

# Marple Bridge Surgery

## Inspection report

Town Street  
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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 well-led?

Good



# Letter from the Chief Inspector of General Practice

We undertook a comprehensive inspection at Marple Bridge Surgery on 27 March 2018. The overall rating for the practice was good, although the practice was rated as requires improvement for being well led. The full comprehensive report for the 27 March 2018 inspection can be found by selecting the 'all reports' link for Marple Bridge Surgery on our website at .

This desk top review was carried out on 11 September 2018. We reviewed evidence submitted by the practice which demonstrated

the practice had carried out their plan to meet the requirements in relation to the breach identified in relation to Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The practice is now rated as good for well led services, and overall the practice is rated as good.

Our key findings were as follows:

- The practice had established effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

**Professor Steve Field** CBE FRCP FFPH FRCGP  
Chief Inspector of General Practice

## Our inspection team

This review was led by a CQC lead inspector.

## Background to Marple Bridge Surgery

Marple Bridge Surgery Town Street, Marple Bridge, Stockport, SK6 5AA is based in Marple Bridge Village Stockport in a converted church building. It is part of the NHS Stockport Clinical Commissioning Group (CCG.) Services are provided under a general medical service (GMS) contract with NHS England. The practice is situated on a busy road with no on-street parking but pay and display facilities available directly across the road and free parking is available nearby. The practice has approximately 6500 registered patients.

Information published by Public Health England rates the level of deprivation within the practice population groups as ten on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Deprivation affecting children in the practice is rated

at 4.9% compared with CCG average of 16.2%. Deprivation affecting older people is rated at 7.4% compared with CCG average of 17.7%. These results are well below the national averages of 19.9% for children and above for older people at 20.4% nationally. The practice population includes a comparable proportion (17.9%) of people under 18 years of age, and a higher proportion (25.6%) of people over the age of 65 years, in comparison with the national average of 20.8% and

17.2% respectively. The practice has 48% of its population with a long-standing health condition, which is lower than the CCG average of 55% and the England average of 54%. Unemployment at 1.4% is lower than the CCG average of 3.1% and England average of 5%.

The practice is a partnership with four partners (male and female) two salaried GPs and a trainee GP. The practice is supported by three practice nurses and two health care assistants and an administration team lead by the practice manager and a deputy. The practice is a training practice for GP's with an identified training lead GP.

The practice opens from 7.20am to 6.30pm (surgery appointments until 6pm) Monday to Friday and does not close for lunch. Patients requiring a GP outside of normal working hours are advised to contact 111 who will refer them into the out of hours provider Master call if required. After the practice is closed an answering machine informs patients of this process.

The practice provides level access to the building and is adapted to assist people with mobility problems; the practice provides a wheelchair to assist patients with mobility issues.

# Are services well-led?

## Governance arrangements

At our previous inspection on 27 March 2018, we rated the practice as requires improvement for providing well led services as the arrangements in respect of recruitment, managing staff training, medicines management, safety alerts and policy management needed to be improved. These arrangements had significantly improved when we undertook a desk top review on 11 September 2018. The practice is now rated as good for providing well led services.

- At the inspection 27 March 2018 it was identified that recruitment procedures did not include evidence of all the requirements of Schedule 3 of the Health and Social Care Act. From evidence submitted we noted that systems were now in place to ensure that all requirements of Schedule 3 were in place, this included updated recruitment policies and procedures to ensure all requisite information was recorded and retained.
- At the inspection 27 March 2018 it was identified that systems to overview and manage staff training were not in place. The practice demonstrated that improved systems had been put in place to ensure all staff had

received appropriate training, a spreadsheet containing all staff training had been introduced and this provided an overview of all staff training and any required refresher dates that staff needed to attend.

- At the inspection 27 March 2018 it was identified that medicine management systems were not effectively established in that patient group directives (PGDs) were not signed and a system to monitor the collection of prescriptions by patients was not established. From evidence submitted we noted that improved systems had been put in place, all PGDs had been authorised appropriately and a system for checking and reviewing prescription collection had been introduced.
- At the inspection 27 March 2018 it was identified that systems to record and monitor action taken on receipt of safety alerts were not effective. Evidence submitted showed improved systems had been put in place and all safety alerts were recorded and monitored electronically.
- At the inspection 27 March 2018 it was identified that systems to ensure policies and procedures were up to date and reflected relevant legislation and guidance was not effective. Evidence showed that a more comprehensive system to review policies and guidance had been introduced.