Ailsa Craig Medical Centre

Quality Report

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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 service	Good
Are services safe?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ailsa Craig Medical Centre on 13 August 2015. The overall rating for the practice was good, with a requires improvement rating for the key question of safe and we issued a requirement notice for breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance). The full comprehensive report on the August 2015 inspection can be found by selecting the 'all reports' link for Ailsa Craig Medical Centre on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 1 November 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach identified in the requirement notice.

Overall the practice is now rated as good, with the previous rating of requires improvement for the key question of safe updated to a rating of good.

Our key findings were as follows:

- Staff had annual appraisals to support them in performing their duties.
- Staff used a clear reporting process for serious events and complaints and had the opportunity to learn from these events.
- An improved system was in use to manage infection prevention and control and to manage medicines in order to keep patients safe.

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?

Good

At our previous inspection on 13 August 2015, we rated the practice as requires improvement for providing safe services as the understanding of how to raise concerns, and how to report incidents was inconsistent among the staff. Information about safety was recorded, monitored, reviewed and addressed but this was done in an informal way between clinical staff and meetings were not minuted. Although risks to patients who used services were assessed, not all the systems and processes to address these risks were implemented well enough to ensure patients were kept safe. We found a number of clinical apparatus which were out of date and had not been appropriately disposed of.

These arrangements had improved when we undertook a desk-based review on 1 November 2017. The practice is now rated as good for providing safe services.

- We saw evidence that staff had annual appraisals to support them in performing their duties.
- Staff used a clear reporting process for serious events and complaints and had the opportunity to learn from these events.
- An improved system was in use to manage infection prevention and control and to manage medicines in order to keep patients safe.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people
The provider had resolved the concerns for safety identified at our inspection on 13 August 2015 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found in our original report which can be accessed by selecting the 'all reports' link for Ailsa Craig Medical Centre on our website at www.cqc.org.uk.

People with long term conditions
The provider had resolved the concerns for safety identified at our inspection on 13 August 2015 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found in our original report which can be accessed by selecting the 'all reports' link for Ailsa Craig Medical Centre on our website at www.cqc.org.uk.

Families, children and young people
The provider had resolved the concerns for safety identified at our inspection on 13 August 2015 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found in our original report which can be accessed by selecting the 'all reports' link for Ailsa Craig Medical Centre on our website at www.cqc.org.uk.

Working age people (including those recently retired and students)
The provider had resolved the concerns for safety identified at our inspection on 13 August 2015 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found in our original report which can be accessed by selecting the 'all reports' link for Ailsa Craig Medical Centre on our website at www.cqc.org.uk.

Summary of findings

People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety identified at our inspection on 13 August 2015 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found in our original report which can be accessed by selecting the 'all reports' link for Ailsa Craig Medical Centre on our website at www.cqc.org.uk.

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety identified at our inspection on 13 August 2015 which applied to everyone using this practice, including this population group. The overall population group ratings have not been impacted and the rating for this group remains the same. The specific findings relating to this population group can be found in our original report which can be accessed by selecting the 'all reports' link for Ailsa Craig Medical Centre on our website at www.cqc.org.uk.

Ailsa Craig Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A desk based review of evidence submitted by the provider was carried out by a CQC lead inspector.

Background to Ailsa Craig Medical Centre

Ailsa Craig Medical Centre is situated in Central Manchester and provides services to over 10,500 patients in Ardwick and Longsight under a Primary Medical Services contract. It is a deprived area, information published by Public Health England rates the level of deprivation within the practice population group as level one on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. The practice population are 41% Asian and 10% black people. The age mix of the local community is 25% under 18 years (CCG average 22% and England average 21%) with only 3% over 75 years (CCG average 3.5% and England average 8%). The practice have catered and adjusted the services they offer to meet the needs of their diverse population.

The building is a large semi-detached house, which has been converted into a Doctors' surgery. Inside, GP consulting rooms, nurse treatment rooms and staff offices are spread over four floors. There is no lift and the stairs to consulting rooms on the middle floors are steep, however the practice have adapted the premises so that older people with frailty conditions or people with disabilities can be seen in the ground floor consulting rooms.

