

Arden House Medical Practice

Quality Report

Sett Close, New Mills, High Peak, Derbyshire SK22

4AQ2

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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



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Arden House Medical Practice on 22 August 2016. The overall rating for the practice was good. Following the inspection the practice sent us an action plan to address a requirement that the provider was not meeting.

The inspection report dated 22 August 2016 can be found by selecting the 'all reports' link for Arden House Medical Practice on our website at www.cqc.org.uk.

We carried out a desk based review of Arden House Medical Practice on 31 January 2017, to confirm that the practice had completed their plan to meet the legal requirement we identified at our last inspection. This report covers our findings in relation to the requirement and improvements made.

Our key findings were as follows:

- The practice had completed their action plan and was now meeting the legal requirement.
- The arrangements for assessing and managing risks at the practice had been strengthened.

- The practice had recently purchased a defibrillator. The equipment was kept at the surgery and would be easily accessible for staff to use in the event of a medical emergency. All staff had received training on the use of the equipment.
- A Legionella risk assessment was carried out on 21 October 2016 to identify the risk of exposure of legionella bacteria in the water system. An action plan and control measures were in place to eliminate and manage the risks identified in the assessment.
- The chaperone policy had been updated to include the training requirements for staff to undertake this role. All relevant staff who acted as chaperones had received appropriate training to ensure they understood their responsibilities.
- The infection control audit had been updated to include an action plan to complete following an audit. This would provide evidence of action taken to address any improvements identified as a result of an audit.
- The induction programme for new staff had been updated, to include all essential information to cover the scope of their work. Completed inductions were signed off by the employee and a relevant senior member of staff, to support that staff had received appropriate training to carry out their role effectively.

Summary of findings

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 22 August 2016, we rated the practice as requires improvement for providing safe services as the arrangements in place to assess and manage risks were not always sufficiently robust.

The desk based review on 31 January 2017 provided us with assurances that the required improvements had been made, and the practice is now rated as good for providing safe services.

- The arrangements for assessing and managing risks at the practice had been strengthened.
- The practice had recently purchased a defibrillator. The equipment was kept at the surgery and would be easily accessible for staff to use in the event of a medical emergency. All staff had received training on the use of the equipment.
- A Legionella risk assessment was carried out on 21 October 2016 to identify the risk of exposure of legionella bacteria in the water system. An action plan and control measures were in place to eliminate and manage the risks identified in the assessment.
- The chaperone policy had been updated to include the training requirements for staff to undertake this role. All staff who acted as chaperones had received appropriate training to ensure they understood their responsibilities.
- The infection control audit had been updated to include an action plan to complete following an audit. This would provide evidence of action taken to address any improvements identified as a result of an audit.
- The induction programme for new staff had been updated, to ensure it included all essential information to cover the scope of their work. Completed inductions were signed off by the employee and a relevant senior member of staff, to support that staff had received appropriate training to carry out their role effectively.

Good



Arden House Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector undertook the desk based review of Arden House Medical Practice.

Background to Arden House Medical Practice

Arden House Medical Practice provides care to approximately 3,650 patients in New Mills, a town situated approximately eight miles south-east of Stockport in the High Peak area of North Derbyshire.

The practice provides primary care medical services via a Personal Medical Services (PMS) contract, commissioned by NHS England and North Derbyshire Clinical Commissioning Group (CCG).

The practice operates from a purpose built two-storey building constructed six years ago. All patient services are provided on the ground floor and the upper floor is currently unoccupied.

The practice is run by a partnership of two GPs (one male and one female) who employ one part-time female salaried GP. The nursing team includes a part-time community matron, a part-time practice nurse, and a part-time health care assistant. The clinical team is supported by a practice manager, a care co-ordinator, and a team of six administrative and reception staff.

The practice is a teaching practice for medical students.

The registered patient population are predominantly of white British background with an age profile which is

generally consistent with local averages. The practice is ranked in the third least deprived decile and whilst situated in an area of relatively high affluence, it also serves pockets of higher deprivation.

The practice operates across two sites within a semi-rural location. The main site is at Sett Close, New Mills, High Peak, Derbyshire SK22 4AQ. There is also a branch site at 15/17 New Mills Road, Hayfield, Stockport, Cheshire, SK22 2JG.

