

Clarendon Medical Centre

Inspection report

Clarendon Street
Hyde
SK14 2AQ
Tel: 01613685224

Date of inspection visit: 02 November 2022
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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 to people's needs?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced inspection at Clarendon Medical Centre on 2 November 2022. Overall, the practice is rated as good.

The key questions are rated as:

Safe – Requires improvement

Effective – Good

Caring – Good (rating awarded at the inspection November 2015)

Responsive – Good (rating awarded at the inspection November 2015)

Well-led – Good

The provider was last inspected November 2015 and was rated Good overall and in all the key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Clarendon Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

We undertook this inspection as part of a selection of services rated good and outstanding who have not been inspected for five years or more.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews by telephone and using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- Gaining feedback from staff using staff questionnaires
- A shorter site visit

Our findings

We based our judgement of the quality of care at this service on a combination of:

Overall summary

- 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

We have rated this practice as good for providing effective and well-led services because:

- The practice in the main provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. 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.

Following this inspection, we have rated the practice **requires improvement** for providing safe services. Whilst we found no breaches of regulations, the provider **should**:

- Complete the infection prevention and control action plan and embed systems to ensure improvements are maintained.
- Ensure the new processes put in place for monitoring patients prescribed high risk medicines are embedded.
- Continue to monitor prescribing multiple psychotropics for patients is in line with guidance.
- Continue work to improve cervical screening uptake.
- Ensure the new processes put in place regarding safety alerts are maintained.
- Continue to monitor that Patient Group Directions (PGDs) are signed.

Following the inspection, the practice provided details of the actions they planned to take to improve. For example, they have developed a plan to address concerns raised in the key question safe, which included developing an overarching governance system to monitor patients prescribed high risk medicines and to ensure actions are taken following receipt of safety alerts. There was also an infection prevention and control action plan in place.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Clarendon Medical Centre

Clarendon Medical Centre is located in Hyde at:

Clarendon Street,

Hyde,

Cheshire,

SK14 2AQ

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 is situated within the Greater Manchester Integrated Care Systems (ICS) - Tameside and delivers General Medical Services (GMS) to a patient population of about 7192. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices (Hyde Primary Care Network (PCN)) and is part of the Tameside locality of the Greater Manchester Integrated Care Board. PCNs work together with community, mental health, social care, pharmacy, hospital and voluntary services in their local area.

Information published by Public Health England shows that deprivation within the practice population group is in the second decile (2 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 8% Asian, 90% White and 2% other. The age distribution of the practice population is similar to local averages.

There is a team of three GP partners and three salaried GPs. There is an advanced nurse practitioner, a specialist nurse practitioner, two practice nurses, a health care assistant and a phlebotomist. The clinical team are supported by a business practice manager, assistant practice manager, reception manager and a team of administrative and reception staff.

Clarendon Medical Practice is a training practice, accredited by the North Western Deanery of Postgraduate Medical Education and has three GP specialist trainees (GPST) working within the practice.

The practice is open between from 8am to 6:30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations, online consultations and advance appointments.

Extended access is provided gtd healthcare, where late evening and weekend appointments are available. Out of hours services are provided by gtd healthcare.