

Greenbank Medical 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

On 3 June 2016 we carried out a full comprehensive inspection of Greenbank Medical Practice. This resulted in two Warning Notices being issued against the provider on 12 July 2016. The Notices advised the provider that the practice was failing to meet the required standards relating to Regulation 10 of the Health & Social Care Act

2008 (Regulated Activities) Regulations 2014, Dignity and respect, and Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

On 7 October 2016 we undertook a focused inspection to check that the practice had met the requirements of the Warning Notices. At this inspection we found that the practice had satisfied the requirements of the Notices.

Specifically we found that:

Summary of findings

- Chaperones were offered to patients for all intimate examinations. Use of chaperones was monitored.
 - Formal interpreters were offered to all patients who did not speak English as a first language. The use of interpreters was monitored.
 - Evidence of Medical Indemnity Insurance was kept for all relevant staff and a system was in place to ensure insurance and other mandatory checks were completed appropriately.
 - All GPs had been tasked with completing a clinical audit. There was an audit calendar in place to monitor re-audits and all audits were discussed in clinical meetings.
 - Awareness training on significant event had been provided to staff. All significant events were discussed in practice meetings and a system was in place to ensure reviews took place.
 - Infection control procedures were implemented and maintained in the treatment room.
 - Legionella checks took place on a monthly basis.
 - The practice actively sought the views of patients via the patient participation group (PPG).
- The rating awarded to the practice following our full comprehensive inspection on 3 June 2016 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

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 did not inspect the safe domain in full at this inspection. We inspected only those aspects mentioned in the Warning Notice issued on 12 July 2016. We found that all the required improvements had been made. The rating awarded to the practice following our full comprehensive inspection on 3 June 2016 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

Are services effective?

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 July 2016. We found that all the required improvements had been made. The rating awarded to the practice following our full comprehensive inspection on 3 June 2016 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

Are services caring?

We did not inspect the caring domain in full at this inspection. We inspected only those aspects mentioned in the Warning Notice issued on 12 July 2016. We found that all the required improvements had been made. The rating awarded to the practice following our full comprehensive inspection on 3 June 2016 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

Are services responsive to people's needs?

We did not inspect the responsive domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 3 June 2016 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

Are services well-led?

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 July 2016. We found that all the required improvements had been made. The rating awarded to the practice following our full comprehensive inspection on 3 June 2016 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

Greenbank Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a CQC Inspection Manager.

Background to Greenbank Medical Practice

Greenbank Medical Practice is located in purpose built premises approximately one mile from the centre of Oldham. It is a two storey building with patients currently having access to the ground floor. There is a large car park and disabled parking is available.

At the time of our inspection there were 10,450 patients registered with the practice. The practice is overseen by NHS Oldham Clinical Commissioning Group (CCG). The practice delivers commissioned services under the General Medical Services (GMS) contract.

There were originally three GP practices in the building. Two practices, Glodwick Medical Practice and The Radcliffe Medical Practice merged in April 2014 to form Greenbank Medical Practice. In October 2015 The Addy Practice also merged with Greenbank Medical Practice.

There are five GP partners, two male and three female.

There is a nurse practitioner, four practice nurses, two healthcare assistants, a practice manager, a business manager, and reception and administrative staff.

The practice gender profile is similar to the national averages. There is a higher than average number of patients under the age of 14, and a lower than average

number of patients over the age of 50. Life expectancy is slightly under the CCG average, and there is a higher than average number of patients with a long term condition. The practice is in the most deprived decile.

Normal opening hours are 8am until 6.30pm Monday to Friday. The practice opens until 7pm every Tuesday, and until 8pm every other Tuesday. Appointments are available from 7.30am three times a week and these days vary. The practice closes at 1pm on the last Wednesday of every month.

There is an out of hours service available by phoning NHS 111. The out of hours provider is Go To Doc.

The practice is a training practice for fourth year medical students, and a medical student usually attends the practice once a week.

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 29 April 2016.

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 7 October 2016 to check only the issues

Detailed findings

identified in the Warning Notices that were issued on 12 July 2016. During our inspection we reviewed documents held at the practice and spoke with two GPs and the practice manager.

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 July 2016.

We saw evidence that the use of chaperones had been discussed in a practice meeting. There were visible notices in the reception area and in consulting rooms to inform patients chaperones were available. All administrative staff had been trained so all were able to chaperone if required. We saw evidence that clinical staff recorded when a chaperone had been offered to a patient. The take-up rate was low but there was evidence held of chaperones being used.

All clinical staff had provided evidence of their medical indemnity insurance and this was held by the practice manager. The practice manager had a system in place where this, and other information such as revalidation dates and professional registration expiry dates, was recorded and could be monitored.

The process of recording significant events had been explained to staff in a practice meeting. We saw evidence that staff, including reception staff, were following this process. Significant events were collated by the practice manager and then discussed at the following practice meeting. This ensured all staff were aware of issues highlighted and could benefit from learning following significant events. There was a system to review significant events within an appropriate timeframe.

Infection control procedures had been put in place for the treatment room and we saw evidence that appropriate procedures were being carried out following each clinic. A tick list was completed to show what areas of infection control had been carried out.

The practice had employed a company to carry out legionella checks on a monthly basis and these were recorded.

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 July 2016.

The use of clinical audits had been discussed in a practice meeting. All GPs were tasked with carrying out one clinical audit that would form part of their appraisal. We saw that re-audits had been carried out in some areas, for example

an asthma audit. Where single cycle audits had been carried out we saw there was a calendar to state when a re-audit was due. All audits were discussed in meetings as we saw that an audit had been scheduled to be discussed in the next practice meeting in October 2016. This meant all GPs were aware of audit results and areas where improvement could be made. The lead GP explained that as a result of an audit they were offering childhood flu vaccinations specifically during the October half term school holiday to encourage uptake.

Are services caring?

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 July 2016.

We saw that the use of interpreters had been discussed at a practice meeting. There was a notice in the reception area to inform patients interpreters could be arranged. The practice told us there was now an alert on the computer

system so patients who did not speak English as a first language could be easily identified. Where it had been identified a patient did not speak English as a first language the practice told us a formal interpreter was always offered.

The GPs told us that although they offered formal interpreters the take up rate had not increased. They told us that patients still preferred to use family members, and patients knew two GPs spoke Urdu and Punjabi so appointments could be made with them if required. However, we saw evidence of the number of times interpreters had been offered and also the number of offers accepted.

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

Our findings

We did not inspect the responsive domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 3 June 2016 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

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 July 2016.

We saw evidence that the virtual patient participation group (PPG) had been asked for their opinion about aspects of the practice. Monthly emails were sent to the

PPG and feedback was requested as part of the same email. We saw that patients were responsive to these method of communication. The practice manager coordinated responses and we saw changes had been made as a result of suggestions made by the PPG. For example, a Saturday flu vaccination clinic had been suggested and the practice had arranged this for 15 October 2016.