seasonal variations of medical needs.

Are services effective?

(for example, treatment is effective)

We saw that there were instruments in the waiting area for people to measure their own blood pressure and body mass index (BMI).

Staffing

We saw that staff were well qualified to carry out their roles. One member of staff told us how effective the induction process was. They said that they were given an extensive period of shadowing with no pressure to begin working on their own until they had become entirely confident. Staff said that they were very well supported and could seek advice whenever they required it. One member of staff told us that the management at the Centre supported them more than contractually necessary in their studies for a Master's degree. They told us; "This is the best practice I have worked at." We saw during our visit that the trainee doctor was able to access advice from the GPs quickly and easily. They clearly understood their own limitations and were eager to seek advice if in any doubt.

A comprehensive staff appraisal system was in place. We looked at one member of staff's annual appraisal and saw that it was very detailed, focussing on personal and team development for the good of the Centre and its patients. We did note that no supervisions were held between annual appraisals. A supervision is formal and documented meeting between a member of staff and their supervisor to discuss welfare, training and other issues. We spoke to the Business Manager who said that they would ensure supervisions took place and were formally recorded in future.

Working with other services

We were told by the GPs at the Centre that they were able to work effectively with other services. For example a nearby women's shelter, where staff from the Centre made contact to confirm if there were any new residents in need of medical assistance. Another example given by one of the GPs was the close liaison with a nearby Centre for people with mental health, drug and alcohol issues. This had

resulted in some of these people registering at the Gordon Street Medical Centre. The GPs we spoke with told us about their close working relationships with other healthcare professionals. One example given was referrals to and from local opticians for issues such as retinal irregularities.

One GP told us how they had recognised that too many of his patients were using the local Accident and Emergency (A and E) Departments rather than themselves or the out of hours service. They told us that they were in the process of attempting to communicate this problem to their patients in an effort to relieve pressure on the A and E department. We were told that an effective system was in place between the Centre and the out of hours service. We talked to the Business Manager about this process and we were shown how the latest information about a patient's treatment was communicated between the two services. This meant that the clinician had the most up to date information.

Health, promotion and prevention

We were told and patients we spoke to confirmed that each new person registering at the Centre was given an induction. This included a full medical history review, a health check by one of the nurses, a review of their medical needs by a GP and the provision of information about the Centre and the services it provided. One new patient told us that the induction process was effective and that written information was provided. If there were any specific areas for health promotion identified, then additional support was offered in that area. For example smoking cessation, where specially trained staff were available to provide support.

The local area had a large Asian population. The Centre had recognised that due to genetics and other factors, people of Asian ethnicity are more prone to contracting diabetes. As a result the Centre proactively encourages Asian patients to undertake routine blood tests so that early detection of the condition is possible.

Are services caring?

Summary of findings

The service was caring. All the patients we spoke to during our inspection were very complimentary about the service. A satisfaction survey completed by an external company produced positive results.

Our findings

Respect, dignity, compassion and empathy

We spoke to 12 patients who used the Centre. All were complimentary about the way in which they were treated and cared for. One person said; “Care and attention is excellent the doctors are very good.” Another person told us “They take an interest beyond the clinical.”

During our inspection we saw that staff spoke to patients in a respectful and polite manner. There was a clear sign at the reception counter indicating that no abusive or discriminatory behaviour by patients would be accepted. We were told and were able to confirm by checking certificates, that staff had received training in confidentiality, equal opportunities and diversity.

We saw that the Centre had a procedure to follow, after a death of a patient. This included various administrative and legal tasks, but failed to mention giving consideration to supporting bereaved spouses, carers and other relatives. We discussed this with one of the GPs and the Business Manager and they thought it worthy of consideration in the future.

The Centre reception and waiting area are compact, but laid out in such a way as to maximise privacy. There were signs on display offering more privacy for conversations if patients required it. There was a sign informing people of a chaperone service, however the sign was small and there was no explanation of what the service involved.

Involvement in decisions and consent

The patients we spoke to told us that the GPs explained everything in a clear way. They told us; “I got clear explanations and gave informed consent.” We spoke to staff about their understanding of consent and they demonstrated a sound knowledge. We were told by the Business Manager that verbal and implied consent was commonplace, but where there was a procedure to be undertaken, then written consent was obtained. We confirmed this by examining written consent documentation.

Patients told us that the GPs were very “person centred” and that the way they spoke to patients and their manner put people at ease. We were told that everything was explained in detail at the consultation and that the GPs provided written information to supplement their explanations. One patient we spoke to told us that; “They

Are services caring?

sent me a letter giving additional information to explain a treatment.” One of the GPs told us that when there might be an anticipated language barrier, they arranged in advance for an interpreter to be present.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The service was responsive to people's needs. There was an open culture within the organisation and a clear complaints policy. Patient suggestions for improving the service were generally acted upon. There were some complaints relating to access to appointments. The provider participated regularly in discussions with local commissioners about how to improve services for patients in the area.

Our findings

Responding to and meeting people's needs

The practice had a clear understanding of the demographics of the people in the area. We were given examples including responding to people who were homeless, those with a high risk of diabetes, mothers and babies and those who were in employment.

The management team at the Centre regularly met with the local Clinical Commissioning Group (CCG) in formal meetings held every two weeks. The Business Manager told us that more informal communication was maintained by email and telephone conversations with members of staff working for the CCG.

