

Dr Richard Clare

Inspection report

The Surgery
12 Derbyshire Road South
Sale
Cheshire
M33 3JP
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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

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection at Dr Richard Clare on 4 December 2018 as part of our inspection programme. The practice was previously inspected on 22 January 2015 and was rated good overall.

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 good overall and good for all population groups.

We have rated the safe domain as requires improvement because:

- Test results were not always managed in a timely manner
- Individual care records, including clinical data, were not written in line with current guidance and relevant legislation.
- The approach to managing unplanned clinical staff absence was ineffective.

- The approach to managing significant incidents, low-level incidents, formal complaints and verbal complaints was not consistent.

However, we also found that:

- Patient care was provided in a way that supported and include them.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

The provider must:

- Ensure care and treatment is provided in a safe way to patients.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist adviser.

Background to Dr Richard Clare

Dr Richard Clare is the registered provider and sole male GP providing services to 5006 patients at the time of the inspection. There is also a part time salaried female GP who undertakes two sessions per week. There are two part-time practice nurses making one whole-time equivalent.

The surgery has good transport links and there is a local pharmacy nearby. They provide primary care services to its registered list of 5006 patients. The practice delivers commissioned services under the Personal Medical Services (PMS) contract and is a member of Trafford Clinical Commissioning Group (CCG).

The PMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; surgical procedures; maternity and midwifery services and treatment of disease, disorder and injury.

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

The GPs and nursing staff are supported by two healthcare assistants. The clinical team is supported by a practice manager and administration staff.

The average life expectancy and age profile of the practice population is broadly in line with the CCG and national averages. Information taken from Public Health England placed the area in which the practice is located in the ninth least 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.

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.

Overall summary

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 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 requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: The approach to managing unplanned clinical staff absence was ineffective. The approach to managing significant incidents, low-level incidents, formal complaints and verbal complaints was not consistent. Where responsibility for the care and treatment of service users was shared with, or transferred, to other persons, the registered person did not ensure that timely care planning took place to ensure the health, safety and welfare of those service users. In particular: Test results were not always managed in a timely manner. Individual care records, including clinical data, were not written in line with current guidance and relevant legislation.