

Donald Wilde Medical Centre

Quality Report

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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.

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Overall summary

Letter from the Chief Inspector of General Practice

On 19 July 2016 we received allegations about Donald Wilde Medical Centre from an anonymous whistleblower. Not all of the allegations related to aspects of the Health and Social Care Act (Regulated Activities) Regulations 2014. The allegations relating to the Act were:

- There were no GP surgeries taking place some afternoons.

- There had been an increase in patient complaints due to the lack of surgeries available.
- Staff were being employed without the appropriate recruitment checks being carried out.

In response to the allegations being received we carried out an unannounced focussed inspection, just looking at the allegations we received.

We found that:

Summary of findings

- In the week prior to the inspection GP surgeries had been held every morning and afternoon, Monday to Friday. The number of appointments provided was in line with recommended guidelines.
- Verbal complaints had been made about access to appointments but these had not been recorded. Previous complaints made to the practice had not been responded to appropriately. For example, written responses did not inform complainants of how they could escalate their complaint to the Parliamentary and Health Service Ombudsman (PHSO).
- No personnel information was held for some staff such as the practice nurse, advanced nurse practitioner, locum GPs and the two most recently recruited administrative staff.
- The provider must ensure that all complaints received are investigated and responded to, with escalation procedures brought to the attention of complainants.
- The provider must ensure all policies and protocols are up to date so they can be assured all clinicians and staff follow the same procedure.
- The provider must ensure all appropriate employment checks are carried out prior to employing staff. They must ensure all clinicians have up to date registration with the appropriate professional body.

The areas where the provider must make improvements are:

The practice was previously inspected on 10 March 2015. The practice was rated 'good' across all domains and 'good' overall. The ratings will not change following this inspection, although the provider will be expected to make the required improvements. However, the practice will receive a full comprehensive inspection in the future and ratings in all domains will be considered.

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

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- The provider must ensure that all complaints received are investigated and responded to, with escalation procedures brought to the attention of complainants.
- The provider must ensure all policies and protocols are up to date so they can be assured all clinicians and staff follow the same procedure.
- The provider must ensure all appropriate employment checks are carried out prior to employing staff. They must ensure all clinicians have up to date registration with the appropriate professional body.

Donald Wilde Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and also included a second CQC inspector.

Background to Donald Wilde Medical Centre

Donald Wilde Medical Centre is situated on a main road close to the centre of Oldham. It is a purpose built single storey building. It is fully accessible for patients with mobility difficulties and there is a car park at the rear of the building.

There are two GP partners, both male. There is a female salaried GP who is currently on maternity leave. The practice also uses locum GPs. There is a practice nurse, a locum advanced nurse practitioner, a healthcare assistant and administrative and reception staff.

Until recently there was a health practitioner who was also the assistant practice manager. The practice manager had recently left the practice and the assistant practice manager had started to carry out their duties. At the time of the inspection they only acted in a management capacity and told us they did not have any healthcare responsibilities anymore.

The practice is open from 8am until 8pm on Mondays and 8am until 6.30pm Tuesday to Friday. There are morning and afternoon surgeries between these times.

At the time of our inspection there were 5035 patients registered with the practice. The practice is overseen by NHS Oldham Clinical Commissioning Group (CCG). The practice delivers commissioned services under a General Medical Services (GMS) contract.

The practice has opted out of providing out-of-hours services to their patients. This service is provided by a registered out of hours provider, Go to Doc Ltd.

Why we carried out this inspection

We inspected due to an allegation of concerning information being received by the Care Quality Commission by a whistleblower.

How we carried out this inspection

Before our inspection we reviewed information we held about the practice. We carried out an unannounced focused inspection on 3 August 2016 to check only the issues we had received concerns about. During our inspection we spoke with a GP partner and the assistant practice manager who was acting as practice manager. We reviewed documents held at the practice.

Are services safe?

Our findings

We did not inspect the safe domain in full at this inspection. We inspected only those aspects relating to the allegations made.

Staffing and recruitment

We asked to see all personnel records for staff employed by the practice.

The partner and assistant practice manager told us they had no personnel information relating to the practice nurse. There was no Disclosure and Barring Service (DBS) check for the practice nurse.

