

Dr Iain Hotchkies

Quality Report

36 Mersey Bank Avenue,
Chorlton,
Greater Manchester,
M21 7NN

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Website: The practice does not have a website

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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 14th July 2015 we carried out a full comprehensive inspection of Merseybank Surgery which resulted in a Warning Notice against the provider. The Notice advised the provider that the practice were failing to meet the required standards relating to Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and Treatment.

The part of the regulation that the practice were failing to meet specifically related to the management of medicines. At the time of the comprehensive inspection we found that the provider did not have an effective system, to ensure that medicines were managed in a safe and proper way. A number of medicines and equipment kept on the premises were found to be out of date.

Summary of findings

On 26th October 2015 we undertook a focused inspection to check that the practice had achieved compliance with the Warning Notice which we issued on 10th August 2015. At this inspection we found that the practice had satisfied the requirements of the Notice.

Specifically we found that :

- Risks had been assessed and steps had been taken to mitigate those risks
- The practice had introduced systems to audit, assess and maintain the proper and safe management of medicines and equipment.

- The practice provided assurances that those systems would be followed and would remain in place.

The rating awarded to the practice following our full comprehensive inspection on 15th July 2015 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 PracticeLet

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 at this inspection. The rating awarded to the practice following our full comprehensive inspection on 15th July 2015 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 at this inspection. The rating awarded to the practice following our full comprehensive inspection on 15th July 2015 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 at this inspection. The rating awarded to the practice following our full comprehensive inspection on 15th July 2015 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 15th July 2015 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 at this inspection. The rating awarded to the practice following our full comprehensive inspection on 15th July 2015 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

Dr Iain Hotchkies

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Iain Hotchkies

Merseybank Surgery is situated in a deprived area of Chorlton in south Manchester. It is located in a row of shops and has disabled access and toilet facilities. Dr Hotchkies is a single-handed, male practitioner who has provided GP services at this location for over twenty five years under a General Medical Services contract. The practice population is around 2,600 patients and has a higher than average proportion of patients between the ages 15 and 49. The highest group of patients are aged between 25 and 29 and this is also higher than the local and national average.

There is a part time practice nurse for three hours a week, a practice manager and three reception/secretarial staff.

The practice does not offer surgical procedures, maternity or midwifery services or minor injury treatments. These could be accessed through the local community services. The surgery is open from 8.30am until 6pm Monday to Friday (except Wednesdays). On Wednesday the practice close at 1pm. Patients are directed to out of hours services when the practice is closed after 6pm and at the weekend.

Patients have access to an open surgery from 9.15am until 11.30am Monday to Friday and appointments are

pre-bookable in the afternoons (except Wednesdays). The practice do not have a website but offer online appointment booking and repeat prescriptions on line. The practice does not have a Patient Participation Group.

We undertook a full comprehensive inspection of the surgery on 15th July 2015. As a result of that inspection the practice were placed in special measures and were served with a Warning Notice dated 20th August 2015.

The Warning Notice was served because the practice were failing to provide safe care for service users under Regulation 12 of the Health and Social Care Act 2008. The notice required the practice to address the failings in this regard by 30th September 2015.

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 achieved compliance with the specifications of the Warning Notice issued on 20th August 2015.

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 26th October 2014 to check only the issues identified in the Warning Notice (issued on 20th August

Detailed findings

2015). During our inspection we spoke with staff, including the GP. We reviewed policies and procedures that the practice had introduced and checked whether they were suitably robust to meet the requirements of the notice.

Are services safe?

Our findings

Medicines Management

At this inspection we found that safety had been improved. The practice had introduced systems, protocols and audit checks which, if maintained appropriately, would ensure that management of medicines at the practice remained safe. A new medicines management policy had been introduced and all staff had signed to say that they had read and agreed the policy. The policy was introduced in September 2015 and was due for review in September 2016.

We saw that an audit and risk assessment had been completed in September 2015 detailing the medicines which, according to the requirements of the practice, should appropriately be kept on the premises. The practice had delegated responsibility and introduced guidance for staff with regard to the management of those medicines.

There was a protocol to check the expiry dates of all medicines and equipment, kept at the premises, on a monthly basis and instructions for staff on what to do if they found stock that was out of date. We spoke to staff who told us of their responsibilities in these areas, what they would do to check the medicines and how they would dispose of any that were out of date. They told us that the practice manager was responsible for auditing those checks to ensure they were carried out effectively.

We saw that a padlock had been fitted to the cupboard in the treatment room where medicines were kept and that cupboard was kept locked. As per the policy those medicines were checked by responsible staff to ensure they remained safe and useable. We looked at a random sample of those medicines and found they were in date.

There was a protocol to check that any vaccines and/or medicines kept in the fridges were in date and were kept at the correct temperature. We checked a random sample of the medicines stored in the fridge and found they were in date. The temperatures recorded were within the required range. Staff we spoke with understood their responsibilities in this regard and the practice manager was responsible for auditing those checks to ensure that they were carried out effectively.

The practice had accounted for unplanned absence of responsible staff and a second member of staff was responsible for undertaking those checks in their absence.

Arrangements to deal with emergencies and major incidents

We saw that the automated external defibrillator (AED) was available at the practice and staff knew where it was kept. It had been checked to ensure that it was in good working condition.

We checked the medicines in the emergency medicine box in the nurse's room and in the GP surgery. We saw that emergency medicines had been reviewed to ensure they were in keeping with requirements. There was a protocol to check them and ensure that they remained in date and were replaced if they were used. Staff understood their responsibilities in this regard.

We were satisfied that the requirements of the warning notice issued on 20th August 2015 had been met. The rating awarded to the practice following our full comprehensive inspection on 15th July 2015 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

Are services effective?

(for example, treatment is effective)

Our findings

We did not inspect the effective domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 15th July 2015 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

Are services caring?

Our findings

We did not inspect the caring domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 15th July 2015 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

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 15th July 2015 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 at this inspection. The rating awarded to the practice following our full comprehensive inspection on 15th July 2015 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

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