

# Dr Patrick Ryder

## Quality 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 service

Good



Are services safe?

Good



Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Patrick Ryder (also known as Matthew Ryder Clinic) on 24 June 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 24 June 2016 inspection can be found by selecting the 'all reports' link for Dr Patrick Ryder on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 1 March 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 24 June 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Significant events were investigated thoroughly and learning effectively implemented as a result.
- However, we did note the practice continued to differentiate between significant events and incidents, and documentation around incidents was not always sufficiently comprehensive and did not consistently record learning outcomes.
- We saw comprehensive systems around infection prevention and control had been implemented and an infection control audit completed. This audit had generated an action plan which was being monitored regularly to ensure it was completed in a timely manner.
- Regular staff meetings were held in order to ensure changes to practice and learning from significant events were communicated to the wider practice team.

# Summary of findings

- The practice held a register of carers and had updated its new patient registration form to better facilitate the identification of patients with caring responsibilities.
- We saw that confidential information was stored securely and all staff had undertaken information governance training.
- Arrangements for the storage of vaccines were thorough and ensured the cold chain was maintained.

There were areas of practice where the provider needs to make further improvements.

The provider should:

- Implement record keeping systems to ensure that documentation relating to events categorised as 'incidents' clearly and consistently records learning outcomes and any changes to practice as a result in order to maximise learning opportunities.
- Ensure policy document control processes are thoroughly implemented so that policies and procedures are kept up to date and fully reflect practice activity.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

At our previous inspection on 24 June 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of infection control were not adequate, there was not a systematic approach to implementing learning following significant events and there were gaps in recruitment and information governance processes.

These arrangements had significantly improved when we undertook a follow up inspection on 1 March 2017. The practice is now rated as good for providing safe services.

- We saw evidence that learning was implemented and shared following significant event analysis.
- However, we did note that documentation around what the practice categorised as 'incidents' rather than significant events did not always contain the same level of detail to effectively document learning outcomes.
- An infection prevention and control audit of the premises had been completed and an action plan developed to support the implementation of improvement actions as a result. We saw that this action plan was being reviewed regularly to ensure completion in a timely manner.
- The recruitment policy had been updated to contain more detail around the employment procedure and we saw that appropriate pre-employment checks had been completed for a locum GP recently used by the practice.
- Staff had completed training around information governance and security and we saw that doors were locked when rooms were not in use to make sure confidentiality was maintained.
- We saw that the storage of vaccines was appropriate with a systematic approach to ensuring the cold chain was maintained.

Good



### Are services effective?

We did not inspect the effective key question at this inspection. The rating awarded to the practice following our full comprehensive inspection on 24 June 2016 remains unchanged and this report can be viewed here: <http://www.cqc.org.uk/location/1-534564021/reports>.

# Summary of findings

## Are services caring?

We did not inspect the caring key question at this inspection. The rating awarded to the practice following our full comprehensive inspection on 24 June 2016 remains unchanged and this report can be viewed here: <http://www.cqc.org.uk/location/1-534564021/reports>.

However, the previous inspection report from the visit on 24 June 2016 included a recommendation that the practice should implement a register to identify carers and ensure they are able to access appropriate care and support. During our most recent inspection visit the practice showed us it had a register of 40 carers identified. A member of the administration team had been identified as carers champion to ensure carers were signposted to appropriate support as necessary, and the practice had updated its new patient registration form to ensure information about carers was captured.

## Are services responsive to people's needs?

We did not inspect the responsive key question at this inspection. The rating awarded to the practice following our full comprehensive inspection on 24 June 2016 remains unchanged and this report can be viewed here: <http://www.cqc.org.uk/location/1-534564021/reports>.

## Are services well-led?

At our previous inspection on 24 June 2016, we rated the practice as requires improvement for providing well led services as there were gaps in the governance arrangements.

These arrangements had significantly improved when we undertook a follow up inspection on 1 March 2017. The practice is now rated as good for providing well-led services.

- Staff told us that team meetings had been held regularly since the previous inspection and we saw minutes of these meetings to confirm this. There were systems in place to inform staff of any changes should they be unable to attend these meetings.
- Policy and procedure documents were in place and available to staff. However, we did note some gaps in document control processes.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had resolved the concerns for safety and well-led identified at our inspection on 24 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The specific findings relating to this population group can be found in the previous full comprehensive inspection report at <http://www.cqc.org.uk/location/1-534564021/reports>.

