

St Johns Medical Centre

Inspection report

Altrincham Health & Wellbeing Centre
31-33 Market Street
Altrincham
WA14 1PF
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www.stjohnsmedicalcentre.co.uk

Date of inspection visit: 16 August 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 and site visit at St Johns Medical Centre on 16 August 2022. Overall, the practice is rated as Good.

Safe - Requires Improvement

Effective - Good

Caring - Good

Responsive - Good

Well-led - Good

The practice was also rated Good at our previous inspection on 25 November 2019.

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

Why we carried out this inspection/review

This was a comprehensive inspection undertaken as part of our comprehensive inspection programme because the practice had moved to new premises since their previous inspection in November 2019.

How we carried out the inspection/review

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
- Requesting evidence from the provider
- Feedback from staff using questionnaires
- 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

Overall summary

- 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 found that:

- The practice cared for patients in a way that kept them safe and protected them from avoidable harm, this included safeguarding and management of risk. However, we saw areas, as described in the safe and effective key questions, where improvements could be made to ensure risks were identified and managed properly. These included significant incident reporting, staff immunisation and pro-active oversight of trainee clinicians. The practice assured us during the inspection that these processes would be put in place
- 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 adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic and continued to do so. 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 found a breach of regulation 12, Safe Care and Treatment and the provider **must:**

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

The practice should also:

- Improve monitoring of chronic diseases to ensure all patients receive the same service and none are missed.
- Relaunch the patient participation group.
- Assure itself that patient consent is always documented on the clinical record.
- Review patient deaths.

Whilst we identified the above improvements, we also saw areas of outstanding practice.

- The practice designed the F12 template to standardise referral documentation and this was implemented throughout the Trafford area.
- The practice had created the template for end of life care that also allowed all disciplines to have input and all medicines to be printed off so that immediate care could be administered. End of life care plans could be created automatically from the DNACPR form and information could be entered directly into the patient record to make sure that consistency was achieved. This evidenced continuity of care and co-ordination between multi disciplinary teams. There was also scope for patients preferences and wishes within the care plans. This was something that was now standardised throughout Trafford for the benefit of all patients.
- Following an audit on new pre-diabetic patients and learning that early education can significantly improve patient outcomes the practice has engaged with a health and wellbeing company to launch the My Diabetes My Way Scheme, a structured programme allowing patients to conveniently access and manage self help and care between healthcare professional appointments through various forms including small group sessions.
- The practice was a research active practice and worked with the NHS National Institute for Health Research (NIHR) to promote research and offer their patients the opportunity to take part in ethically approved research studies. The research for the practice was led by two of the GPs and they took part in research that would be of benefit to their patients and in collaboration with trusted research groups.

Overall summary

- When only 56% were satisfied with the general practice appointment times the practice recruited more clinical staff including practice nurses, an advanced nurse practitioner, salaried GPs and increased partner capacity with varying sessions and differing start/finish times to capture those who could not attend during core hour appointments.

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 alongside the GP SpA who also spoke with one of the GP partners and completed clinical searches and records reviews

Background to St Johns Medical Centre

St Johns Medical Centre is located in Trafford, Greater Manchester at:

Altrincham Health and Wellbeing Centre

31-33 Market Street

Altrincham

WA14 1PF

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

The practice is situated within the Trafford Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 17,500 patients. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices in the Trafford South area called Altrincham Healthcare Alliance Primary Care Network. There are five local GP practices including St Johns Medical Centre, working together with community mental health, social care, pharmacies, hospitals and voluntary sector specialists.

Information published by Public Health England shows that deprivation within the practice population group is in the highest decile which is ten. The higher the decile, the least deprived the practice population is relative to others.

There is a team of eight GP partners who provide cover at the practice alongside seven salaried GPs. They are supported by a team of seven nurses including an advanced nurse practitioner, a health care assistant and a phlebotomist. The practice is also involved in the education and training of the junior doctors and medical students. All students work under the close guidance of the GP team.

The GPs are supported at the practice by a team of reception/administration staff. There is an operations manager with oversight of the day to day running of the practice alongside a team of deputy managers.

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

Extended access is provided locally by the Trafford Hub where late evening and weekend appointments are available. Out of hours services are provided by Mastercall.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 CQC (Registration) Regulations 2009
Family planning services	Statement of purpose
Maternity and midwifery services	There was no system in place to ensure that all staff had received the required vaccinations for health care professionals to keep staff and patients immune to infectious diseases. Regulation 12(2)(h)
Surgical procedures	There was no system in place to ensure that all equipment at the practice was included in calibration. Regulation 12(2)(e)
Treatment of disease, disorder or injury	There was no formal system to ensure the competence of non-medical prescribers. Regulation 12(2)(c)
	Significant incidents were not recorded and reviewed in a consistent and proactive manner.
	This was in breach of Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.