The partner and assistant practice manager told us they had no personnel information for the advanced nurse practitioner. They told us they had worked at the practice for three to four weeks as a locum. There was no record of a DBS check for the advanced nurse practitioner in the DBS file kept at the practice. Following the inspection we checked if the advanced nurse practitioner was registered with the Nursing and Midwifery Council (NMC). We could find no trace of a registration. We contacted the practice and asked them to supply us with their full registration

details. This was supplied the day after the inspection. The advanced nurse practitioner was registered with the NMC but the practice held the incorrect spelling of their name, which was why their registration could not easily be traced.

We saw that two locum GPs were working at the practice. The practice had a file containing information about locum GPs. However, no personnel information was kept for either of the locum GPs who worked at the practice at the time of the inspection. There was a DBS check in place for one of the locum GPs kept in the DBS file at the practice; we could not find documentation of the second GPs status being recorded.

We looked at the personnel files kept for the two most recently recruited members of administrative staff. One had been employed since November 2015 and the other since April 2016. The only documents held for both these staff members were an unsigned confidentiality policy and a blank appraisal record.

We asked the GP partner and the assistant practice manager if they held any further information about any of the staff we had asked them about. They told us that they did not hold any other information.

Are services effective?

(for example, treatment is effective)

Our findings

We did not inspect the effective domain during this inspection.

Are services caring?

Our findings

We did not inspect the caring domain during this inspection.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We did not inspect the responsive domain in full at this inspection. We inspected only those aspects relating to the allegation received.

Access to the service

We asked the GP partner and the assistant practice manager about the number GPs on duty during the previous week, 25-29 July 2016. We reviewed the number of GP appointments that had been available in the previous week. We saw that between one and three GPs held a surgery each morning and afternoon. Telephone appointments were also provided. In addition, the advanced nurse practitioner held three afternoon surgeries.

The looked at the number of appointments provided during the week 25-29 July 2016. We saw that there had been 288 GP face to face appointments and 54 GP telephone appointments. In addition GP home visits were carried out. The advanced nurse practitioner provided 66 appointments. These figures are in line with the recommended guidelines for GP access.

Listening and learning from concerns and complaints

We asked the GP partner and assistant practice manager about complaints that had been received at the practice. The GP partner showed us a complaints summary on their computer. This was for 2015-16 and did not give information about the complaints made. We asked if any complaints had been made since April 2016. They told us that all complaints made since April 2016 had been verbal

complaints and they had not been recorded. They told us these complaints had been about access to appointments. We were told by the practice, they thought patient access was good but patients did not understand the new appointment system that was in place. The GP partner told us they had addressed the verbal complaints during the consultations and they had all been addressed. The GP partner then told us they thought there had been 'a couple' of other complaints and they would have kept a copy of these. However, we were told the practice manager who had recently left the practice had kept these files and they did not know where they could be found.

The practice provided us with their patient complaint procedure. This had been reviewed in June 2014. We looked at the practice's complaints' folder. This contained a different complaints procedure that contained more in-depth guidance on how to deal with complaints. This stated that complaints could be made verbally and in writing, and if one was made verbally a written record would be taken. The GP partner told us they did not keep a record of verbal complaints. The guidance also stated that the final response to a complaint should include information about escalating the complaint to the Parliamentary and Health Service Ombudsman (PHSO).

We looked at the most recent three complaints that had been recorded, from 11 November 2015, 19 January 2016 and 2 February 2016. One of these had no information about a response or resolution, one had been responded to in writing with no information about the PHSO mentioned and the written complaint had been responded to by telephone.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

We did not inspect the well-led domain during this inspection.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>The provider did not hold evidence that all complaints were investigated and responded to. Verbal complaints were not recorded and when patients received a written response to a complaint they were not informed they could escalate their complaint to the Parliamentary and Health Service Ombudsman (PHSO).</p> <p>This was in breach of regulation 16 (2) 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>The provider did not have adequate checks and processes in place.</p> <p>This was in breach of regulation 17 (2) (f) 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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The provider did not hold sufficient information about the staff working at the practice and the information required in Schedule 3 was not held. No information was held for the practice nurse, advanced nurse practitioner and the two most recently recruited members of</p>

This section is primarily information for the provider

Requirement notices

administrative staff. A Disclosure and Barring Service (DBS) certificate was held for one of the two current locum GPs but no other information about them was held.

This was in breach of regulation 19 (1) (3) (4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.