

Garden City Medical Centre

Quality Report

Holcombe Brook

Bury

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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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Overall summary

Letter from the Chief Inspector of General Practice

On 7 June 2016 we undertook a full comprehensive inspection of Garden City Medical Practice. At that inspection we found that systems and processes were not embedded sufficiently to ensure patient safety. As a result of our findings a Warning Notice was issued on 19 August 2016.

The Warning Notice advised the provider that the practice was failing to meet the required standards relating to Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

On 5 December 2016 we carried out a focused inspection of Garden City Medical Practice. We visited the practice to

Summary of findings

check if the practice had achieved compliance with the Warning Notice issued on 19 August 2016. At this inspection we found that the practice had satisfied the requirements of the Notices. Specifically we found that:

- A full time practice manager was employed at the practice.
- All staff were trained in READ coding and further training was planned.
- Regular staff meetings were held to ensure good communication.
- A recent fire drill had taken place and the fire safety equipment had been inspected.
- There was a programme of clinical audits.
- Significant events were reported and policy guidance was available.
- All staff were trained in safeguarding procedures and further training was planned.

- There was an effective system for monitoring the use of prescription sheets.
- Patients with long term health conditions were contacted when they did not attend their follow-up appointments.
- Staff training was monitored and the staff training records were up to date.
- There was an effective system in place to monitor the performance of cervical screening.

The rating awarded to the practice following our full comprehensive inspection on 7 June 2016 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

We did not inspect the safe domain in full at this inspection. We inspected only those aspects mentioned in the Warning Notice issued on 19 August 2016. We found that all the required improvements had been made. The rating awarded to the practice following our full comprehensive inspection on 7 June 2016 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

Are services effective?

We did not inspect the effective domain in full at this inspection. We inspected only those aspects mentioned in the Warning Notice issued on 19 August 2016. We found that all the required improvements had been made. The rating awarded to the practice following our full comprehensive inspection on 7 June 2016 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

Are services caring?

We did not inspect the caring domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 7 June 2016 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

Are services responsive to people's needs?

We did not inspect the responsive domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 7 June 2016 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

Are services well-led?

We did not inspect the well-led domain in full at this inspection. We inspected only those aspects mentioned in the Warning Notice issued on 19 August 2016. We found that all the required improvements had been made. The rating awarded to the practice following our full comprehensive inspection on 7 June 2016 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

Garden City Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and included a second CQC inspector.

Background to Garden City Medical Centre

Garden City Medical Centre is located in Holcomb Brook, Bury, Lancashire within the Bury Clinical Commissioning Group area. The surgery has a car park for six cars including one dedicated disabled parking bay. The surgery is located on a bus route which gives easy access to Bury town centre.

There are two male GP partners working at the practice. Both of the GPs work nine sessions per week. There are two female practice nurses, one works full time and one part time. There is also a part time phlebotomist. There is a team of administrative staff made up of a part time acting practice manager (this is one of the practice nurses), six receptionists and a secretary.

The practice is open from 8 am to 6.30 pm Monday to Friday. GP appointments are from Monday to Friday between 8.30 am and 11.30 am and 4 pm to 5.30 pm. Nurse appointment times are between 8.30 am and 1 pm and 2 pm and 5.30 pm. Appointments with the phlebotomist are available on a Wednesday and Friday between 8.30 am and 12.30 pm.

The practice is part of the Bury extended working hours scheme which means patients can access a designated GP service in the Bury area from 6.30 pm to 8.00 pm Monday to Friday and from 8 am to 6 pm on Saturdays, Sundays and bank holidays.

Patients requiring a GP outside of normal working hours are advised to call Bury and Rochdale Doctors On Call (BARDOC) using the surgery number and the call will be re-directed to the out-of-hours service.

The practice is a training and a teaching practice (Teaching practices take medical students and training practices have GP trainees and F2 doctors).

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

4,700 patients are registered at the practice.

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 Notice issued on 29 April 2016.

How we carried out this inspection

Before our inspection we reviewed information we held about the practice. We carried out an announced focused inspection on 5 December 2016 to check the issues

Detailed findings

identified in the Warning Notice that was issued on 19 August 2016. During our inspection we reviewed documents held at the practice and spoke with one of the GPs and the practice manager.

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 19 August 2016.

