Wilmslow Road Surgery

Quality Report

Wilmslow Road Surgery
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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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Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wilmslow Road Surgery on 25 April 2017. The overall rating for the practice was inadequate. The full comprehensive report on the April 2017 inspection can be found by selecting the 'all reports' link for Wilmslow Road Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 6 September 2017 to confirm that the practice had carried out their plan to meet the Warning Notices in relation to the breaches in regulations that we identified in our previous inspection on 25 April 2017. This report covers our findings in relation to those Warning Notices. The evidence provided during this inspection demonstrated improvements had been made and the provider had met the requirements of the warning notices.

Our key findings were as follows:

- At the previous inspection we found 119 patient pathology laboratory reports dating back to 15 March 2017, with no evidence of action on the patient record system. At this inspection we found a system to monitor and respond appropriately to pathology laboratory reports had been established.
- The previous inspection identified that there was no system in place to collectively view patients with a safeguarding plan in place or those assessed as at risk from abuse. At this inspection we found a safeguarding protocol had been developed and a safeguarding register was maintained.
- During the inspection in April 2017 we found there were no systems in place to monitor those patients referred onto the two week referral pathway to secondary care. At this inspection we found the surgery had established a protocol for managing two week referrals with a weekly search being carried out to identify and follow up patients who did not attend their hospital appointments.
- At the previous inspection in April 2017 we found that there were no systems in place to monitor patients prescribed the high risk medicine Methotrexate a disease modifying anti-rheumatic drug (DMARD). At this inspection we found a protocol had been developed and a register of DMARDs was maintained.
- At the inspection in April 2017 we found action plans had not been implemented in response to fire and

Summary of findings

legionella risk assessments and identified that not all staff had received appropriate training. At this inspection we found that action plans had been developed in response to the recommendations made following the legionella and fire risk assessments and training was planned for lead staff.

- Our inspection in April 2017 identified there were no systems in place to ensure GPs responded to changes in NICE guidance and alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA). At this inspection we found a record was maintained by the practice manager. All notifications were received by the practice manager and disseminated to the GPs. These were then stored on the practice shared drive and alerts were discussed at weekly practice meetings.
- During the inspection in April 2017 we found there were no systems in place to check the defibrillator and oxygen. At this inspection we found these checks were being carried out and included a record of the expiry dates for the oxygen cylinders.
- At the inspection in April 2017 we found staff did not have access to minutes of meetings in the practice manager's absence. At this inspection we found meeting minutes were saved to the practice shared drive and all staff told us they were able to access them.
- There was no policy relating to the Duty of Candour, Consent and the Mental Capacity Act 2005 and where policies were in place there were no systems in place to ensure staff had access to them. At this inspection we saw copies of these policies and staff were able to show us how they could be accessed.
- Our inspection in April 2017 identified that not all necessary recruitment records for all staff had been conducted. Self-employed staff did not have a record of their employment status or references. At this inspection we found staff files contained all the required information.
- Our previous inspection in April 2017 identified records monitoring the use and traceability of prescription paper in the practice were not available. We found at this inspection that a new procedure had been introduced to record and monitor these prescriptions.
- At the inspection in April 2017 it was identified that care plan templates were not available. Where records showed that a patient had a care plan in place we were told that this was following a discussion with the patient and this was not written down. At this inspection we found a generic template had been developed as well as templates for patients aged over 75 years and those patients with a long term health condition. Plans were signed by the patient and scanned into the patients electronic notes.
- At the last inspection we found there was no system in place to ensure the practice website was regularly updated. At this inspection we found that nominated members of staff were authorised to review and amend information on the practice website and this was done on a regular basis.

This inspection was carried out to check that the practice had addressed the Warning Notices issued following the inspection in April 2017. Ratings will not be affected by this inspection. A comprehensive inspection will be carried out soon where the ratings will be reviewed. The practice remains in special measures at this time.

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 carried out this focussed follow up inspection to check if the provider had addressed the Warning Notices issued at the inspection on 25 April 2017.

We found:

- A Duty of Candour policy had been developed and was available to staff in a folder and an electronic copy held on the shared drive.
- Prescription paper was removed from printers at the end of each day by a nominated member of staff.
- All necessary checks had been carried out prior to employment including a disclosure and barring service (DBS) check, job description, two written references and a contract of employment.
- A protocol had been developed and a register of high risk disease modifying anti-rheumatic drugs (DMARDs) was maintained.
- Recommendations made in the Legionella and Fire risk assessments had been addressed.
- A system was in place to ensure the emergency equipment was in date and working effectively.

