

# St Chads Medical Practice

## Inspection report

St Chads Centre  
Lime Green Parade, Lime Green  
Oldham  
OL8 3HH  
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[www.stchadsmedicalpractice.co.uk](http://www.stchadsmedicalpractice.co.uk)

Date of inspection visit: 21 May 2021  
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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?

Good 

Are services effective?

Good 

Are services well-led?

Good 

# Overall summary

We carried out an announced inspection at St Chads Medical Practice on 21 May 2021.

Overall, the practice is rated as good.

We previously inspected the practice on 15 March 2019. At that inspection the practice was rated requires improvement overall, with the following key question ratings:

Safe – requires improvement

Effective – requires improvement

Caring – good

Responsive – good

Well-led – requires improvement.

We issued requirement notices in respect of breaches of Regulation 12 (safe care and treatment) and Regulation 17 (good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection on 21 May 2021 we inspected the key questions safe, effective and well-led. We rated all these key questions good. The previous ratings of good for the key questions caring and responsive remain in place.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for St Chads Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a comprehensive inspection of the key questions safe, effective and well-led. It was carried out to check that the required improvements following the March 2019 inspection had taken place, and to allow a new rating to be awarded. This inspection had been delayed due to the Covid-19 pandemic.

## 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 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

# Overall summary

- Requesting evidence from the provider
- A site visit

Our findings:

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 rated the practice **good** for providing safe services because:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm. Improvements had been made as follows:
- A system was in place to check the ongoing professional registration of clinicians.
- A health and safety risk assessment had been carried out.
- There was a system to check and record the safety of the oxygen and defibrillator.
- There was a risk assessment in place relating to emergency medicines to ensure all relevant medicines were held by the practice.
- A system was in place to check patients had attended urgent appointments.
- Significant events were reviewed.

We rated the practice **good** for providing effective services because:

- Patients received effective care and treatment that met their needs. Improvements had been as follows:
- All test results had been actioned and there was a system in place to ensure test results were actioned in a timely manner.
- There was a programme of clinical audits, and this was followed and completed.
- There was a system to record and monitor all staff training. Staff training was up to date at the time of inspection.
- The latest available QOF data was for 2019-20. This indicated some below average performance. Performance for some indicators had been affected by the Covid-19 pandemic, and in some areas, for example, cervical screening, the practice was able to provide us with more recent unverified data.

The rating of **good** for the key question caring remained in place from the 15 March 2019 inspection.

The rating of **good** for the key question responsive remained in place from the 15 March 2019 inspection.

We rated the practice **good** for providing well-led services because:

- The way the practice was led and managed promoted the delivery of high-quality, person-centre care. Improvements had been as follows:
- There was evidence of risk assessments for all aspects of the practice.
- Policies were in place that related to the practice and these were regularly reviewed.
- We saw systems in place to ensure learning and continuous learning.

# Overall summary

- There was a programme of clinical audit.
- There was formal support and assessment in place for all staff.

The areas where the provider **should** make improvements are:

- Ensure records of hospital blood test results are retained so they are available for all staff, including locum clinicians, who may need access to them.
- Make sure policies are fully personalised for the practice. For example, there were some gaps in the safeguarding policy.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. They spoke with staff using video conferencing facilities, over the telephone and undertook a site visit. The team included a GP specialist advisor who spoke with two GP partners using video conferencing facilities and completed clinical searches and records reviews without visiting the location. There was also a second CQC inspector who attended the site visit and video conferences, and other CQC inspectors who carried out staff interviews via video conferencing.

## Background to St Chads Medical Practice

St Chads Medical Practice is located at:

St Chads Centre

Lime Green Parade

Lime Green

Oldham

OL8 3HH

We visited this address as part of the inspection activity.

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

The practice is a member of NHS Oldham Clinical Commissioning Group (CCG). It delivers commissioned services under a Primary Medical Services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community. At the time of our inspection there were 3137 patients registered with the practice.

The provider is registered as a partnership. There are two female GP partners. The partners also have a GP practice registered at another location. At St Chads Medical Practice there is usually a female GP partner and a male salaried GP, but there is the facility for other partners to work at the practice if required. There is a practice nurse and a healthcare assistant. There is a business manager and a practice manager. They are supported by a team of reception and administrative staff. A focused care worker, who looks at the holistic needs of patients and helps them access local services, works at the practice one day a week. A counsellor from the mental health charity MIND held clinics at the practice weekly.

Due to the enhanced infection prevention and control measures put in place since the start of the pandemic and in line with the national guidance, most GP appointments are telephone consultations. If the GP needs to see a patient face-to-face an appointment is made.

The National General Practice Profile states that 91% of the practice population are of white ethnicity, and 9% are of black, Asian or mixed-race ethnicity.

Information published by Public Health England rates the level of deprivation within the practice population group as level four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

Male life expectancy is 78 years compared to the national average of 79 years. Female life expectancy is 81 years compared to the national average of 83 years.

Extended access is provided locally by a separate provider. Late evening and weekend appointments are available.