

# Riverside Medical Practice

## Inspection report

Barker Street  
Shrewsbury  
SY1 1QJ  
Tel: 01743367891  
Www.riverside-medical.co.uk

Date of inspection visit: 26 June 2023  
Date of publication: 28/07/2023

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?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Requires Improvement	
Are services well-led?		Good	

# Overall summary

We carried out an announced inspection at Riverside Medical Practice on 26 June 2023. Overall, the practice is rated as Good. We rated the key questions:

Safe: Good

Effective: Good

Caring: Good

Responsive: Requires improvement

Well-led: Good

Following our previous inspection on 20 June 2022, the practice was rated requires improvement overall, requires improvement in providing safe and effective services and good in providing caring, responsive and well-led services.

The full reports for previous inspections can be found by selecting the 'all reports' link for Riverside Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection to follow up on a breach of regulation from a previous inspection.

Our focus included:

- Safe, effective, caring, responsive and well led key questions.
- A follow up of a breach of regulation and 'shoulds' identified in previous inspection.

## How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing and in person on site.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.
- Staff questionnaires.
- Feedback from external stakeholders.

## Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected

# Overall summary

- information from our ongoing monitoring of data about services
- information from the provider, patients and other organisations.

We found:

- Systems implemented for monitoring the safe prescribing of medicines requiring regular monitoring had improved.
- Improvements had been made to the effectiveness of medicine reviews.
- The practice had reviewed the process for acting on safety alerts and was able to demonstrate that relevant safety alerts had been responded to.
- Recruitment checks were carried out in accordance with regulations.
- Our clinical searches found the monitoring of patients with long-term conditions had improved.
- Arrangements were in place to support staff working in advanced roles and to review the effectiveness of their consultations.
- Uptake of child immunisations across all 5 indicators had improved compared with the previous year. There was a slight improvement in the uptake of cervical cancer screening.
- A range of 1 cycle audits had been undertaken.
- Staff treated patients with kindness, respect and compassion.
- There was compassionate, inclusive and effective leadership at all levels.
- Patients had not always been able to access care and treatment in a timely way.
- Leaders acknowledged the increasing difficulties patients had experienced in accessing appointments when they needed them due to significant shortages of GPs in the last 6 months. A new system was being implemented from July 2023 to help improve patient access to appointments.

We found no breaches of regulation. However, the provider **should:**

- Take steps to address the outstanding recommendations made in the legionella risk assessment.
- Develop a programme of targeted quality improvement including second cycle audits.
- Consider detailing the outcome of complaints on the log held and undertaking a formal annual review of complaints to assess trends.
- Undertake an annual analysis of significant events to identify trends.
- Take steps to improve the uptake of patients registered as carers.
- Take action to formulate a new patient participation group.
- Actively monitor the changes made to the appointment system to improve patient experience.

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

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Healthcare

## Our inspection team

Our inspection team was led by a CQC lead inspector, and was supported by a second inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to Riverside Medical Practice

Riverside Medical Practice is located in Shropshire at:

Barker Street

Shrewsbury

Shropshire

SY1 1QJ

The provider is a partnership registered with CQC to deliver the regulated activities: diagnostic and screening procedures, maternity and midwifery services, family planning, surgical procedures and treatment of disease, disorder or injury from this location only.

The practice is located within purpose-built premises in the centre of Shrewsbury town and is situated within the NHS Shropshire, Telford and Wrekin Integrated Care System (ICS). The practice delivers General Medical Services (GMS) to a patient population of approximately 11,954 people residing in Shrewsbury town and some surrounding villages. The practice is part of the Shrewsbury Primary Care Network (PCN), a wider network of GP practices that work collaboratively to deliver primary care services. The practice does not provide car parking facilities except for disabled patients. The nearest car park is at Barker Street, Shrewsbury.

Information published by Public Health England reports the deprivation ranking within the practice population group is in the sixth highest decile (six out of 10). The higher the decile, the less deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is predominantly white at 97% of the registered patients, with estimates of 1% mixed, 1.5% Asian and 0.5% other groups. The practice has higher than local and national average for the prevalence of depression and obesity.

The practice team comprises: 4 GP partners, 4 salaried GPs, 3 advanced clinical practitioners, 1 mental health nurse practitioner, 2 practice nurses and 2 health care assistants. The clinical staff are supported by a practice manager, an assistance practice, a compliance manager, a community and care co-ordinator, 3 team leaders and a team of 13 reception and administrative staff.

The practice is open Monday to Friday between 8 am and 6pm. Patients can also access an extended hours service provided by the PCN during evenings and weekends. Out of hours services are provided by Shropshire Doctors Co-operative Ltd (Shropdoc) via NHS 111.

The practice is an accredited training practice for medical students and trainee doctors to gain experience and higher qualification in general practice and family medicine.

Further details about the practice can be found by accessing the practice's website at [www.riverside-medical.co.uk](http://www.riverside-medical.co.uk)