Are services effective?

We carried out this focussed follow up inspection to check if the provider had addressed the Warning Notices issued at the inspection on 25 April 2017.

We found:

- The practice manager received medicines alerts and emailed them to the GPs and staff as appropriate. A record of all notifications and alerts was held on the practice shared drive and were discussed at the weekly team meetings.
- A protocol for monitoring and dealing with pathology laboratory reports had been developed to ensure these were dealt with in a timely manner.
- Care plans had been developed for those patients over the age of 75 years and those with long term health conditions.
- A protocol for managing two-week referrals had been established and a patient information sheet had been produced.

Summary of findings

- A policy had been developed in relation to Consent and the Mental Capacity Act (MCA) 2005 and staff were able to show us where these were kept.

Are services caring?

We carried out this focussed follow up inspection to check if the provider had addressed the Warning Notices issued at the inspection on 25 April 2017.

We found:

Care plans were in place for those patients over the age of 75 and those with long term health conditions. We looked at a sample of completed care plans which had been signed by the patient and scanned into the patient's electronic notes.

Are services well-led?

We carried out this focussed follow up inspection to check if the provider had addressed the Warning Notices issued at the inspection on 25 April 2017.

We found:

- Key staff had the responsibility of updating the practice website and the practice information on the NHS Choices website.
- There were no outstanding pathology laboratory reports to be processed.
- The electronic record system flagged up patients who were on the safeguarding register.
- All child non-attendance at the surgery and hospital appointments was followed up.
- A weekly search was carried out on all two-week referrals and where a patient did not attend a hospital appointment this was followed up.
- A system had been developed to ensure changes in NICE guidance and alerts issued by the Medicines & Healthcare products Regulatory Agency (MHRA) were emailed to GPs and discussed with staff during the weekly staff meetings.
- Meeting minutes were stored in the practice shared drive and these were easily accessible to staff.
- A programme of continuous internal review was used to monitor quality and to make improvements. The practice had introduced a new audit plan that detailed completion dates, dates for review and audit leads.
- The practice had carried out risk assessments for the environment and aspects of practice services and had identified and mitigated risks where possible.

Summary of findings

- Policies had been developed in relation to the Duty of Candour, the Mental Capacity Act (MCA) 2005 and Consent and were available to staff in a folder or on the practice shared drive.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people
We carried out this focussed follow up inspection to check if the provider had addressed the Warning Notices issued at the inspection on 25 April 2017. The ratings have not been updated as a result of this Warning Notice follow up inspection. A further comprehensive inspection of the service will be carried out within six months of the previous report being published, in line with our methodology for monitoring practices placed into special measures.

People with long term conditions
We carried out this focussed follow up inspection to check if the provider had addressed the Warning Notices issued at the inspection on 25 April 2017. The ratings have not been updated as a result of this Warning Notice follow up inspection. A further comprehensive inspection of the service will be carried out within six months of the previous report being published, in line with our methodology for monitoring practices placed into special measures.

Families, children and young people
We carried out this focussed follow up inspection to check if the provider had addressed the Warning Notices issued at the inspection on 25 April 2017. The ratings have not been updated as a result of this Warning Notice follow up inspection. A further comprehensive inspection of the service will be carried out within six months of the previous report being published, in line with our methodology for monitoring practices placed into special measures.

Working age people (including those recently retired and students)
We carried out this focussed follow up inspection to check if the provider had addressed the Warning Notices issued at the inspection on 25 April 2017. The ratings have not been updated as a result of this Warning Notice follow up inspection. A further comprehensive inspection of the service will be carried out within six months of the previous report being published, in line with our methodology for monitoring practices placed into special measures.

People whose circumstances may make them vulnerable
We carried out this focussed follow up inspection to check if the provider had addressed the Warning Notices issued at the inspection on 25 April 2017. The ratings have not been updated as a

Summary of findings

result of this Warning Notice follow up inspection. A further comprehensive inspection of the service will be carried out within six months of the previous report being published, in line with our methodology for monitoring practices placed into special measures.

People experiencing poor mental health (including people with dementia)

We carried out this focussed follow up inspection to check if the provider had addressed the Warning Notices issued at the inspection on 25 April 2017. The ratings have not been updated as a result of this Warning Notice follow up inspection. A further comprehensive inspection of the service will be carried out within six months of the previous report being published, in line with our methodology for monitoring practices placed into special measures.

