

Caritas General Practice Partnership

Quality Report

Dial House Medical Centre
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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 service

Good



Are services safe?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Caritas General Practice Partnership also known as 'Dial House Medical Centre' on 9 November 2016. At the inspection in November the overall rating for the practice was good, although the key question Safe was rated requires improvement. This was because a system to ensure appropriate action was taken in response to safety alerts was not in place. We also identified some areas where the practice could improve other aspects of the service they provided. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Caritas General Practice Partnership on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 14 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 9 November 2016. This report covers our findings in relation to that requirement and also additional improvements made by the practice since our last inspection.

The practice is now rated as good for providing safe services, and overall the practice is rated as good.

Our key findings were as follows:

- Since the previous inspection the practice had taken action to strengthen the arrangements in response to safety alerts. The practice had invested in a web based GP management system. This was used to log all alerts, with a description and record of the action status. This was supported by an annual GP partner allocation for the management and leadership of the alerts. Relevant issues identified were discussed with the staff team at regular clinical meetings.

In response to the areas we identified of where the practice should make improvements:

- The practice had reviewed its management of patients prescribed high risk medicines such as disease-modifying anti-rheumatic drugs (DMARDs). The practice improved its protocol to ensure a systematic and regular review of patients prescribed these medicines was undertaken.
- Systems to ensure staff had easy access to the variety of meetings minutes that staff attended had improved. Meeting minutes, patient safety alerts and significant events were now accessible to staff through web based GP management system.
- The practice had ensured all staff who undertook chaperone duties were trained and had disclosure and barring checks (DBS).

Summary of findings

- The practice had reviewed and updated its complaints procedure to include the details of NHS England, should patients wish to complain directly to them.

In addition, in response to our previous inspection report, the practice had reviewed its risk assessment in relation to not having a defibrillator available at the practice. Defibrillators were now available at both the main and the branch locations of practice.

The practice had also trained a staff member in additional duties so that they could continue with the referrals process in the absence of the practice secretary.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- Since the previous inspection the practice had taken action to strengthen the arrangements in response to safety alerts. The practice had invested in a web based GP management system. This was used to log all alerts, with a description and record of the action status.
- In addition the practice had reviewed its management of patients prescribed high risk medicines such as disease-modifying anti-rheumatic drugs (DMARDs).
- Systems to ensure staff had easy access to the variety of meetings minutes that staff attended had improved.
- The practice had ensured all staff who undertook chaperone duties were trained and had disclosure and barring checks (DBS).
- The practice had reviewed and updated its complaints procedure to include the details of NHS England, should patients wish to complain directly to them.

Good



Caritas General Practice Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector reviewed and analysed the documentation submitted to us by the practice.

Background to Caritas General Practice Partnership

Caritas General Practice Partnership also known as 'Dial House Medical Centre' is located in Stockport, Greater Manchester. The practice also has a branch surgery 'Ellesmere Medical Centre' located at: 262 Stockport Road, Cheadle Heath, Stockport SK3 0RQ. The practice was providing a service to approximately 13,330 patients at the time of our inspection.

The practice is part of Stockport Clinical Commissioning Group (CCG). The practice is situated in an area with lower than average levels of deprivation when compared to other practices nationally. The percent of the patient population with a long standing health condition is 49% which is lower than the nation average of 54%.

The practice is run by six GP partners. There are an additional four salaried GPs (two male and eight female). There are four practice nurses, four health care assistants, a practice manager and a team of reception/administration staff.

The practice is open at the main location from 8am to 6.30pm on Mondays, Tuesdays and Fridays and from 7am to 6.30pm on Wednesdays and Thursdays. The branch

surgery is open from 8am to 6.30pm Mondays, Thursdays and Fridays and 7am to 6.30pm on Tuesdays and Wednesdays. The practice is open two Saturdays per month from 8am to 11am. When the surgery is closed patients are directed to the GP out of hour's service provider 'Mastercall' by contacting NHS 111.

The practice is a training practice for trainee GPs and also hosts medical students.

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. An open surgery is also available and any patient who attends between 9.30am and 10.30am will be seen by one of three GPs. The practice treats patients of all ages and provides a range of primary medical services.

The practice provides a range of enhanced services, for example: extended hours, childhood immunisations, checks for patients who have a learning disability and avoiding unplanned hospital admissions.

Why we carried out this inspection

We undertook a comprehensive inspection of Caritas General Practice Partnership on 9 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, although the key question safe was rated as

Detailed findings

requires improvement. The full comprehensive report following the inspection on 9 November 2017 can be found by selecting the 'all reports' link for Caritas General Practice Partnership on our website at www.cqc.org.uk.

We undertook a follow up desk-based review of Caritas General Practice Partnership on 14 June 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a desk-based focused inspection of Caritas General Practice Partnership on 14 June 2017.

This involved reviewing the following evidence:

A screenshot of the recent safety alerts including the action status of these and the responsible lead for responding to the alerts.

Logs of meetings.

Meeting minutes.

The protocol for managing high risk medicines such as disease-modifying anti-rheumatic drugs (DMARDs).

Evidence of staff disclosure and barring checks (DBS).

An updated complaints policy.

Are services safe?

Our findings

At our previous inspection on 9 November 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of the management of patient safety alerts did not demonstrate the actions undertaken at the practice.

These arrangements had significantly improved when we undertook our desk based follow up inspection on 9 June 2017. The practice had also taken action in response to the other areas we identified that required review. The practice is now rated as good for providing safe services.

Safe track record and learning

Since the previous inspection the practice had taken action to strengthen the arrangements in response to safety alerts. The practice had invested in a web based GP management system. This was used to log all alerts, with a description, a record of the action status and who was responsible for responding to the alert. This was supported by an annual GP partner allocation for the management and leadership of the alerts. Relevant issues identified were discussed with the staff team at regular clinical meetings.

Overview of safety systems and process

The practice had also responded to the areas we previously identified as areas the practice should improve. For example:

- The practice had reviewed its management of patients prescribed high risk medicines such as disease-modifying anti-rheumatic drugs (DMARDs). The practice improved its protocol to ensure a systematic and regular review of patients prescribed these medicines was undertaken.
- Systems to ensure staff had easy access to the variety of meetings minutes that staff attended had improved. Meeting minutes, patient safety alerts and significant events were now accessible to staff through web based GP management system.
- The practice had ensured all staff who undertook chaperone duties were trained and had disclosure and barring checks (DBS).
- The practice had reviewed and updated its complaints procedure to include the details of NHS England, should patients wish to complain directly to them.
- In addition the practice had reviewed its risk assessment in relation to not having a defibrillator available at the practice. Defibrillators were now available at both the main and the branch locations of the practice.
- The practice had also trained a staff member in additional duties so that they could continue with the referrals process in the absence of the practice secretary.