

Peel Hall Medical Practice

Inspection report


Forum Health
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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

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Inadequate 
Are services caring?	Good 
Are services responsive?	Inadequate 
Are services well-led?	Inadequate 

Overall summary

We last undertook an announced comprehensive inspection of this service in August 2017. It was then rated as good overall and for the four key questions of Safe, Effective, Caring and Responsive. The Well-led question was rated requires improvement and breaches were identified in relation to good governance. We undertook a focused inspection in July 2018. The focused inspection identified that improvements had been made in service delivery for the key question Well-led and the rating was changed from requires improvement to good.

We decided to undertake an inspection of this service on 3 September 2019 following our annual review of the information available to us. This inspection looked at the following key questions: Safe, Effective, Responsive and Well-led.

We did not specifically inspect the caring key question and the rating therefore remains unchanged based on the findings from the last inspection in August 2017.

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 Inadequate overall.

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

- The practice did not have clear systems and processes to keep people safe.
- Recruitment records were missing key information required by legislation.
- The practice did not have appropriate systems in place for the safe management of prescriptions.
- Safety systems and records were not up-to-date.

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

- The practice was unable to show that staff had the skills, knowledge and experience and supervision to carry out their roles.
- Performance data was significantly below local and national averages.

- There was a lack of data analysis and action plans to improve performance.

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

- Complaint records were not up-to-date and complaints were not always handled effectively.
- Patient survey data and feedback indicated that some patients experienced difficulties making appointments and had experienced poor customer care.

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

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

These areas affected all population groups, so we rated all population groups as **inadequate**.

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

- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity.
- 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 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:

- Continue to explore ways to improve the appointment booking system in response to patient feedback.
- Introduce systems to review patient feedback in order to learn and make improvements to the service.

I am placing this service in special measures. Services placed in special measures will be inspected again within

Overall summary

six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where

necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Our inspection team

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

Background to Peel Hall Medical Practice

Peel Hall Medical Practice is situated at Forum Health, Simonsway, Wythenshawe, M22 5RX. It is housed in a modern purpose-built health and community services building and offers ground floor access and facilities for disabled patients and visitors. There is good access to public transport including the Metrolink and patient parking is available on the adjacent car park.

The provider is registered with CQC to deliver the regulated activities; diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice is part of the NHS Manchester Clinical Commissioning Group (CCG) and provides services under a general medical service (GMS) contract with the CCG. There were approximately 9,230 patients on the practice register at the time of our inspection.

Services are provided by Dr Ashraf Bakhat (the provider) and three male and three female salaried GPs. The practice also employs a pharmacist, two nurses (one of whom is an independent prescriber) and one assistant practitioner. The clinical team is supported by a practice manager, assistant practice manager, two medical secretaries and three administration staff in addition to a team of receptionists.

The practice has a higher than average number of patients with a long-standing health condition, 57.7% compared to the local average of 48.2% and national average of 51.2%. Average male and female life expectancy is lower than local and national averages; 74 for men compared to the local average of 74.8 and national average of 79.2 and 78 for women compared to 79.6 local average and 83.2 national average. Information published by Public Health England rates the level of multiple deprivation within the practice population group as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is open from 8am to 6.30pm on weekdays with extended hours appointments offered on Thursday evenings until 7.30pm and Saturday mornings. The practice is closed for two hours on a Wednesday between 1pm and 3pm and arrangements are in place to direct patients to the local Out of Hours GP service. The practice offers a walk-in surgery every day from 8.30am to 10am where patients can attend without an appointment. Further bookable appointments are from 2pm to 5pm every afternoon.

Registered patients can access extended hours appointments via the Manchester Extended Access Service (MEAS). The extended access service is delivered from a number of 'hubs' across Manchester including

Peel Hall Medical Practice. A number of appointments are bookable via the practice and operating times of the service vary between each location. Appointments are available at all sites between 6.00pm and 8.00pm on weekdays and on Saturday and Sunday mornings.

On-line services include appointment booking and ordering repeat prescriptions.

The practice is a teaching practice for medical students from Manchester University.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The registered person 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.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures 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.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Maternity and midwifery services	The registered person had failed to establish a system for the safe management of prescriptions.
Surgical procedures	There was a lack of records made of action taken in response to premises risk assessments.
Treatment of disease, disorder or injury	Risk assessments for the storage of hazardous substances could not be located.
	There was a lack of policies and procedures to support staff working.
	There was no clinical supervision of non-medical prescribing and no medical audit of workflow processes.
	There was no system to ensure clinical oversight of correspondence related to patients who did not attend hospital appointments.
	Systems to monitor and ensure completion of staff training were lacking and there were gaps in systems to safeguard vulnerable patients. Staff training was incomplete.
	Systems to manage significant incidents were not always comprehensive and opportunities for learning and quality improvement were missed.
	There was no effective system to maintain a clear record of staff meetings.