

Cornerstone Family Practice

Inspection report

Cornerstone Centre, Graham Street
Beswick
Manchester
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www.cornerstonefamilypractice.nhs.uk

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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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

We carried out an announced focused inspection at Cornerstone Family Practice on 9 January 2023. We did not rate the practice at this inspection, as due to winter pressures on the NHS it was completed without undertaking a site visit.

Safe - partially inspected and unrated

Effective - partially inspected and unrated

Caring – not inspected

Responsive – not inspected but commented on access for patients

Well-led - partially inspected and unrated

Following our previous inspection on 13 April 2021 the practice was rated good for the effective key question that had been rated requires improvement from the previous inspection on 8 May 2019; overall the practice remained rated good.

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

Why we carried out this inspection

We carried out this inspection to follow up concerns reported to us.

- We focused on elements of the safe, effective and well-led key questions and asked the provider questions about access to appointments in line with a national initiative.

How we carried out the inspection

This inspection was carried out without visiting the site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.

Our findings

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 found that:

Overall summary

- We found that systems to ensure safety of patients were in place but not always working effectively and that this had led to gaps in safe service delivery. Other systems such as staff training were not demonstrated as being effective by the practice.
- The practice was lower than target for their uptake of childhood immunisations and cervical screening and leaders were unable to provide data that demonstrated any improvement or evidence that any specific actions had been taken to address these.
- The provider had quality improvement systems in place, but these were generally ineffective.
- Patient satisfaction with access to care and treatment was generally lower than local and national averages.
- The practice demonstrated that although governance arrangements were in place, they were often ineffective and reactionary in nature. We saw several areas where gaps were apparent and practice leaders were not always fully aware or had formal plans to address these.

We found a breach of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should**:

- Link all other relevant records relating to individual safeguarded children in the clinical system.
- Update practice information for clinical staff to reflect national prescribing guidance and implement monitoring arrangements.
- Develop a comprehensive plan to improve cervical screening and childhood immunisation uptake data and monitor.
- Address patient concerns in relation to access to care and treatment.

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

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC inspector who spoke with staff using video conferencing facilities. The team included a GP specialist advisor who also spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Cornerstone Family Practice

Cornerstone Family Practice is located in Beswick in Manchester at:

Cornerstone Centre,

Graham Street

Beswick

Manchester

M11 3AA

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

The practice is situated within the NHS Greater Manchester Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of 7,042. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices called the Clayton, Beswick and Openshaw primary care network (PCN).

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the lowest decile (1 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 11% Black, 8.1% Asian and 3.8% Mixed.

The age distribution of the practice population closely mirrors the local and national averages. However, there are more male patients registered at the practice between the ages 5–9 and 30–39 compared with local and national averages and more female patients between the ages of 30–34 compared with local and national averages.

There is a team of two GP partners and one salaried GP. The practice has one part time nurse who provides nurse led clinics for long-term conditions and a part time advanced nurse practitioner (ANP). The clinical staff are supported at the practice by a team of reception and administration staff. The practice manager and reception manager provide managerial oversight. There are several allied health professionals at the practice including a clinical pharmacist and a physician associate who are employed by the PCN and facilitate a wider range of services for the practice population.

The practice is open between 8am to 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by Clayton, Beswick and Openshaw PCN, where late evening and weekend appointments are available. Out of hours services are accessed by contacting NHS 111.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate risks relating to health, safety and welfare of service users and others who may be at risk.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The practice was unable to demonstrate that systems to ensure adequate training were in place or working.• Systems to ensure patients who required appropriate monitoring were not effective.• Practice documentation around significant events and incidents did not detail actions taken to mitigate against repeat. <p>We saw other areas of poor governance; in particular we found:</p> <ul style="list-style-type: none">• Quality improvement systems and those to aid learning were not fully effective.• The practice was unable to demonstrate that effective oversight was in place for allied health professionals working in the practice. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>