

# Gorse Hill Medical Centre

## Inspection report

879 Chester Road  
Stretford  
Manchester  
Greater Manchester  
M32 0RN  
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Date of inspection visit:  
Date of publication: 04/04/2019

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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Requires improvement 

Are services responsive?

Inadequate 

Are services well-led?

Inadequate 

# Overall summary

Gorse Hill (and Ayres Road) was initially inspected in January 2015 when it was rated requires improvement in Safe, Effective and Well Led. Improvements were required in medicines management, emergency equipment, recruitment protocols, staff training and governance arrangements.

The practice was re-inspected in December 2016 when it was found that the improvements had been implemented and it was rated Good overall.

We carried out this further announced comprehensive inspection to the practice on 21 January 2019. The inspection was part of our regulatory functions to check whether the provider was maintaining the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. Overall the practice is now rated as inadequate.

At this inspection the practice had not sustained the improvements demonstrated in 2016 and had further deteriorated.

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 inadequate overall.**

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

- Patients were at risk of harm because systems and processes were not sufficiently implemented to keep them safe.
- Arrangements for identifying, monitoring, recording and managing risks, and patient safety were not sufficiently managed.
- Incidents were not reported, documented, discussed and learned from.
- Patient consultations were not sufficiently documented to ensure that appropriate information was available to all clinicians reviewing patients.
- Patient safety alerts were not sufficiently communicated and acted upon.

- Recruitment checks were not consistently obtained and monitored.
- The practice could not demonstrate that all staff had the required safeguarding training at the appropriate levels.
- There were gaps in alert processes for safeguarding and no evidence that information about safeguarding incidents was communicated to all clinical staff.

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

- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement. There was no evidence of quality monitoring other than the Quality Outcomes Framework (QOF).
- Staff were not monitored sufficiently to ensure they had appropriate training and competency to carry out their roles.
- Local and national guidelines were not always adopted.
- Internal tasks, patient consultations and call and recall processes were not effective.

We rated the practice as **Requires Improvement** for caring because:

- Although comments to CQC from patients were positive about their interactions with staff we found that there had been complaints about staff attitude, specifically over the telephone.
- There was a lack of privacy evident at reception and the premises were not compliant with the Disability Discrimination Act.

We rated the practice as **inadequate** for providing responsive services because:

- It did not take account of patient's needs and preferences in a consistent manner.
- It did not organise and deliver services according to the needs of all patients.

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

- Leaders were not performing tasks intrinsic to their role and did not have appropriate knowledge of the requirements of the Health and Social Care Act.
- One of the sessional GPs did not consider themselves employees of the practice and there was no evidence of a whole team approach.

# Overall summary

- Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of formal communication and learning between all staff.
- Recruitment checks and personnel information was not sufficiently maintained in accordance with requirements.
- The practice could not demonstrate formal governance systems in place.
- There was no evidence of a consistent processes around dissemination of information, communication, patient safety, prescription management, safety protocols and risk management.
- The practice leaders were not aware of the potential issues within the practice.

The issues above affected all population groups so we rated all population groups as **inadequate**.

The areas where the provider must make improvements are as follows:

- Ensure that leaders can properly perform tasks that are intrinsic to their role
- Ensure that all patients are treated with dignity and respect
- Ensure care and treatment is provided in a safe way to patients
- Ensure patients are protected from abuse and improper treatment

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure specified information is available regarding each person employed and any such action as is necessary and proportionate is taken when any member of staff is no longer fit to carry out their duties

(Please see the specific details on action required at the end of this report).

I am placing this service in special measures. 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.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

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

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser, an assistant inspector and a practice manager specialist adviser.

## Background to Gorse Hill Medical Centre

Drs Ranjit Sumra and Dr Kaur are partners and providers of services from Gorse Hill Medical Practice (and Ayres Road branch surgery). Dr Sumra is the registered manager. The practice delivers commissioned services under a Primary Medical Services (PMS) contract and is a member of Trafford Clinical Commissioning Group (CCG). The PMS contract is the contract between general practices and NHS England to deliver primary care services within local communities.

The practice offers primary care services to a registered list of 6,500 patients across both sites. It is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, surgical procedures and the treatment of disease, disorder and injury.

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

879 Chester Road Stretford Manchester M32 0RN and

Ayres Road Surgery, Limelight Primary Community Centre  
1 St Brides Way Stretford Manchester M16 9NW

The practice has two websites that contain information about what they do to support their patient population and explain the in-house and online services offered. It is not evident from each website that Ayres Road is the branch surgery of Gorse Hill.

and

There are 2.7 whole time equivalent GPs made up of two partners and two regular sessional GPs. In addition there are two regular locum GPs. All the GPs work across both sites. There are two part time practice nurses amounting to 1.3 whole time equivalents working across both sites. The clinical staff are supported by 6.9 whole time equivalent administration and management staff.

The average life expectancy and age profile of the practice population is broadly in line with the CCG and national averages. Information taken from Public Health England placed the area in which the practice is located in the fourth most deprived decile (from a possible range of between 1 and 10). In general, people living in more deprived areas tend to have a greater need for health services.

Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to the local out of hours service which is

provided by Mastercall via NHS 111. Additionally, patients can access GP services in the evening and on Saturdays and Sundays through the Trafford GP Federation across various hubs in Trafford.

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

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 CQC (Registration) Regulations 2009  
Statement of purpose  
**NOTICE OF PROPOSAL TO CLOSE**

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 13 CQC (Registration) Regulations 2009  
Financial position  
**NOTICE OF PROPOSAL TO CLOSE**

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect  
**NOTICE OF PROPOSAL TO CLOSE**

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 4 HSCA (RA) Regulations 2014 Requirements where the service providers is an individual or partnership  
**NOTICE OF PROPOSAL TO CLOSE**

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance  
**NOTICE OF PROPOSAL TO CLOSE**

This section is primarily information for the provider

## Enforcement actions

### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**NOTICE OF PROPOSAL TO CLOSE**