

Gloucester House Medical Centre

Inspection report

17 Station Road
Urmston
Manchester
Greater Manchester
M41 9JS
Tel: 0161 748 7115

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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?

Inadequate 

Are services caring?

Requires improvement 

Are services responsive?

Inadequate 

Are services well-led?

Inadequate 

Overall summary

This practice is rated as inadequate overall. (Previous ratings: October 2016 Requires Improvement. September 2017 – Good)

We carried out our first announced comprehensive inspection at Gloucester House Medical Centre on 19 July 2016 when the practice was rated as requires improvement overall. The areas where the provider was required to make improvements related to the safe and well led domains. The practice had been under pressure following major staff changes and there was fragmented leadership. Tasks were not being dealt with in a timely manner and risks associated with fire and health and safety were not dealt with appropriately.

We went back to Gloucester House Medical Centre on 25 May 2017 to check that the practice had made improvements. Improvements were demonstrated in all areas. Leadership was no longer fragmented, and staff were being supported. The practice had acted on each point highlighted at the inspection of 19 July 2016 and had introduced systems to address the concerns.

During 2018, key members of medical and managerial staff resigned from the practice and they were again in a period of instability. A new manager was employed in January 2019. However, in April 2019 the CQC received whistle blowing information from existing and previous members of staff about concerns at the practice.

The CQC undertook an annual regulatory review because of the concerns and a decision to bring forward a full comprehensive inspection was agreed. The inspection was part of our regulatory functions to check whether the provider was maintaining the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We looked at all the domains and all the key questions at this inspection.

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.

We rated the practice as **inadequate** for providing safe services because:

- The practice did not have clear systems and processes to keep patients safe. We found concerns around incident reporting, safeguarding, clinical record keeping, patient safety alerts, prescription protocols, and information sharing.
- Patient consultations were not sufficiently documented to ensure that appropriate information was available to all clinicians reviewing patients. There were gaps in alert processes for safeguarding and no evidence that information about safeguarding incidents was communicated to all clinical staff.
- The practice did not have appropriate systems in place for the safe management of medicines. Administration, pharmacy and health care staff were working outside their competencies.
- Receptionists had not been given guidance on identifying deteriorating or acutely unwell patients. They were not aware of actions to take in respect of such patients.
- Staff were not clear about reporting incidents, near misses and concerns and the practice did not learn and make improvements when things went wrong.

We rated the practice as **inadequate** for providing effective services because:

- There was limited monitoring of the outcomes of care and treatment. Data showed that some patient outcomes were positive but there were areas of high exception reporting.
- There were areas of significant negative variation in relation to antibiotic prescribing and prescribing of medicines that are addictive.
- The practice was unable to demonstrate that all staff had the skills, knowledge and experience to carry out their roles.
- The practice was unable to demonstrate that it always obtained consent to care and treatment.

We rated the practice as **Requires Improvement** for providing caring services because:

- Although staff dealt with patients with kindness and respect not all patients felt involved in decisions about their care.
- Not all comments from patients were positive about their interactions with staff.

Overall summary

- Verbally reported concerns were not escalated so that they could be dealt with and learned from.
- Carers were not proactively identified and cared for appropriately.
- We identified some patients who were offered treatment without appropriate explanation and this treatment was not within The National Institute for Health and Care Excellence (NICE) guidelines.

We rated the practice as **inadequate** for providing responsive services because:

- The practice was unable to organise and deliver safe services to meet patients' needs.
- There were several significantly negative responses from patients in the GP patient survey around access, appointments and the way they had been cared for.
- Not all patients receiving care and treatment in a timely way.
- Care and treatment were being provided on a reactive basis and clinics were being cancelled at short notice due to planned or unplanned periods of absence because of inconsistent locum cover.

We rated the practice as **inadequate** for providing well-led services because:

- There was insufficient practice leadership and leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- Leaders were not performing tasks intrinsic to their role and the requirements of the Health and Social Care Act.
- At the time of the inspection the Provider was absent from the practice at the request of NHS England.
- At this inspection we identified concerns that put patients at risk.
- The practice culture did not effectively support 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 saw little evidence of systems and processes for learning, continuous improvement and innovation.

These areas affected all population groups, so we rated all population groups as **inadequate**.

(Please see the specific details on action required at the end of this report).

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

- Ensure that leaders can properly perform tasks that are intrinsic to their role
- Ensure that all patients are treated with dignity and respect
- Ensure care and treatment is provided in a safe way to patients
- Ensure patients are protected from abuse and improper treatment
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure specified information is available regarding each person employed and any such action as is necessary and proportionate is taken when any member of staff is no longer fit to carry out their duties

We are taking action in line with our enforcement procedures to begin the process of preventing the provider from operating the service.

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 further action in line with our enforcement procedures to continue 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.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

Older people	Inadequate 
People with long-term conditions	Inadequate 
Families, children and young people	Inadequate 
Working age people (including those recently retired and students)	Inadequate 
People whose circumstances may make them vulnerable	Inadequate 
People experiencing poor mental health (including people with dementia)	Inadequate 

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Gloucester House Medical Centre

Dr Masud Prodhan is the registered individual and sole provider of services from Gloucester House Medical Centre, 17 Station Road, Urmston, Manchester, Greater Manchester, M41 9JS.

Dr Masud Prodhan and Louise Prodhan deliver commissioned services under a joint Personal Medical Services (PMS) within Trafford Clinical Commissioning Group (CCG). The PMS contract is the contract between general practices and NHS England to deliver personal medical services within local communities. PMS is a locally agreed alternative to the GMS contract for providers of general practice.

The practice offers primary care services to a registered list of approximately 5,009 patients, treating a higher population of elderly patients. It is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning, maternity services, surgical procedures and the treatment of disease, disorder and injury.

Regulated activities are delivered to the patient population from the following address.

Gloucester House Medical Centre, 17 Station Road, Urmston, Manchester, Greater Manchester, M41 9JS.

The practice has a website that contains information about what they do to support their patient population and explain the in-house and online services offered.

www.ghmc.co.uk

The provider is currently on sick leave and medical cover is provided on a sporadic and inconsistent basis by locum GPs. There is a nursing team comprising of two part time nurses, an assistant practitioner, a health care assistant and a nurse practitioner. They are all part time, working at this practice and another practice that is registered to the provider. The practice has been through a period of instability and staffing levels remain inconsistent.

The average life expectancy and age profile of the practice population is mainly in line with the CCG and national averages. 19% of the population are under the age of 18 and only 18% per cent are over the age of 65. 46% suffer from long term conditions and only 6% are unemployed. Information taken from Public Health England placed the area in which the practice is in as the seventh least deprived decile (from a possible range of between 1 and 10). In general, people living in less deprived areas tend to have a lesser need for health services.

Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be

directed to the local out of hours service which is provided by Mastercall via NHS 111. Additionally, patients can access GP services in the evening and on Saturdays and Sundays through the Trafford GP Federation across various hubs in Trafford.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Notice of Proposal to Close

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
Notice of Proposal to Close

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment
Notice of Proposal to Close

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
Notice of Proposal to Close

This section is primarily information for the provider

Enforcement actions

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Notice of Proposal to Close