There are three GP partners (one male and two female) and two salaried GPs (one male and one female). There are two full time practice nurses. There is also a full time health care assistant and extra cover provided when required, by a member of administration who has been trained in phlebotomy. They are a training practice, accredited by the Deanery and are currently training one GP registrar.

On Monday and Friday the practice is open from 7.30am to 6.30pm. On the other days it is open from 8am to 6.30pm. When the surgery is closed patients can be seen at a nearby GP co-operative from 6.30pm until 8.30pm weekdays and over the weekend. Out of hours cover is provided by the NHS 111 service and GoToDoc.

Why we carried out this inspection

We undertook a comprehensive inspection of Ailsa Craig Medical Centre on 13 August 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, with a rating of requires improvement for the key question of safe. We issued the provider with a requirement notice for a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance) .The full comprehensive report following the inspection on 13 August 2015 can be found by selecting the 'all reports' link for Ailsa Craig Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up desk-based focused inspection of Ailsa Craig Medical Centre on 1 November 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice had addressed the concerns identified in the requirement notices.

Detailed findings

How we carried out this inspection

We carried out a desk-based focused inspection of Ailsa Craig Medical Centre on 1 November 2017. This involved reviewing evidence that:

- Staff appraisals had been completed
- The system for reporting and monitoring serious incidents and complaints was consistent and information about safety was recorded, monitored, reviewed and addressed
- Risk management of infection control, waste disposal and equipment checks had improved
- Opportunities for learning were maximised
- Systems to manage medicines had been established and embedded

Good

Are services safe?

Our findings

At our previous inspection on 13 August 2015, we rated the practice as requires improvement for providing safe services as the understanding of how to raise concerns, and how to report incidents was inconsistent among the staff. Information about safety was recorded, monitored, reviewed and addressed but this was done in an informal way between clinical staff and meetings were not minuted. Although risks to patients who used services were assessed, not all the systems and processes to address these risks were implemented well enough to ensure patients were kept safe. We found a number of clinical apparatus which were out of date and had not been appropriately disposed of.

These arrangements had improved when we undertook a desk-based review on 1 November 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

In August 2015 we found that staff had an inconsistent understanding of how to report, record and review significant events and complaints.

In November 2017 the practice provided evidence that the policy on significant events had been reviewed and updated and a detailed template had been introduced to record events, actions proposed and monitor their completion. Events and complaints were discussed at staff meetings involving clinical and no-clinical staff and these were minuted and placed on the practice intranet.

Overview of safety systems and process

In August 2015 we found that the checks to ensure that checks to ensure that medicines were stored and disposed of in line with requirements were the responsibility of administrative staff and were not sufficient.

In November 2017 the practice provided evidence that the GPs had taken responsibility for the correct storage of drugs in their own consulting rooms and adherence to this was audited monthly by the lead GP. A room restocking protocol was in use along with an emergency drug box checklist.

In August 2015 prescription pads and electronic sheets were securely stored in lockable cupboards but a system was required to monitor and log the serial numbers of prescriptions ordered, received and used.

In November 2017 the practice provided evidence that a policy regarding prescription stocks and usage had been introduced and we saw that all prescriptions were being logged and recorded.

In August 2015 the practice completed a self-assessment audit of infection prevention and control and had identified that some action was required. However they had not yet liaised with the local infection prevention team to keep up to date with best practice or initiated a full infection control audit. Such an audit would identify whether appropriate standards were being met, particularly in relation to waste disposal and the correct usage of sharps bins which were not all of the correct type and were not appropriately dated and signed.

In November 2017 the practice provided evidence that the infection control lead had attended update training in infection control and liaised with the local specialist team. The infection prevention and control policy had been reviewed and updated. New templates were in use to undertake weekly stock, equipment and room checks which were audited monthly.

In August 2015 staff told us their learning needs were identified through a system of appraisals, meetings and reviews of practice development needs. However, the staff files did not contain consistent evidence of regular appraisals being conducted.

For our November 2017 desk based review, the practice provided evidence that all staff were engaged with annual appraisals of their performance and training needs and interim one to one meetings had been introduced with non- clinical staff.