Wilmslow Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Wilmslow Road Surgery

Wilmslow Road Surgery provides services from two sites. The main site is located at Wilmslow Road Medical Centre, 156 Wilmslow Rd, Manchester M14 5LQ. The branch surgery is located at 79 Washway Road, Sale, Cheshire, M33 7TQ.

The practice is part of the NHS Central Manchester Clinical Commissioning Group (CCG) and has approximately 4703 patients. The practice provides services under a General Medical Services contract, with NHS England. Information published by Public Health England rates the level of deprivation within the practice population group as level three on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The numbers of patients in the different age groups on the GP practice register are generally similar to the average GP practice in England. The practice has 54% of its population with a long-standing health condition, which is similar to the England average of 53% but higher than the local average of 50%.

The services from Wilmslow Road are provided from a purpose built building with disabled access and off street parking. The practice has three consulting rooms and one treatment room. The services from the practice in Sale are provided from a converted shop on the main road. We did not visit the Sale branch of the GP practice because we were informed that a process of patient consultation to close this branch had begun.

The service is led by two GP partners (one male, one female) who are supported by a female salaried GP. We were informed that the salaried GP was about to be added to the NHS England contract to become a partner. Once this was confirmed we were advised that an application to add this GP to the registered partnership would be submitted to the CQC.

The GPs are supported by a practice manager and a phlebotomist as well as an administration team including a number of reception / administrative staff who also cover other duties such as dealing with samples and drafting prescriptions. The practice is recruiting a practice nurse and in the interim was using a regular agency/ self-employed practice nurse one day per week. Following the last inspection the GP partners brought in a consultancy agency to support the practice.

The Wilmslow Road practice is open between 8.00am to 6.30pm on Mondays, Tuesdays, Thursdays and Fridays. Open access or walk in surgery is offered in the morning on these days. Patients arriving between 9am and 11am are seen on that day. Routine bookable appointments are offered on Wednesday s until 2pm. Extended hours are offered on Tuesday and Thursday evenings from 6.30pm until 8pm.

The Sale practice is due to close on 15 September 2017 following consultation with patients.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Wilmslow Road Surgery on 25 April 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well-led services, good for providing responsive services and requires improvement for effective and caring services.

We issued two warning notices to the provider at the inspection on 25 April 2017 in respect of, safe care and treatment and good governance. The practice was required to address the issues raised in the warning notices by 1 September 2017. We undertook a follow up inspection on 6 September 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the April 2017 inspection can be found by selecting the 'all reports' link for Wilmslow Road Surgery on our website at www.cqc.org.uk.

How we carried out this inspection

During our visit we:

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed policies and procedures.
- Looked at information the practice used to deliver care and treatment plans.
- Looked at systems used to minimise risks to patients.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 25 April 2017, we rated the practice as inadequate for providing safe services as there were insufficient checks made of the oxygen or defibrillator used for medical emergencies, there were no records that action had been taken following fire and legionella risk assessments and key staff had not received training in the management of risk. We also found a lack of risk assessment for the service including for the security of blank prescription paper.

This follow up focussed inspection was undertaken to check compliance with the Warning Notices issued in May 2017 in relation to: Regulation 12 safe care and treatment and Regulation 17 good governance identified during the inspection in April 2017. A further comprehensive inspection of the service will be carried out within six months of the previous report being published, in line with our methodology for monitoring practices placed into special measures.

Safe track record and learning

- At the inspection in April 2017 we found that the practice did not have a policy on the Duty of Candour (being open and honest). (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). At this inspection we found that a policy had been developed and was available to staff in a folder and an electronic copy held on the shared drive.

Overview of safety systems and process

- Following our last inspection, the practice had risk assessed the security of loose prescriptions left in printers when consulting rooms were not in use. The practice had introduced a policy to remove all prescription paper from printers and lock them away at the end of each day. A member of staff was nominated each day to ensure printers were emptied and a record was maintained.
- At the previous inspection, we found that there were gaps in some staff recruitment files we reviewed. At this inspection we reviewed the recruitment file of the most recently appointed member of staff and found all necessary checks had been carried out prior to employment including a disclosure and barring service (DBS) check, job description, two written references and a contract of employment.
- At the last inspection we found there were no effective systems in place to monitor patients prescribed high risk medicines such as disease modifying anti-rheumatic drugs (DMARDS). At this inspection we found a protocol had been developed and a register of DMARDs was maintained. This demonstrated that the required checks were completed appropriately.

