

St Chads Medical Practice

Inspection report

St Chads Centre
Lime Green Parade, Lime Green
Oldham
Lancashire
OL8 3HH
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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

This practice is rated as Requires improvement overall. (Previous rating 17/03/2015 – Good)

The key questions at this inspection are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at St Chads Medical Practice on 15 March 2019. As part of our inspection programme. At the last inspection in March 2015 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 rated the practice as **requires improvement** for providing safe services because:

- At the time of the inspection there was no system to check the on-going registration of all clinicians and evidence of current medical indemnity insurance was not available for all locum GPs.
- There had been no practice health and safety risk assessment.
- The system for checking the defibrillator and oxygen needed to be improved.
- Some medical equipment was beyond its expiry date.
- Not all the expected emergency medicines were held and there had been no risk assessment.
- There was no system to check patients who had been referred under the two-week wait system had attended their appointment.
- Significant events were not routinely reviewed.

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

- Some abnormal tests results had not been actioned.

- There were below average QOF figures for some clinical data including for diabetes and chronic obstructive pulmonary disease (COPD).
- The practice did not have a programme of clinical audits.
- Training was not always updated at the appropriate time and the practice did not hold a record of all staff training. For example, the infection control policy stated training would be updated annually but this did not occur.

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

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

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

- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

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 health and safety and emergency medicines.
- Although policies were in place these were in the name of the partners' other practice, who they worked closely with.
- There was little evidence of systems and processes for learning and continuous improvement.
- There was no programme of clinical audits.
- There was not always 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.

Overall summary

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

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

- Look to identify more patients who are carers so appropriate support can be offered.
- Review the process for managing significant events so SEAs are reviewed and learning implemented.

- Look at the virtual patient participation group (PPG) as a way for obtaining the views of patients.

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

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 Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser, and a GP specialist advisor who was shadowing the inspection.

Background to St Chads Medical Practice

St Chads Medical Practice St Chads Centre, Lime Green Parade, Oldham OL8 3HH. The surgery is located in a building that includes other services such as a library and a housing association.

The surgery has good transport links and there is a pharmacy located nearby.

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

St Chads Medical Practice is member of Oldham Clinical Commissioning Group (CCG) and provides services to approximately 3033 patients under the terms of a primary medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider is a partnership comprising of three GP partners (one male and two female). There is a male salaried GP and a female practice nurse and healthcare assistant. The practice has a business manager that also works at the other practice owned by the partners, a practice manager, and several administrative staff.

The practice is in line with the national average of patients' age ranges. The National General Practice Profile states that 91% of the practice population is of white ethnicity, with 9% of black, Asian or mixed-race ethnicity. 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. Male life expectancy is 77 years compared to the national average of 79 years. Female life expectancy is 80 years compared to the national average of 83 years.

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 Maternity and midwifery services 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">• A health and safety risk assessment had not been carried out.• Not all the expected emergency medicines were held and no risk assessment had been carried out.• Not all abnormal pathology results were actioned in a timely way.• The practice had below average quality scores for some long-term conditions. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
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>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular:</p> <ul style="list-style-type: none">• The system for monitoring patients who had been referred for an urgent appointment was not effective.• Policies were in the name of another practice owned by the partners. <p>The registered provider 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:</p>

This section is primarily information for the provider

Requirement notices

- Not all checks relating to the registration of clinicians and clinicians having current medical indemnity insurance were carried out.
- Not all training had been appropriately updated and the practice did not hold full details of all training.
- There was no formal monitoring or support for the practice manager.
- The system for checking the defibrillator, oxygen and associated items was not effective.
- Clinical audits were not being carried out.

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