

Unsworth Group Practice

Inspection report

Peter House Surgery
Captain Lees Road, Westhoughton
Bolton
BL5 3UB
Tel: 01942812525

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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 safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Requires Improvement	
Are services well-led?		Good	

Overall summary

We carried out a full comprehensive inspection to Unsworth Group Practice on 12 November 2020. We rated the practice good, with the following key question ratings:

Safe – good

Effective – good

Caring – good

Responsive – requires improvement

Well-led – good

All the population groups were rated requires improvement due to a breach of Regulation 16 in the key question responsive.

We had previously inspected Unsworth Group Practice on 11 December 2019. The inspection was following our annual regulatory review of the information available to us including information provided by the practice. Our review indicated that there may have been a significant change to the quality of care provided since the last inspection.

At the December 2019 inspection the service was rated inadequate overall and placed into special measures. The following ratings were given:

Safe – inadequate

Effective – requires improvement

Caring – not inspected

Responsive – not inspected

Well-led – inadequate

We issued warning notices for Regulation 12 HSCA (RA) Regulations 2014 (safe care and treatment) and Regulation 17 HSCA (RA) Regulations 2014 (good governance), and a requirement noticed for Regulation 19 HSCA (RA) Regulations 2014 (requirements relating to workers).

As a result of the restrictions imposed by the Covid-19 pandemic, site visit inspections scheduled to check compliance with warning notices were suspended. In the interim we sought and received assurance from the practice that the required improvements were being made. In May 2020 the practice submitted evidence to show that sufficient changes had been implemented to comply with the breaches outlined in the warning notices.

This most recent inspection was a full comprehensive inspection. The inspection methodology used for this inspection was adapted to minimise the risks of exposure to the coronavirus for patients, staff and the CQC inspectors. We requested information from the practice which we collected, collated and analysed. A CQC national clinical advisor and a GP

Overall summary

specialist advisor then remotely accessed the practice clinical computer systems to carry out targeted searches. We carried our remote interviews via Microsoft teams with GPs, nurses, members of the management team and administrative and reception staff. A site visit to the Westhoughton practice was then carried out by CQC inspectors on 12 November 2020.

At this inspection we found that improvements had been made under each of the key questions previously inspected and all the requirements of the warning notices and requirement notice had been achieved. However, there was a breach of Regulation 16 HSCA (RA) Regulations 2014 due to how the practice managed complaints.

We rated the practice **good** for providing safe services because:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm. Improvements had been as follows:
- Safeguarding training was now up to date for all staff.
- Pre-recruitment checks were completed and ongoing information was held.
- Fire safety and other health and safety checks were carried out.
- Appropriate standards of hygiene and infection control were met.
- Patient Group Directions were well-managed.
- Prescription security was well-managed.
- Safety alerts were actioned in a timely manner.
- The vaccination status of staff in relation to infectious diseases was monitored.

We rated the practice **good** for providing effective services because:

- Patients received effective care and treatment that met their needs. Improvements had been as follows:
- Staff induction was consistent.
- Training was well-managed and up to date.
- Appraisals had been completed.

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

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

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

- Although the practice organised and delivered services to meet patients' needs and patients could access care and treatment in a timely manner the process for handling complaints required improvement.

We rated the practice **good** for providing well-led services because:

- The way the practice was led and managed promoted the delivery of high-quality, person-centre care. Improvements had been as follows:
- All partners had an overview of the management of the practice.
- A new governance system was in place that was being monitored.
- Safety audits were in place and well-managed.
- The partners managed performance appropriately.

Overall summary

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

- Ensure there is an accessible system for identifying, receiving, recording, handling and responding to complaints.

In addition, the areas where the provider **should** make improvements are:

- Regularly check patients prescribed certain medicines are having the required checks carried out.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

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 lead inspector. The team included a CQC national clinical advisor, a GP specialist advisor, and a second CQC inspector.

Background to Unsworth Group Practice

Unsworth Group Practice is the registered provider and provides primary care services to its registered list of approximately 20,455 patients. The practice delivers commissioned services under the Primary Medical Services (PMS) contract and is a member of NHS Bolton Clinical Commissioning Group (CCG). The PMS 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, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

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

Peter House Surgery

Captain Lees Road

Westhoughton

Bolton

BL5 3UB.

There is also a branch surgery at:

Blackrod Health Centre

Church Street

Blackrod

Bolton

BL6 5EN.

The practice has a website that contains information about what they do to support their patient population and the in-house and online services offered. There are nine GP partners (three male and six female) and five salaried GPs (one

male and four female). There are two advanced nurse practitioners, two assistant practitioners, four practice nurses and two healthcare assistants. There is also a visiting clinician who carried out visits to care homes and patients' homes, a musculoskeletal practitioner, a mental health practitioner, health improvement practitioners and two social prescribers. The management team consists of a practice manager, deputy practice manager and office manager, who are supported by an advanced administrative tier and administrative and support staff. In addition the practice employs one pharmacist, and two pharmacists from the Primary Care Network also work at the practice.

The opening hours for the Westhoughton and Blackrod surgery are 8am until 6.30pm, Monday to Friday. In addition, the CCG has commissioned an extended hours service, which operates between 6.30pm and 9.30pm on week nights and from 9.30am until 2pm at weekends and bank holidays at three hub locations across Bolton. There is also a local out of hours service provided through NHS 111.

The patient age profile for the practice is slightly above average for patients over the age of 65, and slightly below average for those under 65. Life expectancy for males is 81 years, which is above the CCG average of 78 years and the national average of 79 years. Life expectancy for females is 84 years, which is above the CCG average of 81 years and the national average of 83 years. Information published by Public Health England, rates the level of deprivation within the practice population group as seven, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The National General Practice Profile states that 96% of the practice population is from a white background.

The practice is a training and teaching practice, and an accredited nurse training centre.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>The registered person did not ensure that any complaint received was investigated and necessary and proportionate action taken in response to any failure identified by the complaint or investigation. In particular:</p> <ul style="list-style-type: none">• Not all complaints were investigated or responded to without delay.• Not all complaints were discussed within the practice and learning from complaints was not recorded.• Information about how to take action if they were not satisfied with the way a complaint had been handled was not routinely given to patients.• Although there was a complaints policy this was not routinely followed. <p>The provider had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. In particular:</p> <ul style="list-style-type: none">• The recording of complaints was not clear so it was difficult to determine what actions had been taken when.• Appropriate investigations were not always carried out to identify what might have caused the complaint and the actions required to prevent similar complaints. <p>This was in breach of Regulation 16(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>