Monitoring risks to patients

- At the last inspection we found that a Legionella risk assessment had been carried out by a specialist contractor in January 2017, however the recommendations made had not been addressed. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. At this inspection we found an action plan had been developed to address these recommendations. The boiler had been replaced and thermostats fitted to reduce hot water temperatures and minimise the risks of scalds. Training had been arranged for lead staff but had not yet taken place.
- At the inspection in April 2017 we found that no actions had been taken to address the recommendations in fire risk assessments that had been carried out in March 2017. At this inspection we found a comprehensive action plan had been developed and the recommendations had been addressed. For example the rear fire exit lock had been changed from a key lock to a thumb lock that was easily opened.

Arrangements to deal with emergencies and major incidents

- At the previous inspection we found there were no systems in place to regularly check the defibrillator and emergency oxygen to ensure they were in working order and safe to use. At this inspection we found a system had been implemented and weekly checks on the emergency equipment were conducted every Friday by the practice nurse. We looked at a sample of these records for the months of August and September 2017 and found they were up to date.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 25 April 2017, we rated the practice as requires improvement for providing effective services as there were no records of actions taken by the practice in relation to National Institute for Health and Care Excellence (NICE) guidance or Medicines & Healthcare products Regulatory Agency (MHRA) alerts. A large number of pathology laboratory reports had not been entered onto patient records. Written care plans were not in place and where patients had been referred via the two-week referral pathway there was no system to check if they had received an appointment within the required timescales. The practice did not have a policy relating to the Mental Capacity Act (MCA) 2005.

This follow up focussed inspection was undertaken to check compliance with the Warning Notices issued in May 2017 in relation to: Regulation 12 safe care and treatment and Regulation 17 good governance identified during the inspection in April 2017. A further comprehensive inspection of the service will be carried out within six months of the previous report being published, in line with our methodology for monitoring practices placed into special measures.

Effective needs assessment

- At the inspection in April 2017 it was not clear if the practice manager maintained a separate log of NICE guidance and actions taken by the practice in response to these. We also found the practice maintained a folder of updates from the Medicines & Healthcare products Regulatory Agency (MHRA) however; evidence demonstrating that these safety alerts had been actioned was not available. At this inspection we found a record of all alerts/notifications received was maintained by the practice manager and stored on the practice shared drive. The practice manager received medicines alerts and emailed them to the GPs and staff as appropriate. We found evidence to demonstrate that medicines alerts were discussed at the weekly practice meetings. We spoke with staff who confirmed that they were made aware of such alerts during the weekly practice meetings.

Coordinating patient care and information sharing

- At our last inspection we found 119 patient pathology laboratory reports dating back to 15 March 2017 with no evidence of action on the patient record system. At this inspection we found a protocol for monitoring and dealing with pathology laboratory reports had been developed. The protocol was available on the practice intranet and accessible to all staff. Staff told us the inbox was monitored on a daily basis and any results were dealt with each day. There was a buddy system in place to ensure that if the named GP was on leave results were checked by the covering GP. Since the last inspection a weekly screen shot (copy) of the inbox was kept on file to demonstrate consistency. We looked at the system for receiving pathology laboratory reports and found there were no outstanding results waiting to be entered onto patient files.
- At the last inspection we were unable to examine a sample of patient care plans because care plan templates were not available. At this inspection we found a variety of written care plans had been developed for example; a care plan for those patients over the age of 75 years and those with long term health conditions. We looked at a random sample of care plans and found they had been completed and signed following a discussion with the patient.
- At the last inspection we found there were no effective systems in place to monitor that patients referred on the two week referral pathway to secondary care received an appointment within the required timescales. At this inspection we saw evidence that a protocol for managing two-week referrals had been established. We saw a leaflet was given to the patient at the point of referral and a weekly search for was carried out every Monday. In addition two-week referrals were reviewed at the weekly practice meeting. Any patient not attending their hospital appointment was followed up by the practice.

Consent to care and treatment

- At the inspection in April 2017 we found policies relating to Consent and the Mental Capacity Act 2005 were not available. At this inspection we found that a policy had been developed in relation to Consent and the Mental Capacity Act (MCA) 2005. Discussions with staff showed they were aware of the legislation around consent and the MCA and that these policies were embedded into

Are services effective?

(for example, treatment is effective)

practice. The staff we spoke with were able to tell us where to find the policies. They also told us that they had signed a document confirming that they had read and understood the new policies.

Are services caring?

