

# Gorton Medical Centre

## Inspection report

46 Wellington Street  
Gorton  
Manchester  
M18 8LJ  
Tel: 0161 223 1113  
[www.gortonmedicalcentre.nhs.uk](http://www.gortonmedicalcentre.nhs.uk)

Date of inspection visit: 4 April 2018  
Date of publication: 02/05/2018

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

Good 

Are services well-led?

Good 

# Overall summary

This practice is rated as Good overall. (Previous inspection March 2017 – Good)

We carried out an announced comprehensive inspection on at Gorton Medical Centre on 27 March 2017. The overall rating for the practice was good with key question Well Led rated as requires improvement. At that inspection we found improvements were needed in the practice systems for the monitoring of incidents and significant events, and where learning and improvement were identified these were not always shared effectively. We issued a requirement notice in respect of good governance, as further improvements were required. We identified other areas of improvement including undertaking full cycle clinical audits and monitoring and sharing patient safety alerts as part of the practice's quality improvement programme and listening to patient feedback, developing the patient participation group and maintaining a carer's register.

The full comprehensive report on the March 2017 inspection can be found by selecting the 'all reports' link for Gorton Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

This inspection was a focused visit to the practice on 4 April 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection on 27 March 2017. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

This focused inspection visit identified improvements had been made in service delivery for key question Well Led and this is now rated good.

## Our key findings were as follows:

- At our previous inspection in March 2017 we found some records of significant event investigations did not contain all the required information and evidence that the findings

from investigations was shared with staff was limited. At this inspection visit, both practice full team meeting and clinical meeting minutes showed the significant events were discussed and evidence was available to demonstrate improvements were made and learning from these was shared.

- Since the previous inspection, the practice had reviewed how it ensured patient safety alerts were shared with the staff team and had introduced a system to ensure these were acted upon as required.
- The practice had introduced a range of clinical searches on a variety of patient health care conditions. These searches were allocated to GPs who undertook relevant clinical audit and re-audit to evaluate the effectiveness of the actions the practice had implemented to improve patient outcomes.
- The practice had introduced a carer's information pack and referral process. It had made some headway in building a carer's register. However there were still low numbers of patients' identified as carer's.
- The practice had implemented a patient survey and initial results had indicated patients were satisfied with the service. The practice manager had identified areas requiring action as a result of patient feedback.
- The practice continued to promote their patient participation group and held regular practice meetings

## The areas where the provider should make improvements are:

Continue to develop the practice carer's register and the patient participation group.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

## Our inspection team

A CQC lead inspector visited the practice .

## Background to Gorton Medical Centre

Gorton Medical Centre is located in a purpose built building at 46 Wellington Street

Gorton, Manchester, M18 8LJ. The practice is part of the NHS Manchester Clinical Commissioning Group (CCG). The practice provides services under a General Medical Services contract with NHS England and has 8384 patients on its register. More information about the practice is available on its website address: [www.gortonmedicalcentre.nhs.uk](http://www.gortonmedicalcentre.nhs.uk)

The practice is situated close to a busy road and a range of shops. The service is provided from a double storey older style building. The ground floor had recently been adapted to provide better disability access. The practice has a number of consulting and treatment rooms used by the

GPs, nursing staff and visiting health care professionals. Three GP consulting rooms are situated up a set of stairs on the first floor. Clinicians on the ground floor see patients with mobility issues. There is no on site car parking available.

There are three GP partners, one salaried GP, a practice manager, a case manager, a pharmacist and medicines lead, a nurse, two healthcare assistants, as well as a number of reception and administrative staff.

The practice is open Mondays to Fridays from 8am to 6pm, and closes at lunchtime between 12 and 1pm. During this time, patients are directed to the out of hours service (OOH). Patients can access Out of Hours services by contacting a telephone number displayed on the practice website.

Information published by Public Health England rates the level of 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 male practice population have lower life expectancy at 74 years compared to the CCG average of 75 years and England average of 79 years. Similarly, female life expectancy is lower at 79 years compared with the CCG average of 80 years and the England average of 83 years. The practice has a slightly higher number of patients under the age of 18 years, 27% compared with the CCG average of 24% and England average of 21%. Similarly, there is a higher number of patients over the age of 65 years (14%) compared with the CCG average (10%).

The practice has 53% of its population with a long-standing health condition, which reflects the CCG and the England average. Unemployment at 12% is higher than the CCG average of 9% and England average of 5%.

## Are services well-led?

We rated the practice and all of the population groups as good for providing a well-led service.

At our previous inspection on 27 March 2017, we rated the practice as requires improvement for providing well led services as the systems for monitoring, learning and improving from significant events and incidents and sharing this learning within the staff required improvement.

In addition, we identified other areas requiring improvement. There were no effective systems of clinical audit and review and evidence of responding to patient safety alerts. Records and information to support patients who were carers and processes for responding to patient feedback needed further development.

These arrangements had improved when we undertook a focused inspection on 4 April 2018.

The practice is now rated as good for providing well led services.

### Governance arrangements

Systems to demonstrate clear roles, responsibilities, and accountability to support good governance and management had improved. For example:

- At our previous inspection in March 2017 we found some records of significant event investigations did not contain all the required information and evidence that the findings from investigations was shared with staff was limited. At this inspection visit, both practice full team meeting and clinical meeting minutes showed the significant events were discussed with the staff team.

- Clinical team meeting minutes showed that the recording form for significant events had been discussed and one format agreed in line with the practice's significant event analysis protocol. Evidence was available that the GPs had retrospectively reviewed recent significant events to ensure the recording of information was standardised and the content and outcome were clearly recorded. The practice manager confirmed that significant events were a standing agenda item for each practice meeting and we heard the practice planned to continue the retrospective review of significant events to ensure completion and evidence of shared learning. The full practice team meeting minutes also demonstrated that significant events were discussed with the whole team.

- At our previous inspection we noted that the practice was unable to demonstrate that patient safety alerts were responded to appropriately. We observed at this inspection that the practice had a patient safety alert protocol and procedure available and this identified the practice manager and the assistant practice manager as being responsible for monitoring received alerts and disseminating these to the practice team. A paper copy of the alert was maintained in the reception area and an electronic record held on the practice's document management system.

- The lead GP reviewed the patient safety alerts and working with the practice pharmacist, these were responded to as required. For example, following receipt of a recent alert regarding asthma inhalers the practice had reviewed those patients prescribed this inhaler and contacted to ensure the issue did not affect them.

- Our previous inspection identified that a programme of a planned quality improvement including clinical audit and re-audit was not implemented effectively. This inspection identified the practice had undertaken a range of different clinical searches and implemented action to improve the clinical outcomes for patients. Evidence available demonstrated the clinical reviews were audited, re-audited and evaluated for effectiveness. Team meeting minutes recorded the clinicians responsible for the clinical audits and follow up re-audits. Recent clinical audit included reviewing the treatment delivered to patients with Chronic Obstructive Pulmonary Disease (COPD) and smoking, COPD and body mass index (BMI) and female patients of child bearing age with epilepsy.

- The practice had introduced a carer's policy and a carer's information and referral pack since the previous inspection in March 2017. At the time of this visit, the practice had 46 patients also registered as carers. This represented just over 0.5% of the patient population. The practice manager stated they continued to try to identify patients who were carer's.

- The practice continued to promote their patient participation group (PPG) and there were minutes available from recent meetings. The practice was also implementing a patient survey. The initial results indicated patients were generally satisfied with the service provided. The practice

## Are services well-led?

manager had identified one area that indicated patients' required clarification around the role of the duty doctor for on the day urgent appointments, in that the duty doctor was not a GP of patient choice.