

# Jarvis Medical Practice - GPCC

## Inspection report

137 Glodwick Road  
Oldham  
Lancashire  
OL4 1YN  
Tel: 0161 622 9220  
[www.jarvismedicalpractice.nhs.uk](http://www.jarvismedicalpractice.nhs.uk)

Date of inspection visit: 1 March 2019  
Date of publication: 23/04/2019

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 Jarvis Medical Practice - GPCC on 1 March 2019 as part of our inspection programme. The practice had previously been inspected on 4 March 2015 and had been rated good in all areas at that inspection.

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 and requires improvement for all population groups.**

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

- Not all staff had completed safeguarding training and the safeguarding policy had not been fully personalised.
- There were gaps in staff recruitment checks. For example, we saw no evidence that a full work history was always obtained or that gaps in employment history were not queried.
- The infection control audit stated that all staff had received training in infection control, but this was not the case.
- Significant events were not managed in a consistent way.
- The practice health and safety risk assessment had not been completed, although the building management team had completed a separate one.
- A two week wait referral from five working days prior to the inspection had not been actioned.

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

- There were gaps in staff training, including mandatory training.
- Training information for locum GPs was not routinely kept. Training information for the business manager, who started work at the practice over two years ago, was in the form of a letter from their previous employer.
- Although appraisals had been carried out it was difficult to tell when this had been done and there was limited input from some staff in their appraisals.

- Where audits had identified a decrease in performance this was not explored, and further audit dates not arranged.

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:

- Governance procedures were not always effectively managed. For example, the practice's health and safety risk assessment had not been completed, the safeguarding policy was not personalised to the practice, and the business plan was for a different practice.
- Clinical audits were not always effective or repeated appropriately.
- The procedure for managing significant events did not ensure learning took place. Significant events were not reviewed at a later date.
- Training was not up to date and training information for the locum GPs was not sought.

These areas affected all population groups so we rated all population groups as **requires improvement**.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively so only fit and proper persons are employed. Ensure specified information is available regarding each person employed.

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

# Overall summary

Chief Inspector of Primary Medical Services and Integrated  
Care

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. It also included a GP specialist advisor.

## Background to Jarvis Medical Practice - GPCC

Jarvis Medical Practice – GPCC is located at Glodwick Primary Care Centre, 137 Glodwick Road, Oldham, OL4 1YN. 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, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

Jarvis Medical Practice – GPCC is a member of Oldham Clinical Commissioning Group (CCG) and provides services to approximately 5,100 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider is a single handed male GP who registered with the CQC in December 2014. The practice employed three regular locum GPs, one male and two female. They

employed a practice nurse, a nurse practitioner and an advanced nurse practitioner. There was a practice manager, who was also the CQC Registered Manager, a business manager, and several reception and administrative staff.

There are higher than average number of patients under the age of 18, and fewer patients aged over 75 than the national average. The National General Practice Profile states that 64% of the practice population is from an Asian background with a further 4% of the population originating from black, mixed or other non-white ethnic groups. 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 75 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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular:</b></p> <ul style="list-style-type: none"><li>• The provider did not have an effective system for significant events and incident reporting to enable staff to report, record and learn from significant events and incidents effectively.</li><li>• The safeguarding policy was not fully personalised to the practice.</li><li>• The draft business plan related to a different practice.</li><li>• The practice health and safety risk assessment, that stated would be updated every 12 months, had not been completed.</li></ul> <p><b>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:</b></p> <ul style="list-style-type: none"><li>• There were gaps in staff training, including mandatory training such as for safeguarding.</li><li>• Although appraisals had taken place it was difficult to see what period they covered and there was limited staff involvement.</li><li>• Not all staff employed by the practice were included on the training matrix.</li><li>• Training information for long-term regular locum GPs was not routinely sought and there was no practice training record for the business manager.</li><li>• The infection control audit stated all staff had been trained in infection control. This was not the case.</li><li>• Where a clinical audit cycle had identified a decrease in performance, this was not investigated and a plan to repeat the audit not made.</li></ul>

This section is primarily information for the provider

## Requirement notices

- The system for managing urgent referrals was not always effective.

This was in breach of Regulation 17(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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**The registered person did not 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:**

- Not all the information required under Schedule 3 was requested for staff.
- Evidence that all clinicians had up to date professional registration was not held.

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