Our findings

At our previous inspection on 25 April 2017, we rated the practice as requires improvement for providing caring services as there were no written care plans in place.

This follow up focussed inspection was undertaken to check compliance with the Warning Notices issued in May 2017 in relation to: Regulation 12 safe care and treatment and Regulation 17 good governance identified during the inspection in April 2017. A further comprehensive inspection of the service will be carried out within six months of the previous report being published, in line with our methodology for monitoring practices placed into special measures.

Care planning and involvement in decisions about care and treatment

- At the inspection in April 2017 we found there were no written care plans demonstrating the agreed treatment and support strategies for patients' individual needs. At this inspection we found care plan templates had been developed and were in place for patient's aged over 75 years and patients with long term health conditions such as; diabetes, asthma, chronic obstructive pulmonary disease (COPD) and heart failure. We saw a sample of completed care plans which had been signed by the patient and scanned into the patient's electronic notes.

Are services well-led?

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

Our findings

At our previous inspection on 25 April 2017, we rated the practice as inadequate for providing well-led services as there were no records of actions taken by the practice in relation to NICE guidance or Medicines & Healthcare products Regulatory Agency alerts. A large number of pathology laboratory reports had not been entered onto patient records. Written care plans were not in place and where patients had been referred via the two-week referral pathway there was no system to check if they had received an appointment within the required timescales. The practice did not have a policy relating to the Mental Capacity Act (MCA) 2005. Patients prescribed high risk medicines were not appropriately monitored. Staff did not always have access to meeting minutes and some recruitment files did not contain all the required safety checks such as references.

This follow up focussed inspection was undertaken to check compliance with the Warning Notices issued in May 2017 in relation to: Regulation 12 safe care and treatment and Regulation 17 good governance identified during the inspection in April 2017. A further comprehensive inspection of the service will be carried out within six months of the previous report being published, in line with our methodology for monitoring practices placed into special measures.

Vision and strategy

- At the previous inspection we found there were no systems in place to ensure the practice website was regularly updated. At this inspection we found the practice had identified key staff that were responsible for checking and updating the practice website and practice information on the NHS Choices web sites. We spoke with one member of staff who told us they monitored the web sites on a monthly basis or when there was new information. We saw evidence to show that the practice and NHS Choices web sites were checked on 1 September 2017.

Governance arrangements

- At the inspection in April 2017 we found there was a lack of systems to ensure pathology laboratory results were reviewed and actioned. At this inspection we found there was a system in place to ensure results were dealt with on the day they were received in the practice. We checked the results inbox and found there were no outstanding results.
- At the last inspection we found there was a lack of oversight of patients with a safeguarding plan in place or who were deemed to be 'at risk'. At this inspection we found patients on the safeguarding register were flagged on the electronic system. We saw a safeguarding register for children and adults was maintained. The children's safeguarding register was matched up to the child health list by the manager and safeguarding lead on a quarterly basis or as information was received by the practice. All non-attendance at the surgery and hospital appointments was followed up.
- At the last inspection we found there were no effective systems in place to monitor that patients referred on the two week referral pathway to secondary care received an appointment within the required timescales. At this inspection we saw that a weekly search was carried out on all two-week referrals and where a patient did not attend a hospital appointment this was followed up.
- At the last inspection we found there was a lack of evidence that the practice had taken action in response to changes in NICE guidance and alerts issued by the Medicines & Healthcare products Regulatory Agency (MHRA). At this inspection we found a system had been developed to ensure changes and alerts were emailed to GPs and discussed with staff during the weekly staff meetings.
- At the last inspection we found staff did not have access to the minutes of practice team meetings and other key information when the practice manager was absent from the practice. At this inspection staff told us minutes were stored in the practice shared drive and these were easily accessible.
- At the last inspection we found recommendations from legionella and fire risk assessments had not been actioned. At this inspection we found a programme of continuous internal review was used to monitor quality and to make improvements. The practice had introduced a new audit plan that detailed completion dates, dates for review and audit leads. The practice had undergone re-decoration and some structural changes

Are services well-led?

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

since the last inspection. The practice had carried out risk assessments for the environment and aspects of practice services and had identified and mitigated risks where possible.

Leadership and culture

- At the inspection carried out in April 2017 we found that key policies such as the Duty of Candour, Mental Capacity Act 2005 and Consent were not available. At this inspection we found these policies had been developed and were available to staff in a folder or on the practice shared drive. The staff we spoke with told us they had been required to read the documents and sign to demonstrate they had understood the contents.