

Dr C J Studds and Partners

Inspection report

Meadowside
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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

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 Dr C J Studds and Partners (Meadowside Medical Centre) on 9 January 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.

The overall rating for this practice was requires improvement due to concerns in providing safe and well-led services. However, the population groups were rated as good because patients were able to access timely and effective care and treatment.

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

- There was no documentary evidence to show that the competency of staff trained to carry out extended health care roles was assessed and monitored.
- Patient Specific Directives had not been authorised appropriately.
- The monitoring of the temperatures of vaccine fridges was not effective.
- There was no documentary evidence that showed learning and action taken from incidents had been shared with the whole staff team.

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

- The overall governance arrangements in place were limited and did not support an overview of the performance of the service.
- Policies and procedures were not reviewed to reflect current good practice for example, the infection prevention control policy and safeguarding.
- Training needs were not always being appropriately identified and actioned for example, Mental Capacity Act, health and safety and safeguarding children training.

- There were limited quality assurance systems in place to support service improvement and safety.

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

- 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.
- Care and treatment was delivered in line with standards and evidence-based guidance supported by clear pathways and tools.

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- The areas where the provider **should** make improvements are:
- Suitable training should be provided to the health and safety lead to ensure the risk assessments meet current legal requirements.
- A system to ensure blank prescriptions held in printers are logged and secured when the practice was closed should be introduced.
- The practice should review how patient electronic information was stored to ensure it is only held on/in patient records.

Chief inspector

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, and a second CQC inspector.

Background to Dr C J Studds and Partners

Dr C J Studds and Partners (Meadowside Medical Centre) is located at Mountbatten Way Congleton Cheshire CW12 1DY

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

Dr C J Studds and Partners is situated within the Eastern Cheshire Clinical Commissioning Group (CCG) and provides services to 7,782 patients under the terms of a primary medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The practice has three female GPs, three male GPs, three prescribing practice nurses, two assistant practitioners, one healthcare assistant, administration and reception staff and a practice management team. The practice is not currently part of any wider network of GP practices.

There are a higher than average number of older patients compared to the national average. The practice population is made up of patients older than the national averages. For example, 22% of people are over 65 years compared to a national average of 17%. Forty five percent of the patient population has a long-standing health condition which is lower than the CCG average of 53%. Life expectancy for both males and females is around the CCG and national average of 79 years for males and 83 years for females.

The National General Practice Profile states that 98% of the practice population is white British. Information published by Public Health England, rates the level of deprivation within the practice population group as eight, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <p>The monitoring of the training needs of staff to enable them to carry out their roles and responsibilities appropriately and safely was not effective.</p> <p>Policies and procedures were not reviewed to ensure they were in line with current best practice.</p> <p>Internal audits were not effectively used to support improvement and mitigate risk. Suitable infection control training should be provided to the designated infection control lead.</p> <p>Infection control systems should be reviewed to ensure equipment is cleaned at appropriate intervals and cleaning schedules are in place.</p> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>There were a lack of systems and processes to demonstrate the provider was doing all that is reasonably practicable to mitigate risks.</p> <p>In particular we found:</p>

This section is primarily information for the provider

Requirement notices

There was no documentary evidence to show that the competency of staff trained to carry out extended health care roles was assessed and monitored.

Patient Specific Directives had not been authorised appropriately.

The monitoring of the temperatures of vaccine fridges was not effective.

Clinical and Nurse meetings were not minuted and there was no evidence that learning and actions from incidents were shared with the whole staff team.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.