

Unsworth Group Practice

Inspection report


Peter House Surgery
Captain Lees Road, Westhoughton
Bolton
Lancashire
BL5 3UB
Tel: 01942812525
www.unsworthgroup.com






Date of inspection visit: 11 December 2019
Date of publication: 10/02/2020

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?	Good 
Are services well-led?	Inadequate 

Overall summary

On 11 December 2019 we carried out an inspection of Unsworth Group Practice following our annual review of the information available to us including information provided by the practice. Our review indicated that there may have been a significant change to the quality of care provided since the last inspection.

We inspected the main surgery at Peter House, Captain Lees Road, Westhoughton, Bolton, BL5 3UB. As part of the inspection we also visited the branch surgery at Blackrod Health Centre, Church Street, Blackrod, Bolton, BL6 5EN.

The practice had previously been inspected 17 November 2015. It had been rated good overall and good for each key question except safe, which was rated requires improvement. On 29 December 2016 we carried out a desk top review and received evidence of improvement. We then rated the key question safe good.

This inspection initially focused on the key questions effective and well-led. Because of the assurance received from our review of information we carried forward the ratings for the key questions caring and responsive. During the inspection we opened up the safe key question due to concerns we had found.

We rated the practice inadequate overall with the following key question ratings:

Safe – inadequate

Effective – requires improvement

Well-led – inadequate

The population groups were all rated requires improvement.

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 **inadequate** for providing safe services because:

- Safeguarding training was not up to date.
- Clinical records were not always appropriately coded in relation to safeguarding children.

- Not all the required pre-recruitment information or checks were held.
- Fire safety and other health and safety checks were not carried out.
- Appropriate standards of hygiene and infection control were not met.
- Sepsis training had not been carried out for staff.
- Patient Group Directions were not adequately managed.
- Prescription pad security was not managed.
- Safety alerts were not all actioned in an appropriate or timely manner.
- The vaccination status of staff, in relation to infectious diseases, was not monitored.

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

- Staff induction was not consistent.
- Training was not well-managed; there were gaps in staff training and it was difficult to ascertain what training had been carried out or updated at the appropriate time.
- Staff appraisals were not up to date.

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

- There was no overview of the management of the practice.
- Managers and partners had not identified the gaps in their governance systems.
- Internal safety audits were either not taking place or not adequate.
- Performance issues had not been identified.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed by the service provider are of good character, have the qualifications, competence, skills and experience which are necessary for the work to be performed by them, have all the information required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and are registered with the relevant professional body.

Overall summary

In addition, the provider **should**:

- Develop all-staff meetings to improve communications within the practice.

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

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration. Special measures will give people who use the service the reassurance that the care they get should improve.

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 CQC lead inspector.
The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Unsworth Group Practice

Unsworth Group Practice is the registered provider and provides primary care services to its registered list of approximately 20,300 patients. The practice delivers commissioned services under the Primary Medical Services (PMS) contract and is a member of NHS Bolton Clinical Commissioning Group (CCG).

The PMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedure, surgical procedures and treatment of disease, disorder and injury.

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

Regulated activities are delivered to the patient population from the following address:

Peter House Surgery
Captain Lees Road
Westhoughton
Bolton

BL5 3UB.

There is also a branch surgery at:

Blackrod Health Centre
Church Street
Blackrod
Bolton
BL6 5EN.

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 at

There are ten GP partners (four male and six female) and five salaried GPs (one male and four female). There is one advanced nurse practitioner, one nurse practitioner, four practice nurses and two assistant practitioners. There is also a visiting clinician, a musculoskeletal practitioner, a mental health practitioner, health improvement practitioners and a social prescriber. The management team consists of a practice manager, deputy practice manager and office manager, who are supported by a middle management tier and administrative and support staff.

The opening hours for the Westhoughton surgery are:

Monday - 8am – 6.30pm

Tuesday - 8am – 8.30pm

Wednesday - 8am – 6.30pm

Thursday – 8am – 6.30pm

Friday 8am – 6.30pm

The opening hours for the Blackrod surgery are:

Monday - 8am – 6.30pm

Tuesday - 8am – 8.30pm

Wednesday - 8am – 8.30pm

Thursday – 8am – 6.30pm

Friday 8am – 6.30pm

In addition to the extended hours operated by the practice, the CCG has commissioned an extended hours service, which operates between 6.30pm and 9.30pm on

week nights and from 9am until 1pm at weekends and bank holidays at three hub locations across Bolton. There is also a local out of hours service provided through NHS 111.

The patient age profile for the practice is slightly above average for patients over the age of 65, and slightly below average for those under 65. Life expectancy for males is 81 years, which is above the CCG average of 77 years and the national average of 79 years. Life expectancy for females is 84 years, which is above the CCG average of 81 years and the national average of 83 years. Information published by Public Health England, rates the level of deprivation within the practice population group as seven, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The National General Practice Profile states that 96% of the practice population is from a white background.

The practice is a training and teaching practice, and an accredited nurse training centre.

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	<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">• Not all the information required under Schedule 3 was 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">• Although the practice stated they checked the professional registration of clinicians when they started work we did not see evidence of this.• The provider did not carry out any checks to ensure the professional registration of clinicians was continuous throughout their employment. <p>This was in breach of Regulation 19 (1) (4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment
Maternity and midwifery services	Care and treatment must be provided in a safe way for service users
Surgical procedures	How the regulation was not being met:
Treatment of disease, disorder or injury	<p>The provider had failed to 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 provider had not actioned all medicine safety alerts in an appropriate or timely manner.• The provider had not collated or monitored the vaccination status of staff, in relation to infectious diseases.• The provider had not coded all clinical records appropriately in relation to child safeguarding. <p>The provider had failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. In particular:</p> <ul style="list-style-type: none">• The provider could not demonstrate both clinical and non-clinical staff had completed the appropriate level of safeguarding children training for their roles.• The provider could not demonstrate that all staff had been trained in fire safety and prevention.• The provider had not provided Sepsis training for staff. <p>The provider had failed to ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way. In particular:</p> <ul style="list-style-type: none">• The provider had not taken action following recommendations in their professionally prepared fire risk assessments of November 2015 or July 2019.

This section is primarily information for the provider

Enforcement actions

- The provider had not completed any documented health and safety or premises and security risk assessments.

The provider had failed to ensure the proper and safe management of medicines. In particular:

- The provider did not have effective arrangements in place for the monitoring and security of prescriptions pads.
- The provider did not have a robust system to authorise nursing staff to administer medicines.

The provider had failed to assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated. In particular:

- The provider did not have a documented action plan in place following their most recent infection control audit.
- The provider had not carried out checks to ensure cleaning within the practice was carried out to an appropriate standard.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had failed to put in place systems and processes that were established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular:

- Governance systems such as for staff induction and training were not well-managed and did not contain full information about the induction or training staff had received. This had not been identified by managers.
- Training records showed that not all staff had completed relevant training and training was not updated at appropriate times.

Enforcement actions

- An appraisal process had been put in place from April 2019 but this was behind schedule with several staff not being appraised at the time intended by the practice. Where staff had been appraised a record of the appraiser was not held.
- No member of staff had a full overview of the practice. Staff had defined roles which had not been monitored, with information not being shared.

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 on of the regulated activity. In particular:

- The provider had failed to act on issues identified by their fire risk assessments. Fire safety checks such as fire alarm checks, emergency lighting checks, and checks of escape routes had never taken place.
- The provider did not carry out health and safety inspections. They had failed to identify safety concerns such as blind cord loops and the lack of an emergency cord in the disabled toilet.

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