

SPCT Practices

Inspection 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.

Ratings

Overall rating for this location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at SPCT Practices on 8 March 2022. Overall, the practice is rated as requires improvement.

The ratings for each key question are:

Safe – Requires improvement

Effective – Requires improvement

Caring - Good

Responsive - Good

Well-led – Requires Improvement

Why we carried out this inspection

This inspection was a comprehensive inspection of all five key questions as part of our routine inspection programme.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting some staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A site visit to the main location and one branch site.

Our findings

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 **requires improvement** overall.

Overall summary

We rated the provider as **requires improvement** for providing safe services. Concerns included:

- Actions from the fire risk assessment were not monitored or completed.
- When appointing infection control leads for the sites, the infection control policy was not followed.
- There was no documented approach to the management of test results, and this was not always managed in a timely manner.
- There was no appropriate clinical oversight of test results, including when reviewed by non-clinical staff
- There was not an effective system for recording and acting on safety alerts.

We rated the provider as **requires improvement** for providing effective services. Concerns included:

- We found patients with potentially missed diagnoses.
- There was no evidence that patients who had experienced acute exacerbation of asthma had been followed up appropriately.
- There was no system in place for monitoring thyroxine treatment.
- There was no programme of targeted quality improvement.
- There was no formal supervision of non-medical prescribers.

We rated the provider as **good** for providing caring services.

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

We rated the provider as **good** for providing responsive services.

- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- It was not clear that patients could access care and treatment in a timely way.

We rated the provider as **requires improvement** for providing well led services. Concerns included:

- Incorrect information was on the website.
- Executive clinical leadership was not visible at all sites.
- It was not clear how the practice monitored progress against delivery of the strategy.
- Governance structures and systems were not always in place or regularly reviewed.
- Staff were not always clear about their roles and responsibilities and that of others.
- There were not always comprehensive assurance systems.
- There were not always effective arrangements for identifying, managing and mitigating risks.
- There was little evidence of a system to share learning with staff.

We found one breach of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- The practice should continue to make improvements to their telephone system to improve survey scores around getting through to someone on the phone.

Overall summary

- The practice should make improvements to their cervical screening rates.
- The practice should make improvements to their child immunisation rates.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit accompanied by a second CQC inspector. The team included a GP specialist advisor who spoke with staff and completed clinical searches and records reviews on site.

Background to SPCT Practices

SPCT Practices is located in Salford at:

Little Hulton Health Centre

Longshaw Drive

Little Hulton

Lancs

Greater Manchester

M28 0BB

The practice has two branch surgeries at:

SPCT Eccles

1st Floor -Eccles Gateway

28 Barton Lane

Eccles

M30 0TU

Willow Tree

94 Littleton Road

Salford

M7 3SE

We visited the Little Hulton Health Centre and the Eccles branch site as part of our inspection activity.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and family planning. These are delivered from all sites.

The practice offers services from both a main practice and two branch surgeries. Patients can access services at any site.

The practice is situated within the Salford Clinical Commissioning Group (CCG) and delivers and Alternative Provider Medical Services (APMS) to a patient population of about 21,000. This is part of a contract held with NHS England.

The practice is part of three wider networks of GP practices. The practice has voting rights in the Eccles and Irlam primary care network (PCN) and advisory roles in Broughton PCN and Walkden and Little Hulton PCN. A voting right is the right given to the practice to vote on decisions made by the PCN. An advisory role means the practice can take part in discussions but does not have a voting right in decisions made.

Information published by Public Health England shows that deprivation within the practice population group is in the lowest decile (one of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is, 89.5% White, 3.7% Asian, 3.5% Black, 2.1% Mixed, and 1.2% Other.

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

There is a team of 10 GPs who provide cover at all sites. The practice has a team of 12 nurses who provide nurse led clinics for long-term conditions at both the main and the branch locations. The GPs are supported at the practice by a team of administration staff. There is a senior administrator at each site and an operation manager who provides managerial oversight.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had failed to establish systems and processes that operated effectively to ensure compliance with requirements to demonstrate good governance. In particular:</p> <ul style="list-style-type: none">• There was no programme of quality improvement or system to share learning.• The system to identify and act on safety alerts was not effective.• The system for managing the fire risk assessment action plan was not effective.• The system for oversight of equipment calibration was not effective.• The complaints policy was not always being followed.• The system for managing complaints was not always effective. Learning from complaints was not always shared.• There was no recovery plan for the back log of letters that needed to be filed.• There was no oversight of non-medical prescribers' practice.• There was no appropriate clinical oversight of test results, including when reviewed by non-clinical staff.• There was no documented approach to the management of test results, and this was not always managed in a timely manner.• When appointing infection control leads for the sites, the infection control policy was not followed. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>