

Manchester Road East Medical Practice

Inspection report

4 Longshaw Drive
Worsley
Manchester
M28 0BB
Tel: 01617993233
www.mremedicalpractice.co.uk

Date of inspection visit: 18 July 2023
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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?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced inspection at Manchester Road East Medical Practice on 18 July 2023. Overall, the practice is rated inadequate.

The ratings for each key question are:

Safe - inadequate

Effective – requires improvement

Caring - good

Responsive – requires improvement

Well-led – inadequate

Why we carried out this inspection

We carried out this inspection due to a change in the provider's registration. The practice had moved to new premises in 2022. This inspection was a comprehensive inspection of all five key questions.

How we carried out the inspection

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:

- 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.
- Conducting an interview with the provider using video conferencing.
- Requesting evidence from the provider.
- A short site visit.
- Issuing questionnaires to staff.

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.

Overall summary

We have rated this practice as **inadequate** overall.

We rated the provider **inadequate** for providing safe services:

- Recruitment systems were not effective and relevant legislation was not adhered to.
- The process for managing significant events was not effective.
- Safety alerts were not appropriately actioned.
- Patients prescribed high risk medicines were not always appropriately monitored.
- Emergency medicines had not been considered, and were not safely stored.
- Actions had not been taken following the infection prevention and control audit.
- Information provided to locum GPs was not accurate.

We rated the provider **requires improvement** for providing effective services:

- Up to date clinical guidance was not always being followed.
- The system for keeping clinicians up to date with current guidance was not effective.
- Evidence of training for the practice nurse was not held by the practice.
- There was no documented clinical supervision for the newly qualified practice nurse.
- Childhood immunisation and cervical screening data was below target.

We rated the provider **good** for providing caring services:

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

We rated the provider **requires improvement** for providing responsive services:

- The process for identifying, investigating, responding to and learning from complaints was not effective.

We rated the provider **inadequate** for providing well-led services:

- Leaders had not identified the risks we found during the inspection.
- Policies were not always followed and did not always contain enough information to provide relevant guidance.
- Systems for managing risks were not effective.
- Information, such as from complaints and significant events, was not recorded and acted on.
- We did not see examples of continuous learning and improvement.
- There were no arrangements in place to access a Freedom to Speak Up Guardian.

We found 4 breaches of regulation. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints made by patients and other persons in relation to the carrying on of the regulated activity.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Overall summary

In addition, the provider **should**:

- Take steps to improve the uptake of childhood immunisations and cervical screening.
- Monitor the vaccination status of non-clinical staff and take action where required.

I am placing this service in special measures. Services placed in special measures will be inspected again within 6 months. If insufficient improvements have been made such that there remains a rating of inadequate for any 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 6 months if they do not improve.

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 Health Care

Our inspection team

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

Background to Manchester Road East Medical Practice

Manchester Road East Medical Practice is located in the Little Hulton area of Salford at:

4 Longshaw Drive

Worsley

Manchester

M28 0BB

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

The practice is situated within the Greater Manchester Integrated Care System (ICS) and delivers Personal Medical Services (PMS) to a patient population of about 2295. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices, the Walkden and Little Hulton Primary Care Network (PCN).

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the second lowest decile (two 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 94% White, 2% Asian, 2% Black and 2% Mixed, and other ethnicities.

There is a single-handed GP (male) and a salaried GP (female) who works half a day each week. There is a practice nurse, a practice manager and a team of administrative staff.

The practice is open between 8am and 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to the local out of hours service which is provided through NHS 111. Additionally, patients can access GP services in the evening and on Saturdays through the extended access scheme.

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 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 Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <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">• There was a complaints policy but this did not contain all the required information and was not being followed.• There was no formal investigation of complaints.• Complaints were not used to improve the quality of care. <p>This was in breach of Regulation 16(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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 Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to have systems and processes in place to ensure staff were of good character or had the required qualifications, skills or experience required for their role. In particular:</p> <ul style="list-style-type: none">• A full work history including a written explanation of any gaps was not held for all staff, including newly employed staff.• Evidence of qualifications was not checked for newly recruited clinical staff.• Not all the information required under Schedule 3 of the Health and Social Care Act was held or requested for staff. <p>The provider had failed to ensure all clinicians were registered with the relevant professional body. In particular:</p> <ul style="list-style-type: none">• Professional registration checks were not carried out during the recruitment process and on an ongoing basis.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess the risks to the health and safety of service users receiving care or treatment and had not done all that is reasonably practicable to mitigate any such risks. In particular:</p> <ul style="list-style-type: none">• Not all relevant Medicines and Healthcare Products Regulatory Agency (MHRA) alerts had been sufficiently actioned.• Guidance from the National Institute for Health and Care Excellence (NICE) was not always taken into consideration.

Enforcement actions

- Our clinical searches found patients prescribed high risk medicines were not always appropriately monitored.
- There was no formal monitoring where urgent referrals had been made for patients.

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

- Required action had not been taken following the most recent Infection Prevention and Control audit.

The provider had failed to ensure that the equipment used by the service provider for providing care or treatment to a service user was safe for such use and used in a safe way. In particular:

- The accessories for use with the defibrillator were past their expiry date.

The provider had failed to ensure persons providing care or treatment to patients have the qualifications, competence, skills and experience to do so safely. In particular:

- No checks had been made to confirm the practice nurse had the required training to carry out their role.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had failed to establish systems and processes that operated effectively to ensure compliance with requirements to demonstrate good governance. In particular:

- Policies, such as the safeguarding, recruitment and complaints policy, did not contain all the required information or were not being followed.
- The system for managing significant events and complaints was not effective.
- There were no arrangements in place to access a Freedom to Speak Up Guardian.
- The system to ensure all staff received appropriate training was not effective.

This section is primarily information for the provider

Enforcement actions

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:

- The system for making improvements following significant events and complaints was not effective.
- The system for managing infection prevention and control and health and safety risks was not effective.