

Chapel Group Medical Centre

Inspection report


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Irlam
Manchester
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Date of inspection visit: 26 May 2022
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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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Requires Improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Requires Improvement 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced inspection at Chapel Group Medical Centre on 26 May 2022. Overall, the practice is rated as **inadequate**.

Set out the ratings for each key question

Safe - Inadequate

Effective – Requires Improvement

Caring - Good

Responsive – Requires Improvement

Well-led - Inadequate

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/review

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 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
- Asking staff to fill out a feedback form

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 Inadequate overall

Overall summary

Following this inspection, we have rated the practice **inadequate** for providing safe services. We identified the following areas of concern:

- Recruitment checks were not always carried out in accordance with regulations.
- There were gaps in systems to assess, monitor and manage risks to patient safety.
- Due to a backlog of patient note summarising, staff did not always have the information they needed to deliver safe care and treatment.
- The practice did not have effective systems for the appropriate and safe use of medicines, including medicines optimisation.
- The practice did not have a clear system to learn and make improvements when things went wrong.

Following this inspection, we have rated the practice **requires improvement** for providing effective services. We identified the following areas of concern:

- The practice could not demonstrate how they assured the competence of staff.
- Patients' needs were not always assessed.
- There was not an effective system in place for monitoring thyroxine treatment.
- Patients who had experienced acute exacerbation of asthma had not always been followed up appropriately.

Following this inspection, we have rated the practice **good** for providing caring services.

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

Following this inspection, we have rated the practice **requires improvement** for providing responsive services. We identified the following area of concern:

- Complaints were not used to improve the quality of care.

Following this inspection, we have rated the practice **inadequate** for providing safe services. We identified the following areas of concern:

- There were not clear arrangements to deal with any behaviour inconsistent with the vision and values.
- Leaders did not always demonstrate an understanding of the challenges to quality of care and identify the actions needed to address these challenges.
- There was no credible strategy to provide high quality sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.

We found three breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure that any complaint received is investigated and any proportionate action is taken in response to any failure identified by the complaint or investigation. Ensure that there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity.

Overall summary

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

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Chapel Group Medical Centre

Chapel Group Medical Centre is located in Salford at:

220 Liverpool Road,

Irlam,

Manchester,

M44 6FE

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

The practice is situated within the Salford Clinical Commissioning Group (CCG) and delivers General Medical Services (**GMS**) to a patient population of about 6761. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices in the Eccles and Irlam primary care network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the fourth lowest decile (four 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, 95.2% White, 2% Asian, 1.5% Mixed, 0.9% Black and 0.4% Other.

The age distribution of the practice population closely mirrors the local and national averages.

There is a team of four GPs and one advanced clinical practitioner who provide cover at the practice. The practice has a team of two nurses who provide nurse led clinics for long-term conditions. The practice has one health care assistant who provides specific clinical procedures, such as blood pressure and new patient checks. The GPs are supported at the practice by a team of reception/administration staff. The practice manager and assistant practice manager provide 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 face-to-face appointment.

This section is primarily information for the provider

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had failed to assess the risks to the health and safety of service users of receiving the care or treatment and had not done all that is reasonably practicable to mitigate any such risks. In particular:</p> <ul style="list-style-type: none">• Details of actions taken following a safety alert were not kept.• Nurses were not authorised correctly to administer medicines.• Recruitment checks were not always carried out in accordance with regulations.• The practice did not have a clear system to learn and make improvements when things went wrong.• There was no system in place to monitor and record use of prescription stationery.• We reviewed five medication reviews. Three out of the five reviews did not contain evidence of structured medicines reviews for patients on repeat medicines. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>How the regulation was not being met:</p> <p>The registered person had failed to ensure that complaints received were investigated and that necessary and proportionate action was taken in response to any failure identified by the complaint or investigation. The registered</p>

Requirement notices

person had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. In particular:

- We looked at the records of seven written complaints in detail. Of the seven complaints we examined, one had been satisfactorily handled in a timely way. This complaint had been sent to the practice by NHS England.
- There was no evidence of learning from six of the seven complaints we reviewed.

This was in breach of Regulation 16(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• There were over 1400 outstanding and new patient notes that needed to be summarised, there was not a timely plan in place of how this would be actioned.• The system for handling and recording complaints was not effective.• The complaints policy did not contain any information to guide staff on how to deal with complaints.• Complaints were not a regular agenda item and we did not see it on the agenda for any of the meeting minutes we saw.• An effective system for authorising nurses to administer medicines was not in place.• The practice did not demonstrate good risk management. The defibrillator was not resuce ready, this had not been risk assessed. The risk to patient safety regarding the patient note summarising back log had not been assessed.• The recruitment policy did not have a date of creation or a date of review, it did not include what information was needed to satisfy the regulations.• Roles and responsibilities between the practice manager and assistant practice manager were not clear.• The health and safety policy/procedure did not have a clear date of creation or review date. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>