Good



### People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 24 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The specific findings relating to this population group can be found in the previous full comprehensive inspection report at <http://www.cqc.org.uk/location/1-534564021/reports>.

Good



### Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 24 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The specific findings relating to this population group can be found in the previous full comprehensive inspection report at <http://www.cqc.org.uk/location/1-534564021/reports>.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on 24 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The specific findings relating to this population group can be found in the previous full comprehensive inspection report at <http://www.cqc.org.uk/location/1-534564021/reports>.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 24 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Summary of findings

The specific findings relating to this population group can be found in the previous full comprehensive inspection report at <http://www.cqc.org.uk/location/1-534564021/reports>.

## **People experiencing poor mental health (including people with dementia)**

The provider had resolved the concerns for safety and well-led identified at our inspection on 24 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The specific findings relating to this population group can be found in the previous full comprehensive inspection report at <http://www.cqc.org.uk/location/1-534564021/reports>.

**Good**



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

The provider should:

- Implement record keeping systems to ensure that documentation relating to events categorised as ‘incidents’ clearly records learning outcomes and any changes to practice as a result in order to maximise learning opportunities.
- Ensure policy document control processes are thoroughly implemented so that policies and procedures are kept up to date and fully reflect practice activity.



# Dr Patrick Ryder

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team comprised of a lead CQC inspector.

## Background to Dr Patrick Ryder

Dr Patrick Ryder (also known as Matthew Ryder Clinic) is located in Upholland on the outskirts of Skelmersdale, Lancashire. The modern medical centre is near to the centre of the village. There is easy access to the building and disabled facilities are provided. There is a small car park serving the site. There is one GP supported by a regular locum GP. The GP is male and the locum doctor is female. There is a total of 1.0 whole time equivalent GPs available. There are two part time female nurses, two part time female phlebotomist/health care assistants and a part time medicines management coordinator. There is a part time practice manager and a team of administrative staff.

There is an in-house special interest in diabetes and in sports medicine.

The practice opening times are 8.30am until 6pm Monday, Wednesday, Thursday and Friday and 8.30am to 8pm Tuesday. Appointments are available 9am to 11am and 4pm to 5.50pm Monday, Tuesday and Wednesday, 9am to 11.30am Thursday and 9am to 11.30am and 3pm to 5.30pm Friday. There are extended opening hours from 6pm to 8pm on a Tuesday. Patients requiring a GP outside of normal working hours are advised to call Out of Hours West Lancashire Service (OWLS).

There are 2761 patients on the practice list. The majority of patients are white British with a high number of working

age patients and families. Information published by Public Health England rates the level of deprivation within the practice population group as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice holds a GMS contract with NHS England and is part of West Lancashire Clinical Commissioning Group (CCG).

This practice has been accredited as a GP training practice and has qualified doctors attached to it training to specialise in general practice and also offers placements to medical students.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Patrick Ryder on 24 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 24 June 2016 can be found by selecting the 'all reports' link for Dr Patrick Ryder on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook an announced follow up focused inspection of Dr Patrick Ryder on 1 March 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

During our visit we:

- Spoke with a range of staff including the practice manager, one of the practice nurses, a health care

## Detailed findings

assistant, reception and administration staff.

Unfortunately the inspection team were notified by the practice staff on the morning of the visit that the lead GP would not be available to meet with the inspection team during the inspection.

- Reviewed practice policies, procedures and other documentation relating to the undertaking of regulated activities.

# Are services safe?

## Our findings

At our previous inspection on 24 June 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of infection control were not adequate, there was not a systematic approach to implementing learning following significant events and there were gaps in recruitment and information governance processes. It was also recommended that improvements be made around medicines management.

These arrangements had significantly improved when we undertook a follow up inspection on 1 March 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

We saw that a more comprehensive, systematic approach had been implemented with regards to managing significant event analyses and sharing learning amongst the broader practice team.

The practice had retrospectively analysed incidents as significant events, which had been highlighted during the previous inspection visit as being overlooked by the practice to ensure that learning was implemented. For example, learning had been implemented following a prescription for a controlled drug not being received; all such scripts were now sent recorded delivery.

Staff we spoke to were aware of the process to report and record significant events, and were able to discuss recent events and incidents with us. We saw evidence that significant events and incidents were discussed at team meetings so that learning could be shared and changes to practice embedded. However, we did note that meeting minutes did not always contain sufficient detail to provide a thorough audit trail of which incidents had been discussed.

