

Medlock Vale Medical Practice

Inspection report

58 Ashton Road
Droylsden
Manchester
Greater Manchester
M43 7BW

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Date of inspection visit: 10 April 2018
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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.

Overall summary

On 14 November 2017 we carried out a full comprehensive inspection of Medlock Vale Medical Practice. This resulted in the practice being placed in special measures and Warning Notices being issued against the provider on 15 December 2017. The Notices advised the provider that the practice was 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 and Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

On 10 April 2018 we undertook a focused inspection to check that the practice had met the requirements of the Warning Notices. We found all issues had been addressed and improvements made to a satisfactory standard. In particular we found that :

- The practice is working with a GP consultant team to review and develop the governance and management team within the practice. We saw the relationship was newly developed but plans were in place to ensure clear governance systems and process had been prioritised.
- The practice introduced a new system for recording and reviewing significant events. We reviewed the details of two recent significant events and found these had been investigated with actions and outcomes documented and reviewed.
- The practice had introduced a new system to monitor, review and action where appropriate safety alerts and alerts received from the MHRA. We reviewed in detail two recent alerts and found these to be actioned appropriately. We also noted a new system to audit the alerts had been implemented.

- We saw the treatment room was now compliant with infection control standards after the flooring had been replaced.
- We saw a new policy and procedure was in place for the cold chain and speaking with staff and reviewing recent data from the cold chain data logger we were satisfied the cold chain was now being appropriately managed.
- Fire safety checks were being carried out and this now included emergency warning light checks.
- A new two week wait referral system had been introduced and was being monitored to ensure all referrals were completed and action taken where appropriate.
- A new pharmacist was in post as part of the GP consultant team and they were in the process of reviewing all patients who required medication reviews and we saw a clear timeline was in place for this to happen.
- There was an updated policy and procedure in place to ensure appropriate care and treatment was in place for patients prescribed lithium. We reviewed records and noted all checks were up to date and there was now a recall system in place.
- A new policy and procedure was in place for uncollected prescriptions and we noted weekly checks were now being carried out.

The rating awarded to the practice following our full comprehensive inspection On 14 November 2017 of 'inadequate' 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 Practice

Our inspection team

Our inspection team was led by a CQC lead inspector and also included a GP specialist advisor and a second CQC inspector.

Background to Medlock Vale Medical Practice

Medlock Vale Medical Centre is the registered provider and provides primary care services to its registered list of 8141 patients. The practice delivers commissioned services under the General Medical Services (GMS) contract and is a member of Tameside and Glossop Clinical Commissioning Group (CCG).

The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice offers direct enhanced services that include meningitis provision, the childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations, learning disabilities, minor surgery and rotavirus and shingles immunisation.

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

58 Ashton Road

Droylsden

Greater Manchester

M43 7BW

The practice has a website that contains comprehensive information about what they do to support their patient population and the in house and online services offered: www.medlockvalemedicalpractice.co.uk

The age profile of the practice population is broadly in line with the CCG averages. Information taken from Public Health England placed the area in which the practice is located in the fifth less deprived decile (from a possible range of between 1 and 10). In general, people living in more deprived areas tend to have greater need for health services. The practice has a higher than average older population with 20.3% aged 65 years and over (CCG - 16.9%, England 17.2%).

Are services safe?

We did not inspect the safe domain in full at this inspection. We inspected only those aspects mentioned in the Warning Notice issued on 15 December 2017.

- The practice introduced a new system for recording and reviewing significant events. We reviewed the details of two recent significant events and found these had been investigated with actions and outcomes documented and reviewed.
- The practice had introduced a new system to monitor, review and action where appropriate safety alerts and alerts received from the MHRA. We reviewed in detail two recent alerts and found these to be actioned appropriately. We also noted a new system to audit the alerts had been implemented.
- We saw the treatment room was now compliant with infection control standards after the flooring had been replaced.
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- A new two week wait referral system had been introduced and was being monitored to ensure all referrals were completed and action taken where appropriate.
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- There was an updated policy and procedure in place to ensure appropriate care and treatment was in place for patients prescribed lithium. We reviewed records and noted all checks were up to date and there was now a recall system in place.
- A new policy and procedure was in place for uncollected prescriptions and we noted weekly checks were now being carried out.

Please refer to the Evidence Tables for further information.

Are services effective?

We did not inspect the effective domain at this inspection.
We inspected only those aspects mentioned in the Warning
Notice issued on 15 December 2017.

Are services caring?

We did not inspect the caring domain in this inspection. We inspected only those aspects mentioned in the Warning Notice issued on 15 December 2017.

Are services responsive to people's needs?

We did not inspect the responsive domain at this inspection. We inspected only those aspects mentioned in the Warning Notice issued on 15 December 2017.

Are services well-led?

We did not inspect the well-led domain in full at this inspection. We inspected only those aspects mentioned in the Warning Notice issued on 15 December 2017.

The practice had introduced new governance arrangements for reviewing and monitoring safety systems and had initiated audits to monitor and improve medicines management following our last inspection.

The practice was working with a GP consultant team to review and develop the governance and management team within the practice. We saw the relationship was newly developed but saw plans were in place to ensure clear governance systems and process had been prioritised. For example:

- A pharmacist had been brought into the practice and had implemented a new system and process to ensure governance procedures were in place in relation to medicines management.

- There was recruitment taking place to increase clinical staff and a consultant team were already in place to increase capacity. Clinical staff and GP partners had also taken lead roles to distribute the workload, we saw for example there were leads in place for prescribing, disease management, significant events and complaints.
- A new policy had been introduced and an audit was underway linked to the exception reporting of patients on QOF registers. A lead clinician was overseeing the work and the new policy stated 'Any vulnerable patients will not be exception reported unless reviewed by a GP or lead clinician'.

Please refer to the Evidence Tables for further information.