

Stable Fold Surgery

Inspection report

119 Church Street
Westhoughton
Bolton
Lancashire
BL5 3SF
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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Stable Fold Surgery on 17 December 2018 as part of our inspection programme. At the last inspection in December 2014 we rated the practice as good in all domains.

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 have rated this practice as **requires improvement overall**.

We rated the practice as **requires improvement** for providing safe services because:

- Some staff were not clear on the procedure for chaperoning patients. We were told that on occasions the GP requested that the chaperone stood outside the curtain.
- There was no process to check previous employment dates or the reasons for leaving for appropriate staff.
- Fire training for staff was out of date and there had been no formal fire drill.
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- There was no evidence that the infection control lead had appropriate training. Infection control procedures, such as for hand washing, were not followed.
- Significant events were not well-managed. Significant event forms were not updated to include any investigation, discussion, learning or review. Information was instead recorded in various meeting minutes.

We rated the practice as **requires improvement** for providing effective services because:

- Training was not up to date, so the practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- Although the practice participated in some local and national schemes they were unable to show evidence of improvement following clinical audits.
- Although there was evidence that the practice manager was well-supported, they had never had a formal appraisal.

We rated the practice as **good** for providing caring services because:

- The practice was knowledgeable about registering patients living in vulnerable circumstances, including those without an address.
- The practice knew how to respond to changes in patients' preferred gender, name or title.
- The practice had completed Pride in Practice gold level.

We rated the practice as **good** for providing responsive services because:

- The practice opened until 8.30pm one evening a week and further late and weekend appointments were available at a nearby hub.
- Patients told us appointments were easy to access and they could receive on the day advice in an emergency.
- Although complaints were investigated and appropriately responded to there was no system to track their progress and use them to drive improvement.

We rated the practice as **requires improvement** for providing well-led services because:

- There was some evidence of risk assessment but there were gaps in fire safety, infection control and emergency medicines. The policies were not always followed.
- There was little evidence of systems and processes for learning and continuous improvement.
- Clinical audits did not demonstrate an effective approach to quality improvement.
- There was no evidence of formal support and assessment of staff.

These areas where improvements were required affected all population groups so we rated all population groups as **requires improvement**.

The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

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

- Have a failsafe system to check all cervical screening results are received by the practice.

Overall summary

- Review patient group directions (PGDs) to check they are dated.
- Make sure staff are aware of procedures such as chaperoning and how to deal with uncollected prescriptions.

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

Professor Steve Field CBE FRCP FFPH FRCGP Chief
Inspector of General Practice

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

Our inspection team was led by a CQC lead inspector and also included a GP specialist adviser.

Background to Stable Fold Surgery

Stable Fold Surgery is located at 119 Church Street, Westhoughton, Bolton, BL5 3SF. There are four GP partners (two male and two female) and a female salaried GP. There are two practice nurses and a healthcare assistant. They are supported by a practice manager, assistant practice manager and administrative and support staff.

The practice provides primary care services to its registered list of 7374 patients. The practice delivers commissioned services under the General Medical Services (GMS) contract and is a member of Bolton Clinical Commissioning Group (CCG). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice is registered with the CQC to carry out the regulated activities diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury.

The practice has a website that contains information about what they do to support their patient population and the in-house and online services offered.

The average life expectancy and age profile of the practice population is slightly above the CCG and national average. Information taken from Public Health England placed the area in which the practice at seven on the scale of deprivation (from a possible range of between one and 10, where 1 is most deprived). In general, people living in more deprived areas tend to have greater need for health services.

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 by BARDOC Ltd.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not always assess the risks to the health and safety of service users of receiving the care or treatment. In particular:</p> <ul style="list-style-type: none">• The fire risk assessment was incorrect in that it stated there were regular in-house inspections and no evidence of these were available.• There had been no recorded fire drill at the practice.• There was no emergency lighting and no risk assessment to determine if it was required.• There had been no recent clinical audits. <p>The registered person did not fully assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated. In particular:</p> <ul style="list-style-type: none">• Infection control training for staff was not up to date. Although there was a hand hygiene policy this was not followed in that there was no audit to assess the hand wash technique of staff including clinicians. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had ineffective systems or processes in place in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p>

Requirement notices

- There was no adequate system to monitor and learn from significant events.
- There was no adequate system to track the progress of complaints or ensure learning was shared.
- We did not see evidence of an effective approach to quality improvement through clinical audit in the last 3 years.

The registered person did not always 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 on of the regulated activity. In particular:

- The system for ensuring training was up to date was not adequate. There were several gaps in training requirements, especially for the nurse and the healthcare assistant.
- Evidence of recent staff appraisal was not seen, and the practice manager had never had a formal appraisal, although support was regularly provided.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.