

# Droylsden Road Family 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.

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on 8 March 2016. Breaches of regulations were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2014, Safe care and treatment
- Regulation 15 of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2014, Premises and equipment.

# Summary of findings

- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2014, Good governance.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements in relation to the warning notices we issued. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Droylsden Road Family Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Our key findings were as follows:

- Improvements to cleanliness and hygiene had been made following our last inspection and all patient areas were visibly clean and tidy. Also actions had been taken to remove all risk hazards such as; no wires were exposed and had they been boxed off in each room, all metal protruding objects had been removed from the patient waiting area, treatment room one had been fully refurbished with a new plastered wall to remove the damp and full new sink area had been built.
- A new infection control process and policy had been established with a full practice audit completed and actioned. Risk assessments were in place for controlling and preventing the spread of infection in areas of clinical practice.
- There had been a newly fitted fire alarm control panel, fire extinguishers and signs throughout the practice with a newly established policy and procedure.
- Control of substances hazard to health (COSHH) procedures and cleaning schedules had been newly implemented.
- New audits and suitable arrangements had been made for the safe handling of high risk medicines with a policy and process implemented.
- There had been a new clinical governance systems and process introduced. This was at a very early stage of implementation. We saw positive examples of the new system in place in the area of reporting and recording significant events. Also there had been full team meetings where we saw evidence of the new policies being reviewed, amended and signed off.
- Patients summary care records were stored securely with a clear process to reduce the outstanding amount already being actioned. All new patients were summarised within two weeks of being registered.

**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?**

We undertook an announced focused inspection of Droylsden Road Family Practice on 5 July 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 8th March 2016 had been made.

We inspected the practice against two of the five questions we ask about services: is the service safe.

- New systems and processes had been developed to keep patients safe. For example, the practice addressed all risks relating to infection control, health and safety and COSHH.
- The practice had maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean, tidy and clutter free.
- A new effective system was in place for reporting and recording significant events had been developed.
- Fire safety had been fully addressed with a new control system, extinguishers and processes in place.
- New cleaning schedules had been developed with processes in place.
- High risk medicines had been reviewed with a process for staff and patients to follow to improve patient safety.

### **Are services effective?**

We did not inspect the effective domain in full at this inspection.

### **Are services caring?**

We did not inspect the caring domain at this inspection.

### **Are services responsive to people's needs?**

We did not inspect the responsive domain in full at this inspection.

### **Are services well-led?**

We undertook an announced focused inspection of Droylsden Road Family Practice on 5 July 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 8th March 2016 had been made.

We inspected the practice against two of the five questions we ask about services: is the service well led.

# Summary of findings

- The practice had employed a consultant to help developed a new clinical governance system reflecting the practice processes.
- Full team meetings had commenced with new policies, complaints and significant events were discussed.
- A new training matrix for all staff who had completed training had been introduced, with staff individual records reflecting this process.
- There were a clear process for reducing the amount of outstanding patient summary records.
- Lead clinicians were more visible in the accountability and understanding of the day to day running of the practice.

# Droylsden Road Family Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a one CQC Lead Inspector and one CQC inspector.

## Background to Droylsden Road Family Practice

Droylsden Road Family Practice is located on the outskirts of Manchester and is part of North Manchester Clinical Commissioning Group (CCG). The practice is in a highly deprived area of Manchester.

The practice is based in a large two storey house. The ground floor held an entrance and reception area with a large waiting area. All the consulting rooms are located on the ground floor with two further smaller waiting areas.

The practice has two GP partners (one male and one female), with one practice nurse. Members of clinical staff are supported by one practice manager and administrative staff.

The practice is open from 8am until 6:30 pm Monday, Tuesday, Thursday and Friday and Wednesdays 8am until 1pm. Appointment times are between 9am and 6pm.

The practice has a General Medical Service (GMS) contract with NHS England. At the time of our inspection 4726 patients were registered.

Patients requiring a GP outside of normal working hours are advised to call “Go-to- Doc” using the usual surgery number and the call is re-directed to the out-of-hours service. The surgery is part of Prime Ministers GP Access scheme offering extended hours and weekend appointments to patients.