Safe track record and learning

The new process of recording significant events had been explained to staff in a practice meeting. Significant events were collated by the practice manager and then discussed at the following practice meeting. This ensured all staff were aware of issues highlighted and could benefit from learning following significant events. There was a system to review significant events within an appropriate timeframe.

Overview of safety systems and processes

A full time practice manager had been recruited. The practice nurse who took on this role on a temporary basis had returned to their normal nursing duties.

Prescriptions were well managed. A log of blank prescription sheet numbers was kept for the purpose of auditing and a record was kept when prescriptions were removed for use by GPs.

Monitoring risks to patients

A legionella risk assessment had been carried out and there was a system to carry out regular in-house checks.

There were named individuals responsible for fire safety and fire evacuations. An inspection of the fire alarm system had recently taken place and all staff had been provided with fire safety training. Fire safety notices were displayed around the building. We were informed that in house fire safety tests had taken place, although the documentation to demonstrate this was not available. The practice manager agreed to look into this matter immediately.

Safeguarding information was available to all staff. This ensured that there was a clear understanding amongst staff about how to recognise and report a safeguarding concern. Staff had been informed about which GP took responsibility for managing safeguarding alerts. An alert was placed on patient's notes if they were vulnerable to safeguarding concerns. Safeguarding meetings had taken place with the health visitor to ensure good communication. Patients on the practice safeguarding register were offered an appointment to review their care and develop an individual care plan if necessary.

Are services effective?

(for example, treatment is effective)

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 19 august 2016.

Management, monitoring and improving outcomes for people

A programme of clinical audits had been set up and work was being monitored with more detail. We were informed that clinical audits had been carried out in relation to asthma, minor operations and cervical screening.

All staff were trained on READ coding and additional training was planned for clinical staff. A part time pharmacist had been employed to work at the practice. They will monitor the way staff READ code patient information to ensure it is being done correctly.

There was an effective system for monitoring the performance for cervical screening and a system of recall was in place for patients who did not attend their appointments. Cervical screening tests were recorded and monitored and a protocol was in place to ensure they were

READ coded correctly. Abnormal screening results were monitored and a follow up appointment was offered to the patient for a new test to be completed. An audit was completed on abnormal cervical screening tests.

Supporting patients to live healthier lives

Improvements had been made to the procedure for monitoring patients with long term conditions. A record was kept of patients who did not attend or missed their appointment. In these circumstances, an appointed member of the reception staff contacted the patient by phone or letter to offer another appointment.

Effective staffing

Staff training records had been updated. Staffs individual training needs were identified through discussion with the practice manager. A training programme for the forthcoming year was being developed and a programme of on line training was being planned. Staff were given time for training each month and the Bury Clinical Commissioning Group provided regular training throughout the year.

Are services caring?

Our findings

We did not inspect the responsive domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 7 June 2016 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We did not inspect the responsive domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 7 June 2016 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

Are services well-led?

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

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 19 August 2016.

Leadership and culture

We discussed the leadership of the practice with one of the GPs and the practice manager. They demonstrated that they were fully committed to addressing the concerns raised at the previous inspection on 7 June 2016 and in the Warning Notice issued on 19 August 2016. The GP told us that they were confident that the new practice manager would bring about the necessary changes for the future development of the service. The practice manager had informed the Bury Clinical Commissioning Group about changes and improvements made to the service and had contacted other external agencies for advice and support in making these improvements.

We saw evidence that there were systems and processes to enable staff to effectively monitor and improve the quality and safety of services provided. Areas of improvement identified included:

- Regular team meetings were held with the practice staff and external health care professionals. All meetings

were recorded so that issues identified were actioned and monitored. A programme of staff meetings was planned for the forthcoming year and all staff were informed of this.

- A business plan had been drawn up for the future development of the practice so that staff could ensure the services provided reflected the needs of the patient population group.
- Two female GPs had been recruited and worked two sessions per month.
- The practice manager had met with members of the Patient Participation Group to look at how best they group could work with the practice staff to support the development of the practice.
- Patients who attended A and E were monitored. Patients were contacted and offered an appointment to see how their health care needs could be better managed by one of the GPs at the practice.
- All staff had appointed areas of responsibility within the practice. For example, one of the GPs took lead responsibility for patients with dementia and mental health problems. The FY2 GP took lead responsibility for patients with arthritis and those with a learning disability.