

Irlam Group Practice

Quality Report

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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.

Contents

Summary of this inspection

Overall summary

Page

1

Detailed findings from this inspection

Our inspection team

3

Background to Irlam Group Practice

3

Why we carried out this inspection

3

How we carried out this inspection

3

Detailed findings

4

Overall summary

Letter from the Chief Inspector of General Practice

On 27 March 2017 we carried out a full comprehensive inspection of Irlam Group Practice. This resulted in a Warning Notices being issued against the provider on 12 May 2017. The Notices advised the provider that the practice was failing to meet the required standards relating to Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. A copy of this report can be found on our website: www.cqc.org.uk/search/services/doctors-gps

On 25 September 2017 we undertook a focused inspection to check that the practice had met the requirements of the Warning Notices. At this inspection we found that some improvement had been made and some systems had been introduced but further improvements were still required to ensure that safety was maintained. In particular we found that :

Summary of findings

- The practice now had a system in place to receive and disseminate patient safety and medicine alerts. However we found that there were still some improvements to be made to this system to ensure alerts were dealt with in a timely manner.
- Clinical staff were now aware of relevant clinical guidelines and these were being discussed at team meetings.
- The system for safeguarding had been improved and there was a process in place to follow up appointments for children that did not attend.
- Staff members told us they felt there was an improvement in communication between the partners and practice staff members. Team meetings were now regularly occurring.
- The practice had a system for audit in place and we were shown two clinical audits that demonstrated quality improvement.
- The practice had arranged for a legionella risk assessment to be performed and was carrying out the recommendations as instructed.
- The system for complaints had been improved and the practice had ensured all complaints had been responded to.

The rating awarded to the practice following our full comprehensive inspection 27 March 2017 of 'requires improvement' remains unchanged. The practice will be re-inspected in relation to their rating in the future.

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

Irlam Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and also included an additional second CQC inspector.

Background to Irlam Group Practice

Irlam Group Practice is a GP practice located in Salford. The address of the practice is 523 Liverpool Road, Irlam, Salford, M44 6ZS.

The practice has good parking facilities and is easily accessed through public transport. It is a single story building and all parts of the building are easily accessible. The practice has approximately 4100 registered patients.

The practice has two male GP partners and a newly recruited salaried GP (female), a female practice nurse who works part time, a female assistant nurse practitioner, a business manager and a practice manager, as well as a team of administration staff.

The practice operates under a General Medical Services contract.

The surgery is open from 8am until 6.30pm every Monday, Tuesday, Thursday, Friday and until 12.30pm on a Wednesday. Extended opening hours are on a Monday until 8.30pm. Appointment times are:

Monday 8.30am-11am and 3pm-8pm
Tuesday 8.30am-11am and 2.30pm – 5.30pm
Wednesday 8.30am-9.30am
Thursday 8.30am-11am and 2.30pm – 5pm
Friday 8.30am-11am and 2pm – 5pm

Outside of opening hours patients are diverted to the 111 out of hour's service.

Why we carried out this inspection

This was a follow up focused inspection of the service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We inspected to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to check if the practice had met the specifications of the Warning Notice issued on 12 May 2017.

How we carried out this inspection

Before our inspection we reviewed information we held about the practice. We carried out an announced focused inspection on 25 September 2017 to check only the issues identified in the Warning Notice that was issued on 12 May 2017. During our inspection we spoke with a partner GP, a locum GP, a practice manager, and one receptionist. We reviewed documents held at the practice.

Are services safe?

Our findings

We did not inspect the safe domain in full at this inspection. We inspected only those aspects mentioned in the Warning Notice issued on 12 May 2017.

The practice now had a system in place to receive and disseminate patient safety and medicine alerts. GPs were signed up to receive alerts from the Medicine and Healthcare products Regulatory Agency (MHRA) and we were shown an alerts folder that contained recent alerts. However, there were still some improvements to be made to this system as we found some alerts that had not yet been actioned.

The system for safeguarding had been improved and there was a process in place to follow up appointments for children that did not attend. Staff had access to the adult and child policy which was kept on the computer system and a hard copy was available. Staff were aware of how to raise an alert if there is a suspicion of an adult or child safeguarding issue. The policy was up to date.

The practice had a legionella risk assessment in place and was carrying out the recommendations as instructed. The practice had appointed an administration staff member as lead for carrying out the water temperature testing. We saw that a record of the temperature checks was held.

Are services effective?

(for example, treatment is effective)

Our findings

We did not inspect the effective domain in full at this inspection. We inspected only those aspects mentioned in the Warning Notice issued on 12 May 2017.

Clinical staff were now aware of relevant clinical guidelines and these were being discussed at team meetings.

The practice had a system for audit in place and we were shown two clinical audits that demonstrated quality improvement. The practice had access to a pharmacist who was employed by Salford Clinical Commissioning Group who would perform regular medicine audits.

The practice also used a system called the Salford Medication Safety Dashboard (SMASH) which was a continuous data monitoring process that identifies high risk prescribing. The practice had used this system to perform an audit relating to patients being prescribed NSAID which led to gastro protection treatment being initiated.

The practice was having regular meetings relating to Quality Outcome Framework (QOF) data and we saw minutes of meetings where QOF was discussed.

Are services caring?

Our findings

We did not inspect the caring domain in this inspection. We inspected only those aspects mentioned in the Warning Notice issued on 12 May 2017.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We did not inspect the responsive domain in full at this inspection. We inspected only those aspects mentioned in the Warning Notice issued on 12 May 2017.

We found that the practice had updated their complaints policy and all verbal complaints were now documented. At

our previous inspection we found that there was a complaint that had not yet been responded to or investigated. The practice had since investigated the complaint and sent an appropriate response to the patient. Complaints had been added to the agenda for the team meetings to ensure these were regularly discussed.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

We did not inspect the well-led domain in full at this inspection. We inspected only those aspects mentioned in the Warning Notice issued on 12 May 2017.

The governance arrangements within the practice had improved significantly since the last inspection. The practice had recruited an extra practice manager to assist with the quality improvement work and staff members were aware of their own responsibilities.

Staff members told us they felt there was an improvement in communication between the partners and practice staff members. Team meetings were now regularly occurring.

Processes had been put in place and the practice was working towards making the required improvements. It was still too early to say whether these processes were sustainable long term and the practice would need to ensure these were evidenced over time.