

Failsworth Group Practice

Inspection report

Failsworth District Centre
Ashton Road West, Failsworth
Manchester
M35 0AD
Tel: 01613571620

Date of inspection visit: 7 December 2021
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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?		Requires Improvement	
Are services responsive to people's needs?		Inadequate	
Are services well-led?		Inadequate	

Overall summary

We carried out an announced inspection of Failsworth Group Practice on 7 December 2021. Overall, the practice is rated as Inadequate.

The ratings for each key question are:

Safe - Inadequate

Effective - Inadequate

Caring – Requires improvement

Responsive - Inadequate

Well-led - Inadequate

Following our previous inspection on 7 May 2021, the practice was rated Requires Improvement overall and for all key questions except well-led, which was rated Inadequate. We issued requirement notices in respect of breaches of Regulation 12 (safe care and treatment), Regulation 16 (receiving and acting on complaints) and 19 (fit and proper persons employed). We issued a warning notice in respect of a breach of Regulation 17 (good governance).

We carried out a further inspection on 1 September 2021 to check the progress made with the warning notice. We found that although some improvements had been made the warning notice had not been met.

The full reports for previous inspections can be found by selecting the 'all reports' link for Failsworth Group Practice on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection of all five key questions. We also followed up on the breaches of regulations we found in our previous inspection.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider

Overall summary

- A site visit

Our findings

We base 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 provider as **Inadequate** for providing safe services. Concerns included:

- Systems were not in place to ensure all relevant pre-employment checks were carried out.
- Evidence of mandatory vaccinations for staff was not held.
- Actions required following fire and health and safety risk assessments had not been completed and routine safety checks were not carried out.
- Systems and processes were not in place to ensure the adequate monitoring of patients.
- Significant events were not monitored and not used for learning purposes.

We rated the provider as **Inadequate** for providing effective services. Concerns included:

- Required monitoring of patients taking high risk medicines did not always take place.
- A high number of patients had a potential missed diagnosis of chronic kidney Disease (CKD).
- There was no programme of targeted quality improvement.
- Appraisals were not used to support or develop staff.
- No formal clinical supervision was in place.
- When performance monitoring was in place for staff this had not been updated for several months.
- Do not attempt cardio pulmonary resuscitation (DNACPR) orders were not adequately recorded.

We rated the provider as **Requires improvement** for providing caring services. Concerns included:

- Data from the national GP patient survey was below average.
- There was limited privacy at the reception desk.
- Information about support groups was not available on the practice website.

We rated the provider as **Inadequate** for providing responsive services. Concerns included:

- The practice was short-staffed and there was a high staff turnover.
- There was poor telephone access.
- Data from the national GP patient survey was below average.
- The complaints policy and procedure were not followed, verbal complaints were not recorded, complaints were not responded to in a timely way and not all aspects of complaints were investigated.

Overall summary

We rated the practice as **Inadequate** for providing well-led services. Concerns included:

- Action had not been taken to address the issues found during the inspection of 7 May 2021 or to fully comply with the warning notice issued 19 May 2021.
- Staff reported they were unable to raise concerns.
- There was little emphasis on the well-being or safety of staff.
- Information in policies was conflicting, incorrect or not followed.
- Incorrect information was on the website
- Processes were not in place to manage performance.

We found four breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- 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 staff receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Due to the breaches of regulation identified we will be carrying out further enforcement action against the provider.

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

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities. They also undertook a site visit accompanied by two other CQC inspectors. The team also included a GP specialist advisor who spoke with the provider using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Failsworth Group Practice

Failsworth Group Practice is located at:

Failsworth District Centre

Ashton Road West

Failsworth

Manchester

M35 0AD

We visited this address as part of the inspection activity.

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

The practice is a member of NHS Oldham Clinical Commissioning Group (CCG). It delivers commissioned services under a Primary Medical Services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community. At the time of our inspection there were 12,166 patients registered with the practice.

The provider is registered as a partnership. There are two female GP partners. There are also two salaried GPs (one female and one male), and two healthcare assistants. Locum GPs and practice nurses also work at the practice. There is a practice manager and an administration manager, and they are supported by a team of reception and administrative staff.

Due to the enhanced infection prevention and control measures put in place since the pandemic, and in line with the national guidance, most GP appointments are telephone consultations. If the GP needs to see a patient face-to-face an appointment is made.