We saw that there had been seven significant events or incidents that had been identified and documented by the practice since the previous inspection. However, we saw that the practice continued to make a distinction between a significant event and an incident. While the documentation to record the outcome of significant event analysis was thorough and documented learning outcomes

and changes to practice, we found that documentation was not always as detailed regarding events categorised as incidents. This may lead to learning outcomes not being maximised.

### Overview of safety systems and process

During the previous inspection we found the systems around infection prevention and control were not sufficient. We noted considerable improvements in this area during our most recent inspection. We observed the premises to be clean and tidy. One of the practice nurses was the infection prevention and control lead and had completed an infection prevention and control audit of the practice premises in November 2016 along with the local infection prevention and control specialist nurse. We saw that action points from this audit were being addressed and that the practice nurse reviewed these regularly to ensure their completion in appropriate timescales.

The practice had implemented a system to ensure that the fabric privacy curtains used in consultation and treatment rooms were cleaned regularly at appropriate intervals and we saw evidence demonstrating they were last cleaned in October 2016.

The practice had increased the number of hours its cleaner was contracted for since the last inspection, and we saw that cleaning schedules were in place and embedded into practice.

All but one of the sharps bins in the practice were signed and dated appropriately.

The previous inspection had identified concerns around the practice's management of medicines, particularly vaccines. During our most recent visit we saw improved, more thorough systems in place to monitor the cold chain and ensure vaccines were stored appropriately (the cold chain refers to the temperature at which certain medicines and vaccines must be stored and maintained to ensure they are fit for use). The vaccine fridge was checked regularly to ensure it was within the appropriate temperature range and we saw records confirming these checks took place.

The previous inspection had identified gaps in the practice's recruitment processes. While no permanent members of staff had been recruited since the previous visit, during our most recent inspection we reviewed the personnel file held for a locum GP who had been recruited

## Are services safe?

by the practice in September 2016. We saw that appropriate pre-employment checks had been undertaken, such as references, registrations with the appropriate professional bodies, evidence of identification and checks through the Disclosure and Barring Service (DBS) (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We also saw that the practice's recruitment policy had been updated to include greater detail around the recruitment procedure to be followed when employing new staff.

The previous inspection had found risks that confidential information could be compromised, such as consultation room doors being unlocked. During the most recent visit we noted that all doors for unused consultation and treatment rooms were locked to keep them secure, and we noted that staff locked their computers and removed their smart cards when leaving their workstations. Staff had completed information governance and data security training since the last inspection and staff we spoke to were aware of the importance of maintaining confidentiality and how they would keep information secure as part of their roles.

# 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 24 June 2016 remains unchanged and this report can be viewed here:  
<http://www.cqc.org.uk/location/1-534564021/reports>.

# 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 24 June 2016 remains unchanged and this report can be viewed here: <http://www.cqc.org.uk/location/1-534564021/reports>.

However, the previous inspection report from the visit on 24 June 2016 made a recommendation that the practice

should implement a register to identify carers and ensure they are able to access appropriate care and support. During our most recent inspection visit the practice showed us it had a register of 40 carers identified (approximately 1.4% of the patient list). A member of the administration team had been identified as carers champion to ensure carers were signposted to appropriate support as necessary, and the practice had updated its new patient registration form to ensure information about carers was captured.

# 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 24 June 2016 remains unchanged and this report can be viewed here: <http://www.cqc.org.uk/location/1-534564021/reports>.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

At our previous inspection on 24 June 2016, we rated the practice as requires improvement for providing well led services as there were gaps in the governance arrangements.

These arrangements had significantly improved when we undertook a follow up inspection on 1 March 2017. The practice is now rated as good for providing well-led services.

### Governance arrangements

We found evidence of improved governance arrangements to support the delivery of good quality care.

- Staff told us that staff meetings had been held regularly since the previous inspection, and we were shown minutes of these meetings to confirm this. Staff told us that should they be unable to attend a meeting, then the minutes would be emailed to them as well as being pinned to the staff notice board for viewing at a later date.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- We saw that systems were in place to ensure staff were aware of and had access to practice policies and procedures. However, we noted that policy document control measures were not always thorough. For example, the information governance and data security policies we viewed were not dated to document when they were created or reviewed. The practice's significant event policy was dated as being last reviewed in November 2010. This document did not fully reflect the practice's processes around distinguishing significant events from incidents and we noted it made reference to information which was out of date; it referred to significant events contributing to the achievement of QOF (Quality and Outcomes Framework; QOF is a system intended to improve the quality of general practice and reward good practice) points, which is no longer the case.