

# Monarch Medical Centre

## Inspection report

65 Cross Lane  
Radcliffe  
Manchester  
Greater Manchester  
M26 2QZ  
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[www.monarchmc.nhs.uk](http://www.monarchmc.nhs.uk)

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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 caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

# Overall summary

We carried out an announced comprehensive inspection at Monarch Medical Centre on 14 May 2019 as part of our inspection programme.

At the last inspection in September 2018 we rated the practice as requires improvement for providing safe services because:

- Guidance was not available about how to assess and manage sepsis in adults.
- 2-week referrals were not monitored and audited.
- A risk assessment was not completed to identify a list of medicines that were not suitable for the practice to stock.
- Emergency medicines were not monitored to ensure their safe keeping.

At this inspection, we found that the provider had satisfactorily addressed these areas.

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 found that:

- The practice 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.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- We found that while the way the practice was led and managed promoted the delivery of good care, some systems required improvement to ensure patient outcomes were fully met.

We found a breach of regulations. The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

**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 inspector and included a GP specialist advisor.

## Background to Monarch Medical Centre

Monarch Medical Centre is located at 65 Cross Lane, Radcliffe, Manchester M26 2QZ.

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

Manor House Medical Centre is situated within the Bury Clinical Commissioning Group (CCG) and provides services to 3,563 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

There are three GP partners working at the practice (one is female and two are male). They work between two and

eight sessions per week. The GPs are supported by a team of clinical staff which includes a practice nurse and a health care assistant. There is a team of administration / reception staff headed by a practice manager.

There are fewer than average number of patients over 65 years. All other patient groups are comparable to the CCG and national average.

The National General Practice Profile states that 90.7% of the practice population are white; 1.9% are mixed race; 5.9% are Asian; 0.9% are black and 0.6% are other ethnic groups.

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

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met.</b></p> <p><b>The provider was failing to establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.</b></p> <p><b>In particular:</b></p> <ul style="list-style-type: none"><li>• Equipment kept in the doctors' visit bags was not regularly calibrated.</li><li>• The induction training programme was not specific to staffs individual roles.</li><li>• The system for managing safety alerts was not always effective.</li><li>• The cancer care review protocol did not demonstrate that a robust system was in place to ensure reviews were carried out consistently.</li><li>• The system for READ coding patients' healthcare issues was inaccurate.</li><li>• Information about complaint investigations and outcomes was not always kept and complainants were not always told about who they should contact if they were unhappy with the outcome of their complaint.</li></ul>