

Culcheth Medical Centre

Inspection report

Jackson Avenue Culcheth Warrington Cheshire WA3 4DZ Tel: 01925765101 www.culchethmedicalcentre.nhs.uk

Date of inspection visit: 29/05/2019 Date of publication: 19/07/2019

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	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Requires improvement	

Overall summary

We carried out an announced comprehensive inspection at Culcheth Medical Centre on 29 May 2019 as part of our inspection programme.

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 requires improvement overall.

We rated the practice as **requires improvement** for providing safe services because:

- The systems for ensuring staff were appropriately authorised to administer medicines to patients and for monitoring uncollected prescriptions was not robust.
- The systems for identifying and reviewing children subject to safeguarding concerns and vulnerable adults was not robust.

We rated the practice as **requires improvement** for providing well-led services because:

- The systems for managing complaints and significant events did not ensure the learning and actions were fully documented so that they could be shared effectively with staff.
- The provider had not notified CQC of a patient death that may have been related to the regulated activity or how it was provided.

We rated the practice as **good** for providing caring, effective and responsive services because:

- The practice reviewed the effectiveness and appropriateness of the care it provided.
- 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 area where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Ensure patients are protected from abuse and improper treatment
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure specified information is referred to CQC in accordance with the (Registration) Regulations 2009.

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Introduce a system to monitor two-week rule referrals to ensure patients receive the clinical care they are referred for.
- Formalise the system for reviewing the practise of clinical staff to ensure consultations, referrals and prescribing are appropriate.
- Review the system to monitor safety alerts to ensure it is effective.
- Put a warning on the plug of the vaccine fridge so that the electricity supply is not interrupted and secure the cords of window blinds so that they do not present a hazard.
- An annual review of significant events should be undertaken in addition to the quarterly reviews.
- A designated clinical lead for complaints to be put in place.

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

Dr Rosie Benneyworth BS BM BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

We rated the population groups as **good**.

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 inspector and the team included a second inspector and a GP specialist advisor.

Background to Culcheth Medical Centre

Culcheth Medical Centre is located in Jackson Avenue, Culcheth, Warrington. This is the first inspection of this provider following its registration with the Care Quality Commission. The new registration has been as a consequence of a merger of two practices. The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning services, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

Culcheth Medical Centre is situated within the Warrington Clinical Commissioning Group (CCG) and provides services to 12,206 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The service provider is Culcheth Medical Centre which has three partner GPs. There are also three salaried GPs. The practice has two advanced nurse practitioners, four practice nurses, a health care assistant and a phlebotomist. Two members of the administrative staff were training to be GP assistants. Clinicians are supported by a business manager, deputy business manager, practice manager, office manager and reception and administrative staff.

The National General Practice Profile states that 97% of the practice population is from a white background. Information published by Public Health England, rates the level of deprivation within the practice population group as nine, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 81 years compared to the national average of 79 years. Female life expectancy is 83 years compared to the national average of 83 years. The majority of patients are within the aged 15 – 64 age group.

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 Family planning services Maternity and midwifery services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Surgical procedures Treatment of disease, disorder or injury	 The registered person did not have a robust system to ensure that Patient Group Directives were appropriately authorised. The system to monitor uncollected prescriptions did not ensure vulnerable patients not collecting their medication would be referred to the GPs for review.

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

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Regulation

Regulation 16 CQC (Registration) Regulations 2009 Notification of death of a person who uses services

• The registered person did not have a robust process to ensure that CQC were informed of a patient death that may have been a result of the regulated activity or how it was provided.

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

• The registered person did not have robust systems to safeguard patients from abuse and improper treatment.

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

- The registered person had not ensured that the actions and learning from significant events that were fully documented in the minutes of meetings and spreadsheet so they could be effectively shared with the staff team.
- The registered person had not ensured that the learning points were always clearly documented in the complaint outcome.