## 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 Conditions issued on 18 March 2016.

## How we carried out this inspection

We carried out an announced visit on 5 and 7 July 2016. We spoke with, and interviewed, the practice manager. We also spoke with the two GP partners. We looked at a sample of records the practice maintained in relation to the provision of services.

# 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 Conditions issued on 18 March 2016.

There was a new system in place for reporting and recording significant events to guarantee that sharing, learning and the overall reviewing of all incidents was taking place. The practice had the GP partner as the clinical lead taking overall responsibility.

- A new process and form had been introduced to the team, in relation to recording an incident or significant event, which stated discussions, would take place in the team meetings.
- We were told significant events were a rolling agenda item for all practice meetings. We were given a clear example of a significant event where actions had been discussed in the team meeting.

The practice had fully implemented appropriate standards of cleanliness and hygiene. We observed the premises to be clean, tidy and dirt free. We observed all hazards throughout the practice, which were dangerous to patients, staff and all people entering the premises, had been removed. For example:

- Flooring throughout the practice had been replaced with lino.
- The walls throughout the practice had been painted and there were no visible dirt.
- A lock had been placed on the door which led to an under stair cupboard, where all the practice's electrical fuse boxes and alarm system were kept.
- All loose wires had been boxed in and were no longer visible.
- Both smaller waiting rooms had no risk hazards in patients' area.
- A new cleaning company had been employed working to NHS standards.
- All electrical plug-in radiators and wall heaters had been removed.

- All old medical equipment, test kits, confidential files and medicines had been removed from the practice.
- The treatment room had been fully re-plastered with all mould removed, with new flooring and a new sink unit.
- All rooms were clutter free, clean and tidy.

The practice was in the process of developing systems and new processes to keep patients safe which included:

- One of the GP partners had taken the role as infection control lead for the practice. We reviewed a recent infection control audit where clear actions had been implemented. For example, all sharps bins were mounted on the wall. There was a new policy developed for infection control to reflect the practice. Staff had received training on infection control including hand hygiene training.
- New processes for medical equipment ordering and storage had been developed and implemented. This included weekly treatment room checks and a full stock ordering check list. There was a nominated staff member with other staff trained to ensure continuity in the practice.

Risks to patients were assessed and well managed.

- There were new procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. All electrical equipment had been checked to ensure the equipment was safe to use.
- The practice had performed multiple risk assessments to monitor the safety of the premises such as cross infection, lone worker, exposure to hazards.
- We found new fire safety arrangements had been implemented. For example, the practice had new fire alarm control panel with fire checks taking place at different locations in the building as suggested by the fire brigade. New fire alarms and smoke detectors had been fitted and new fire signs were visible throughout the practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

We did not inspect the effective domain at this inspection.

# Are services caring?

## Our findings

We did not inspect the caring domain at this inspection.

# Are services responsive to people's needs? (for example, to feedback?)

## Our findings

We did not inspect the responsive domain at this inspection.

# 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 Conditions issued on 18 March 2016.

The practice had discussed a 12 month plan to help maintain and guide the practices development and implementation of the new clinical governance system and policies whilst ensuring the new processes were embedded into the daily running of the practice.

The arrangements for governance and performance management were in the very early development stage.

- The practice had hired a specialised consultant to help develop and implement a full range of new clinical governance policies and processes. We were given examples of new policies being discussed with the individual staff responsible and amending to fit the actual daily role within the practice. We saw examples of new policies being discussed with relevant staff and reviewed by the whole team

- Clinical staff had started to involve themselves in the formulation and embedding of practice process and protocols in order to provide support and input to improve services for patients. For example, one GP had taken an active role as the infection control lead.
- There was a clear process to identify which staff had undertaken training, for example we saw a training matrix where all staff records were maintained and up to date. We also viewed staff personal files where training certification reflected the training matrix.
- Processes for ensuring the summary of patient records were being actioned and processed were being maintained by the practice. All new patients being actioned with two week of joining the practice.
- New policies were stored on the computer desktop for easy access for staff.

We found the clinical team to be more involved in the day to day running of the practice than at the previous inspection.

Full team meetings had been introduced every Wednesday, where we were given examples of policies being discussed and given final sign off by the partners. Significant events, incidents and staff training were discussed as rolling agenda items.