

St Johns Medical Centre

Inspection report

St Johns Road
Altrincham
Cheshire
WA14 2NW

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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 St Johns Medical Centre on 04 February 2019 as part of our inspection programme. The practice was previously inspected in January 2015 when they were 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 found that:

- 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.

We rated the practice as **Requires Improvement** for providing safe services because there were gaps in systems to assess, monitor and manage risks to patient safety such as:

- Monitoring of high risk drugs was taking place but was not failsafe. The inspection team were provided with evidence after the inspection that this was being addressed.
- Alerts to identify vulnerable adults were not consistently highlighted within the clinical record system.
- Fire safety in an outside building had not been assessed. The inspection team were provided with evidence after the inspection, that this had been fully addressed.
- Medication review consultations were coded as having taken place without documented evidence.
- Emergency medicines did not have risk assessments for some missing items.
- Data and exception reporting was high and not monitored by the practice
- Staff were not all aware of the practice incident and reporting protocol.

The provider must:

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

In addition, the provider should:

- Review the carers list to ensure that carers and those cared for are separately identified whilst increasing the number of carers identified within the practice list.
- Consider specific and formal training for any clinician in a lead role, such as infection control.

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 advisor and a practice manager specialist advisor.

Background to St Johns Medical Centre

St John's Medical Centre is situated at St John's Road, Altrincham, Cheshire, WA14 2NW. The surgery has good transport links and there is a pharmacy located nearby.

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

The practice delivers primary care under a General Medical Services contract between themselves and NHS England. As part of Trafford Clinical Commissioning Group (CCG) they are responsible for a population of approximately 17,000 patients within the surrounding areas of Dunham Massey, Broadheath, Hale and Bowden. The practice is fully computerised and registered under the Data Protection Act 1984. They are also affiliated to eleven surrounding residential and care homes.

There is a mixed gender of 11 GPs, a practice manager and a team of nurses and health care assistants. There are also several reception and administration staff. This is a training practice and offers appointments to patients with trainee GPs who are clinically monitored.

The practice population is mainly white British with less than 10% diversity and the area is situated in the lowest level of deprivation based on levels between one and ten, with ten being the least deprived. In England people living in the least deprived areas of the country live around 20 years longer in good health than people in the most deprived areas. Approximately one third of the patients registered at this practice was over the age of 65.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 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: Fire safety in an outside building. Emergency medicines/risk assessments. Data and exception reporting. Staff awareness of incident reporting protocols. There was no proper and safe management of medicines. In particular: Failsafe monitoring of high risk drugs. Alerts to identify vulnerable adults. Medicine review consultations. Regulation 12 (1)
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.