One of the GPs we spoke with told us how they would identify the Centre's top 20 attendees at the local Accident and Emergency Departments. Each of these would be invited into the Centre to discuss the reasons for their attendance and how the staff at the Centre could support them to reduce further incidents requiring their attendance. We were told that the majority of this group were alcohol dependent.

We were told by staff about how they tried to assist people who found themselves in difficult circumstances. For example a number of homeless people were treated at the Centre and as they had no postal address, the Centre allowed them to use their address. This meant that people who otherwise may not have received important information about treatments could do so. This showed the staff at the Centre were caring and considered different ways to support people's care and welfare.

Access to the service

As part of the inspection process we arranged for a Care Quality Commission (CQC) comments box to be placed in the waiting area of the practice several days before our visit. We reviewed the 11 comments received in the main they were complimentary. Negative comments were made about the difficulty in accessing an appointment. People felt they should be able to pre book an appointment for the following day, not just the day they were calling. This theme was echoed by the patients that we spoke with on the day of our inspection. When we spoke with the Business Manager they accepted that a lot of people would make negative comments about access to appointments. We talked to the Business Manager about these negative

Are services responsive to people's needs?

(for example, to feedback?)

comments and established that they were never recorded as complaints. They agreed that in hindsight it would be good practice to record all these negative comments to provide an overview of what people were unhappy about.

We spoke to one person who told us that access to appointments for maternity issues were excellent, but poor if the issue was not maternity related. We noted that the practice offered early surgeries at seven in the morning on Mondays and Tuesdays to cater for people who found it difficult to attend during office hours.

We saw that access to the Centre for people using wheelchairs was very good and that there was good space afforded in the waiting area for parents with children in buggies. There was no hearing induction loop available for people who may have difficulties their hearing.

Concerns and complaints

We talked with the Business Manager about dealing with complaints. They told us that they were the main point of contact for dealing with complaints. We looked at the Centre's complaints policy and saw it was a clear and comprehensive document. We looked at a recent written complaint made by a patient. We saw it was acknowledged, investigated and recorded appropriately. The response offered alternative agencies if the complainant was not satisfied with the Centre's investigation and findings. This gave us confidence in the provider's ability to deal effectively with complaints.

Are services well-led?

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

Summary of findings

The service was well led. There was a strong and visible leadership team with a clear vision and purpose. Staff said that they felt well supported and could easily seek advice when required. Governance structures were robust and there was an effective system in place for managing risks. Additional attention to audits would further improve the governance arrangements.

Our findings

Leadership and culture

We saw that the Centre had a clear “Statement of Purpose”. This outlined what the staff at the Centre were striving to achieve and included; “A commitment to provide the very best service to all our patients and their families.” and “aiming to achieve this by developing and maintaining a Practice that is responsive to the needs of our patients in a caring and safe environment.” It was clear from what we were told and what we saw that the philosophy was implicit in the service provided; however we did not see any evidence of these aims being communicated to the patients who attended for treatment either on the Centre website or in the waiting area.

Governance arrangements

We talked to the Business Manager about governance arrangements at the Centre. We were told about a number of audits which took place regularly. These included annual audits of; the building, infection control and health and safety. We saw that the provider met formally with the Clinical Commissioning Group (CCG) every two weeks and interacted on a less formal basis more regularly. Staff members had clear lines of responsibilities for different areas within the Centre. Staff knew who the lead was for each area.

Systems to monitor and improve quality and improvement

We saw that there were a number of checks in place at the Centre, including cleaning, fridge temperatures and medication. However there was no auditing of these checks and monthly check sheets were often disposed of at the end of the month. We discussed this with the Business Manager and they agreed that an annual audit of any checks undertaken would be useful to identify trends and ensure that standards were maintained or improved. We spoke to one of the GPs about quality assurance of theirs and their colleagues’ clinical decisions. We were told that they regularly held formal and informal meetings to discuss cases and treatments.

Patient experience and involvement

We saw that there was a suggestion box in the waiting room for patients to place any comments they wished to make. An effective complaints system was in place for written complaints and the provider was making changes to improve the manner in which more minor issues were

Are services well-led?

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

recorded. There was no patient participation group (PPG) established at the Centre however a patient satisfaction survey was completed every two years. The survey was comprehensive and had received a good response rate. We saw that the results were positive with 81% of respondents saying the Centre was excellent for “respect shown”, 80% for “confidence in ability” and 79% in “ability to listen”. We could not see the results displayed in the waiting room or on the provider’s website.

Staff engagement and involvement

Staff told us they felt well supported and able to contribute the running of the Centre. Staff told us they were encouraged to make suggestions and were able to fully participate in the meetings held with both clinical and non-clinical management.

Learning and improvement

Managers and GPs at the practice were very supportive of staff’s personal development and provided staff with extra support to achieve qualifications which would increase the staff member’s effectiveness and that of the Centre.

Identification and management of risk

Although an effective system was in place for the recording, investigation and learning from significant events, there was a lack of auditing of these events. We discussed this with the Business Manager and they agreed that an annual audit of all significant events would be helpful in identifying any trends and learning from them. We spoke with the Business Manager about issues that need to be notified to the CQC, they were not aware of what and how to notify these issues. A number of risk assessments were in place, including a comprehensive annual building risk assessment.