The National General Practice Profile states that 94% of the practice population are of white ethnicity, and 3% are Asian.

Information published by Public Health England rates the level of deprivation within the practice population group as level four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

Male life expectancy is 78 years compared to the national average of 79 years. Female life expectancy is 81 years compared to the national average of 83 years.

Extended access is provided locally by a separate provider who provides late evening and weekend appointments are available.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had failed to establish systems and processes that operated effectively to ensure compliance with requirements to demonstrate good governance. In particular:</p> <ul style="list-style-type: none">• Policies such as the complaints policy and recruitment policy were not being followed.• Some policies included inaccurate information, conflicting information, or had not been updated at the relevant time. The website provided incorrect information.• The system for managing significant events was not effective. We found not all significant events were recorded on the significant event log. Where required actions were identified there was no system to follow these up. Service users did not always receive an apology when things went wrong.• The system for managing complaints was not effective. The policy was not being followed and there was no evidence of learning from complaints. The provider had only recently found out complaints dating back several months had not been actioned.• Improvements required following our inspection of 7 May 2021 had not been monitored, and the required improvements had not been made.• When poor performance of staff had been identified this was not acted on. Performance management plans were not kept up to date. <p>The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying out of the regulated activity. In particular:</p> <ul style="list-style-type: none">• A risk assessment had been completed for a pregnant staff member without their involvement and without the controls being put in place for identified risks.

Enforcement actions

- Governance systems were not in place to ensure the safety of staff and patients. The provider had only recently found out areas of concern following risk assessments carried out in March 2021 had not been actioned.
- Do not attempt cardio pulmonary resuscitation (DNACPR) orders were not always held when a DNACPR decision had been made. Where a copy was held all the relevant information had not been completed.

The provider had failed to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:

- Poor feedback on NHS Choices had not been acknowledged or responded to.
- Where several patients had made comments about the telephone system, they were given inaccurate information about how it was being managed.
- Staff reported that they were not able to raise concerns in the practice without fear of retribution. Where we saw staff had raised concerns their comments were disregarded.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The provider had failed to ensure all complaints were investigated, responded to and had appropriate action taken. In particular:

- A high number of complaints had been actioned and responded to in the two weeks prior to our inspection. These included one from January 2021.
- Where a written response to complaints was made, information about how to escalate a complaint was not always included.
- Inaccurate information was given to complainants in their final response letters.
- Not all complaints were investigated.

Enforcement actions

- Records of verbal complaints were not kept.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had failed to assess the risks to the health and safety of service users of receiving the care or treatment and had not done all that is reasonably practicable to mitigate any such risks. In particular:

- Patients prescribed high risk medicines did not always receive the required monitoring.
- Evidence of mandatory vaccinations was not held for all clinical and non-clinical staff.
- 172 patients had potentially undiagnosed Chronic Kidney Disease (CKD). Untreated CKD can progress to more serious illnesses.
- A high number of patients with diabetic retinopathy had high levels of HbA1c. Diabetic retinopathy is a complication of diabetes, caused by high blood sugar levels damaging the back of the eye (retina).

The provider had failed to ensure the premises used by the service users are safe to use for their intended purpose and are used in a safe way. In particular:

- A private company carried out a fire risk assessment and health and safety risk assessment in March 2021. The provider had not completed the actions required following these risk assessments and did not carry out routine fire, health and safety checks at the practice.

The provider had failed to ensure the proper and safe management of medicines. In particular:

- The Registered Manager carried out medicine reviews without patient involvement and without recording what happened at the review. This was done for patients who did not have up to date monitoring of their medicines

This section is primarily information for the provider

Enforcement actions

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider had failed deploy sufficient numbers of suitably qualified, competent, skilled and experienced persons in order to meet the requirements of the regulation. In particular:

- There was a high staff turnover and several permanent clinical and non-clinical staff had left since May 2021. The provider told us they acknowledged more staff were required. There were not enough non-clinical staff to answer telephones and deal with patients in a timely manner.

The provider had failed to provide appropriate support, training, professional development, supervision and appraisal as is necessary to enable the staff to carry out the duties they are employed to perform. In particular:

- Formal clinical supervision was not in place for any clinical staff at the practice.
- Appraisals were not used to support and develop staff. Recent appraisals, where staff had raised concerns, had been disregarded.