

M Ullah

Inspection report

Date of inspection visit: 26 Apr 2018 Date of publication: 24/05/2018

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.

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

Overall summary

This practice is rated as Good overall. (Previous inspection 4 July 2017 – Good overall but Requires Improvement in the key question Effective)

The key questions are rated as:

Are services safe? - Good

Are services effective? - Good

Are services caring? - Good

Are services responsive? - Good

Are services well-led? - Good

We carried out a focused inspection at Dr M Ullah on 26 April 2018. This was to confirm the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key findings at this inspection were as follows:

- We spoke with staff and reviewed a range of documents which demonstrated they were now meeting the requirements of Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe Care and Treatment.
- Timely care planning took place to ensure the health, safety and welfare of those service users, in particular for vulnerable patients.
- The practice had improved communications across the practice with the introduction of regular minuted meetings.
- The practice now had an up to date training matrix and plan for all staff.
- There was a system in place to continue to identify and support carers.

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

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 CQC lead inspector. The team included a GP specialist adviser.

Background to M Ullah

Dr M Ullah is the registered provider and provides primary care services to its registered list of 3416 patients. The practice delivers commissioned services under the General Medical Services (GMS) contract and is a member of NHS Wigan Borough Clinical Commissioning Group (CCG).

The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder and injury.

Regulated activities are delivered to the patient population from the following address:

Platt Bridge Health Centre

Rivington Avenue, Platt Bridge

Wigan

Greater Manchester

WN25NG

The practice has a website that contains comprehensive information about what they do to support their patient population and the in house and online services offered:

The age profile of the practice population is broadly in line with the CCG averages. Information taken from Public Health England placed the area in which the practice is located in the third most deprived decile (from a possible range of between 1 and 10). In general, people living in more deprived areas tend to have greater need for health services.



Are services safe?

Please note this is a focused inspection of the overview of some of the systems and processes within the key question effective.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site http://www.cqc.org.uk/search/services/doctors-gps



Are services effective?

We rated the practice and all of the population groups as good for providing effective services overall.

Management, monitoring and improving outcomes for people

The practice had reviewed their diabetes indicators in QOF for 2017-18 and we noted this unverified data demonstrated an improvement on the previous year but

was still below the CCG and national averages. The practice was continuing to monitor this to improve results and the diabietes care for the patient population.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

• Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. At the previous inspection we were not presented with evidence of which training had taken place. However on this inspection we saw evidence the practice had put in place a training matrix and plan to manage the training of staff, both clinical and non-clinical, in the practice.

Coordinating care and treatment

Information needed to plan and deliver care and treatment was now completed or updated in the patient records by a clinician. For example

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- On the last inspection we saw that care plans were in place for patients, where an external organisation had provided the basic template to the practice. The

- practice could not provide examples of end of life care plans or those in place for vulnerable patients that adequately met individual's needs or reflected their own preferences.
- Since the last inspection practice staff had completed carers awareness training in March 2018. There was now a lead member of staff for carers.
- The practice had now established registers for vulnerable patients such as a carers register, safeguarding and child in need registers, military veterans, care home patients, mental health crisis register, dementia and a learning disabilities register. All these patients would be called into the surgery annually for a health/wellbeing check. Any patients unable to attend the surgery (housebound) would be visited at home. At the health check/review, patients would be offered a care plan to help manage their current and future anticipated needs. The registers were audited quarterly to check for uptake and non-attenders. Any frequent non-attenders or non-responders were followed up. We saw completed examples of care plans including dementia, mental health, end of life care and learning disabilities. We also saw carers health check plans.
- The practice had developed a new dementia care plan and one for patients on the mental health crisis register.
 The mental health care plan template was being reviewed by the Clinical Commissioning Group with plans to circulate this to other neighbouring practices.
- At the last inspection the GP was unaware of some practice processes or policies such as the two week referral process. However on this inspection the GP explained to us the processes in place for this and could access the necessary information and guidance.

Please refer to the Evidence Tables for further information.



Are services caring?

Please note this is a focused inspection of the overview of some of the systems and processes within the key question effective.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site



Are services responsive to people's needs?

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Are services well-led?

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