The practice's main site opens daily from 8am until 6.30pm. The practice closes on one Wednesday afternoon each month for staff training.

Scheduled GP morning appointments times at the main site vary each day according to the GP on duty. Start times vary from 8.30am-9.30am and run until 11am or 11.30am. Afternoon GP surgeries times vary each day with the first appointment commencing between 2.50-4pm, and run until 5 to 6pm. GP appointments at the branch surgery are available on Tuesday, Thursday and Friday mornings, and on Thursday afternoons.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed, patients with urgent needs are directed via the 111 service to a locally based out-of-hours and walk-in urgent care centre in New Mills operated by Derbyshire Health United (DHU). This opens from 6.30pm to 10.30pm each weekday, and from 9.30am until 10.30pm at weekends and bank holidays. Patients also have access to a minor injuries unit in Buxton. The nearest Accident and Emergency (A&E) units are based in Macclesfield and Stockport.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Arden House Medical Practice on 22 August 2016 as part of our new inspection programme. The practice was rated as 'requires improvement' for providing safe services. We issued a requirement notice to the provider in respect of safe care and treatment. The partners provided us with an action plan to inform us how they were going to address the issue of concern to meet the legal requirement.

We undertook a desk based review of on 31 January 2017, to check that the requirement notice had been met, and assess whether the practice's rating could be reviewed.

How we carried out this inspection

We reviewed the information the practice sent us, in regards to the actions they had taken to meet the legal requirement in relation to Regulation 12: Safe care and treatment. We did not visit the practice as part of this inspection. We obtained updated information from the practice manager.

Are services safe?

Our findings

At our inspection in August 2016, we rated the practice as requires improvement for providing safe services, as the arrangements in place to assess and manage risks were not always sufficiently robust.

This review confirmed that the provider had taken appropriate action to ensure the services are safe. The practice had revised its approach to risk assessment; the arrangements for assessing and managing risks had been strengthened. The following improvements had been made.

Arrangements to deal with medical emergencies

The practice had recently purchased a new defibrillator following a donation from a local charity, which was delivered on 27 January 2017. This is a portable electronic device that analyses life-threatening irregularities of the heart, and is able to attempt to restore normal heart rhythm for patients. The equipment was kept at the practice, and would be easily accessible to staff to use in the event of a medical emergency. The checking of the defibrillator had been added to the practice's maintenance schedule, and would be checked on a monthly basis to ensure it continued to work properly.

All staff received annual basic life support training, which included the use of a defibrillator. The practice had bought the same defibrillator machine that the staff team had received training on in July 2016. The practice planned to provide brief refresher training to familiarise practice staff with the new equipment on delivery. Further life support training was due to be held on 10 May 2017 to update staff's knowledge and skills.

Monitoring risks to patients and staff

A Legionella risk assessment was carried out on 21 October 2016 to identify the risk of exposure of legionella bacteria in

the water system to staff and patients. We received a copy of the report. None of the recommended remedial actions identified in the report to minimise the risk of exposure to legionella, required to be completed before April 2017.

An action plan and control measures were in place to eliminate and manage the risks identified in the Legionella assessment. The practice had arranged for an external provider to carry out the above actions within the required timescales, and undertake the monthly maintenance checks.

The chaperone policy had been updated to include the training requirements for staff to undertake this role, and the frequency of mandatory updates. Chaperone training was included in the practice induction programme for new staff, and in the mandatory training plan. In the event that a nurse or health care assistant was not available to carry out chaperone duties, all members of the reception/administration and healthcare team received training on the 12th October 2016 to ensure they understood their responsibilities.

The practice carried out infection control audits on a 6 monthly basis. The practice nurse was the lead for infection control. The infection control audit had been updated to include an action plan to complete following an audit. This would provide evidence of action taken to address any improvements identified as a result of an audit, and would be updated as actions were completed.

The induction programme and documentation for new staff had been updated, to ensure it included all essential information to cover the scope of their work. Completed inductions were signed off by the employee and a relevant senior member of staff, to support that all content had been covered, and that staff had received appropriate training to carry out their role effectively.