

# Madeley Practice

## Quality Report

Moss Lane  
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Staffordshire  
CW3 9NQ  
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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

Outstanding



Are services safe?

Good



# Summary of findings

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## Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Madeley Practice on 1 November 2017. The overall rating for the practice was good, good for providing a well led service and outstanding for providing an effective, caring and responsive service. However, it was rated requires improvement for providing safe services. The full comprehensive report on the November 2017 inspection can be found by selecting the 'all reports' link for Madeley Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 28 February 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in the regulation that we identified at our previous inspection on 1 November 2017. This report covers our findings in relation to the requirement and also additional improvements made since our last inspection.

Overall the practice is now rated as outstanding and outstanding for all of the population groups.

Our key findings were as follows:

- All the suggested emergency medicines were available at the branch practice. There was a system in place to monitor that they were in date.

We also made four recommendations at our previous inspection. Our findings at this inspection were:

- A risk assessment in relation to the storage or spillage of mercury had been completed. All the mercury blood pressure machines had been safely removed from the practice.
- A system to track blank prescriptions used in printers throughout the practice had been put in place. Locks had been added to all the printers, at both practices, to restrict unauthorised access to blank prescription forms.
- The practice's complaints leaflet and policy informed patients of how they could complain to NHS England. Complaints leaflets were readily available in the reception areas. Response letters to patient complaints informed patients of their right to complain to the Parliamentary and Health Service Ombudsman.
- The practice was aware of incidents notifiable to the Care Quality Commission (CQC). They had used this knowledge to enhance their reporting and analysis of significant events to trigger notifications to the CQC if assessed as appropriate to do so.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

<b>Older people</b>	<b>Outstanding</b>	
<b>People with long term conditions</b>	<b>Outstanding</b>	
<b>Families, children and young people</b>	<b>Outstanding</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Outstanding</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Outstanding</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Outstanding</b>	

# Madeley Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a Care Quality Commission (CQC) lead inspector.

## Background to Madeley Practice

Madeley Practice is registered with the Care Quality Commission (CQC) as a partnership provider and is located in the village of Madeley, Cheshire. We previously carried out an announced comprehensive inspection at Madeley Practice on 1 November 2017. The overall rating for the practice was good, good for providing a well led service and outstanding for providing an effective, caring and responsive service. However, it was rated requires improvement for providing safe services. The full comprehensive report on the November 2017 inspection can be found by selecting the 'all reports' link for Madeley Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The practice holds a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice delivers services from two locations and patients can attend either practice. We visited both practices during our inspection:

- Madeley Practice is located at Moss Lane, Madeley, Crewe, Cheshire, CW3 9NQ.
- Baldwins Gate Surgery is located at 1 The Poplars, Tollgate Avenue, Newcastle-under-Lyme, Staffordshire, ST5 5DA.

The practice is a rural practice providing care and treatment to 7,012 patients of all ages. The practice offers dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy. The practice area is one of low deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. Demographically the practice has a lower than average younger population with 17% of patients being under 18 years old compared with CCG average of 18% and national average of 21%. Twenty-five per cent of the practice population is above 65 years which is higher than the CCG average of 21% and the national average of 17%. The percentage of patients with a long-standing health condition is 49% which is lower than the local CCG average of 57% and national average of 53%. The practice is a training practice for trainees to gain experience and professional qualifications in general practice and family medicine.

The practice staffing comprises of:

- Three GP partners (two male and one female)
- A salaried GP (male)
- Four GP Registrars (two male and two female)
- A specialist nurse practitioner, four practice nurses, a health care assistant and an elderly care facilitator.
- Four dispensary staff
- A practice manager, assistant practice manager and a trainee practice manager.
- Ten members of administrative staff working a range of hours.

Madeley practice is open between 8.30am and 6pm Monday to Friday and offers extended hours appointments on a Monday until 8.15pm. Appointments are from 9am to 11am every morning and 3pm to 5pm daily but may be

## Detailed findings

extended depending on the demand for appointments. Baldwins Gate Surgery is open Monday to Friday from 9am until 12pm. Pre-bookable appointments can be booked up to six weeks in advance and urgent appointments are available for those that need them. Telephone consultations are also available to suit the needs of the patient. During the out-of-hours period services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

The practice offers a range of services for example, management of long term conditions, child development checks, contraceptive advice including the fitting of coils and contraceptive implants, a counselling service and a warfarin monitoring service. Further details can be found by accessing the practice's website at [www.madeleypractice.co.uk](http://www.madeleypractice.co.uk).

## Why we carried out this inspection

We undertook a comprehensive inspection of Madeley Practice on 1 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, good for providing a well led service and outstanding for providing an effective, caring and responsive service. However, it was rated requires improvement for providing safe services. The full comprehensive report on the November 2017 inspection can be found by selecting the 'all reports' link for Madeley Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Madeley Practice on 28 February 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

# Are services safe?

## Our findings

At our previous inspection on 1 November 2017, we rated the practice as requires improvement for providing safe services. This was because:

- A risk assessment had not been completed to demonstrate how risks to patients were mitigated in the absence of suggested emergency medicines held at the branch practice.

We also made the following recommendations at our previous inspection:

- Complete a risk assessment to reflect guidance from The Control of Substances Hazardous to Health Regulations 2002 (COSHH) in relation to the storage or spillage of mercury.
- Implement a system to track blank prescriptions used in printers throughout the practice.

These arrangements had significantly improved when we undertook a follow up inspection on 28 February 2018. The practice is now rated as good for providing safe services.

### Safe and appropriate use of medicines

The practice had reviewed the emergency medicines they held at their branch practice. We saw that all of the suggested emergency medicines were available in a secure area at the branch practice. There was an effective system in place to monitor that these medicines were in date.

We saw that the emergency medicines held at the main practice had been moved to a more accessible place in the practice. The management team had considered the risks associated with moving their location and had

taken appropriate action to mitigate potential risks. For example, there was a sign informing staff where the medicines were newly located and staff had received updates at team meetings.

An effective system to track blank prescriptions used in printers throughout the practice was in place. The practice had developed standard operating procedures (SOPs) for the tracking of prescriptions into and throughout the practice. The SOPs identified key roles of responsibility within the practice. We saw that all members of staff had signed to demonstrate they had read and were aware of the procedure. A log to record the prescription numbers, the rooms they were in and the responsible person provided an effective audit trail. Locks had been fitted to all of the printers used for storing and printing prescriptions to restrict unauthorised access to blank prescription forms.

### Track record on safety

A risk assessment in relation to the storage or spillage of mercury had been completed. The risk assessment identified that to mitigate any risks from mercury spillage, the mercury blood pressure machines needed to be removed from the practices. We saw that this had been safely carried out by an appropriate service.

### Lessons learned and improvements made

At our previous inspection we identified the need for the practice to review their understanding of incidents notifiable to the Care Quality Commission (CQC). We saw that this had been completed and shared with staff. In addition, the practice had used this knowledge to enhance their reporting and analysis of significant events. Their significant events procedures incorporated the triggering of notifications to the CQC if assessed as appropriate to do so.