

The Wilbraham Surgery

Inspection report

515 Wilbraham Road
Manchester
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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at The Wilbraham Surgery on 1/10/2019 as part of our inspection programme. This was the first inspection of The Wilbraham Surgery since the new provider took over in May 2019.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as requires improvement overall.

We rated the practice as **requires improvement** for providing safe services because:

- The practice did not have clear systems and processes to keep patients safe.
- There were gaps in systems to assess, monitor and manage risks to patient safety.
- The practice did not have fully effective systems in place for the safe management of medicines.
- The practice did not have an effective system to demonstrate action taken in response to safety alerts.

We rated the practice as **requires improvement** for providing effective services because:

- The practice had achieved well in the quality and outcomes framework. However, it lacked a clearly defined approach to clinical audit as part of its approach to quality improvement.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.

These require improvement areas affected all population groups so we rated all population groups as requires improvement.

We rated the practice as **requires improvement** for providing well-led services because:

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- While the practice had a clear vision, a strategy to support that vision had not been defined or documented.
- The overall governance arrangements were ineffective.

- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not consistently involve the public, staff and external partners.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

We rated the practice as **good** for providing caring services because:

- Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.
- Staff helped patients to be involved in decisions about care and treatment.
- The practice respected patients' privacy and dignity.

We rated the practice as **good** for providing responsive services because:

- The practice organised and delivered services to meet patients' needs.
- Patients were able to access care and treatment in a timely way. Patient feedback was highly positive around being able to see a clinician when they needed to.
- Complaints were listened to and responded to and used to improve the quality of care provided.

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

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

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

- Record the action taken in response to safety alerts.
- Ensure complaint information is kept separately from patient health records.
- Develop a programme of clinical audit and quality improvement

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Overall summary

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

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

Background to The Wilbraham Surgery

The Wilbraham Surgery is situated at 515 Wilbraham Road, Manchester, M21 0UF. The practice is housed in a converted semi-detached property, the ground floor of which was recently renovated. The practice offers disability access and facilities, with five ground floor consultation rooms and office space on the first floor. There is good access to public transport links. More information is available on the practice website:

The practice is part of the NHS Manchester Clinical Commissioning Group (CCG). Services are provided under a general medical service (GMS) contract with NHS England. The practice provides diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury and family planning as its regulated activities. There were approximately 4,481 patients on the practice register at the time of our inspection.

Services are provided by the provider and one male and two female part-time salaried GPs. The practice also employs a practice nurse and a health care assistant. The clinical team is supported by a practice manager, a medical secretary and six administration and reception staff.

Information published by Public Health England rates the level of deprivation within the practice population groups as five on a scale of one to ten. Level one represents the highest level of deprivation and level ten the lowest.

The practice has a higher percentage (57.6%) of its population with a long-standing health condition when compared to the local CCG average (48.2%) and the England average (51.2%). The practice has 72.3% of its population with a status of being in paid work or in full-time education, which is above the CCG average (63.8%) and the England average (61.9%). The patient numbers in the younger age groups are lower than both the CCG and England averages. For example, 17.4% of the patient population is aged under 18 years compared to the CCG average of 22.6% and the England average of 20.7%.

The practice is part of a federation of GP practices who provide extended hours cover in the area from 8am to 8pm, seven days a week. Registered patients can access extended hours appointments via the Manchester Extended Access Service (MEAS). The extended access service is delivered from designated 'hubs' across Manchester. A number of appointments are bookable via the practice and operating times of the service vary between each location.

Out of hours cover is provided by Go to Doc.

The practice is a training practice supporting GPs in training and a teaching practice, supporting medical students.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: There were gaps in safety systems and records and action taken in response to premises risk assessments were not up-to-date. Systems to monitor and ensure completion of staff training were lacking and there were gaps in training records. A risk assessment had not been completed to determine the range of medicines available to clinicians. We identified excessive temperatures of the fridge used to store immunisations and vaccinations and there had been no review of this. There was no effective system to maintain a clear record of staff meetings.