

# The Wilbraham Surgery

## Inspection report

515 Wilbraham Road  
Manchester  
M21 0UF  
Tel: 01618816120

Date of inspection visit: 12 May 2021  
Date of publication: 18/06/2021

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services well-led?

Requires Improvement 

# Overall summary

We carried out an announced inspection at The Wilbraham Surgery on 10 and 12 May 2021. Overall, the practice is rated as Good.

Safe - Good

Effective - Good

Well-led – Requires Improvement

Following our previous inspection on 1 October 2019 the practice was rated requires improvement overall and for the safe, effective and well-led key questions as well as for all population groups. The practice was rated good in the caring and responsive key questions. The rating of good has been carried over from the previous inspection for the caring and responsive key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for The Wilbraham Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection?

This inspection was a focused follow-up inspection to follow up on:

- The safe, effective and well-led key questions
- Breaches of regulations; 19 fit and proper persons employed and 17 Good governance.
- The “Shoulds” (areas for further development) from the previous inspection report.

## How we carried out the inspection?

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included;

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- Clear and regular communication with the provider
- A short site visit

## Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected

# Overall summary

- 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 good overall and in the safe and effective key questions. The practice was rated requires improvement for providing well-led services and for the older people population group. All other population groups were rated good.**

We found that:

- The practice had made improvements in the safe key question, specifically in relation to recruitment procedures and systems to manage risk. We found that some gaps remained in relation to management of risk. The practice addressed these immediately.
- The practice had made improvements in the effective key question in relation to training. The practice recognised that further quality improvement activity was required to continue with the improvements already implemented.
- The practice was rated requires improvement for providing well-led services. Although we saw improvements made in relation to systems for patient safety, training, recruitment and oversight; further work and development was needed to ensure governance arrangements were fully effective and working as intended.

We found one outstanding feature:

- The practice had sent out 4000 text messages via the clinical system to patients to gather demographic information about gender status, pronouns and sexual orientation as part of the “pride in practice” initiative. The practice received 1000 responses and was able to record this information on the patient’s medical records. This ensured that these patients were able to be referred to and identified as they wished. Patients also benefited from this because they would be able to access gender specific interventions that might be denied to them if their gender was different to the one assigned at birth. For example, cervical screening; trans men, who are not fully transitioned, still require cervical screening to ensure they are safeguarded from cervical cancer. If the clinical system does not reflect this, they may not be called for screening. The practice was awarded the gold award for “pride in practice” and was mentioned in a local primary care publication for this. The practice was also mentoring three other practices locally to replicate this work and working with the clinical system designers to make it more able to reflect these areas.

We found a breach of regulations. The provider **must**:

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

The provider **should** also:

- Identify vulnerable people on an ongoing basis, who are not covered by specific registers on the clinical system.
- Implement the planned action to address any clinical backlogs.
- Expand opportunities for learning in relation to significant events.
- Implement the planned action to address lower than average childhood immunisation, cervical screening uptake and antibiotic prescribing..

**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

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

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to The Wilbraham Surgery

The Wilbraham surgery is located in Manchester at:

515 Wilbraham Road

Chorlton-cum-Hardy

Manchester

M21 0UF

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

The practice offers services from a main practice site only.

The practice is situated within the Manchester Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 4833. This is part of a contract held with NHS England.

Information published by Public Health England report deprivation within the practice population group as 5 on a scale of 1 to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The number of patients experiencing a long-standing health care condition is in line with CCG and national averages at 46%. There is a higher percentage of patients in paid work or full-time education, 70% compared to those patients who are currently unemployed; 2%.

The average life expectancy of the practice population is in line with local and national averages for both males and females (77 years for males, compared to the local average of 77 and national average of 79 years and 83 years for females compared to the local average of 81 years and national average of 83 years.)

The age distribution of the practice population closely mirrors the local and national averages. There are more female patients registered at the practice compared to males.

There is a team of three GPs who provide cover at the practice. The practice does not currently have a full-time employed nurse but uses two regular locum nurses. The practice also employs a clinical pharmacist on a pro rata basis. The GPs are supported at the practice by a team of reception and administration staff. The practice manager is based onsite to provide managerial oversight.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of GP, if the patient does not necessarily need to see a GP, they are offered a choice of other allied health professional depending on their needs.

The practice, along with six other practices locally have formed a Primary care network (PCN) and the practice is part of the Manchester Primary Care network federation that offers extended hours for patients.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  <b>There was evidence of poor governance, in particular;</b> <ul style="list-style-type: none"><li>• Systems had been established but were not yet fully operating effectively in respect of;</li><li>• Clinical quality improvement activity</li><li>• Opportunities to discuss patient specific information during clinical meetings.</li><li>• Systems of assurance in relation to DNACPRs.</li></ul> <b>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b>