

The Handbridge Medical Centre

Inspection report

Greenway Street
Chester
CH4 7JS
Tel: 01244680169
www.handbridgedmedcentre.co.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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection at The Handbridge Medical Centre on 27 and 29 September 2022. Overall, the practice is rated as requires improvement.

Safe - requires improvement

Effective - requires improvement

Caring – good

Responsive - good

Well-led - requires improvement

Following our previous inspection on 8 April 2016, the practice was rated good overall and for all key questions.

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

Why we carried out this inspection

We carried out this inspection in-line with our inspection priorities and to follow up information of concern shared with the Care Quality Commission (CQC).

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short 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 requires improvement overall

Overall summary

We found that:

- The systems and processes for identifying, managing and mitigating risk was not effective.
- Appropriate standards of cleanliness and hygiene were not met.
- The process to ensure the safety of the premises and equipment was not effective.
- The practice was unable to demonstrate that all staff had the training they needed for their roles.
- The premises were not appropriate for the service being delivered. The provider was liaising with the Integrated Care Board (formerly the Clinical Commissioning Group (CCG)) regarding the provision of new premises.

However:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- There was a system to identify and respond to complaints.

We found two breaches of regulations. The provider **must**:

- Ensure persons employed in the provision of the regulated activity receive the appropriate training to enable them to carry out their duties.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition, the provider **should**:

- Take action to maintain staff vaccination records in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.
- Consider implementing a policy for the renewal of Disclosure and Barring (DBS) checks for staff.
- Check emergency equipment and medication weekly.
- Monitor uncollected prescriptions at more frequent intervals and review the storage of blank prescriptions.
- Take action to prevent the vaccine fridge being accidentally turned off.
- Continue to take action to ensure all correspondence is available in patients electronic records in a timely manner.
- Take steps to ensure all MHRA alerts are periodically reviewed.
- Put in place a written programme of quality improvement and audits.
- Take action to ensure patients with long term conditions are regularly monitored.
- Continue to monitor and improve the uptake of breast screening, cervical screening and childhood vaccinations.
- Record the monitoring undertaken of the referrals and consultations of staff employed in advanced clinical practice.

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 The Handbridge Medical Centre

The Handbridge Medical Centre is located in the city of Chester at: -

Greenway Street

Chester

Cheshire

CH4 7JS

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 NHS Cheshire and Merseyside and delivers General Medical Services (GMS) to a patient population of about 7,661. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices, Chester South Primary Care Network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the eight lowest decile (8 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 95.6% White 2.3% Asian, 0.4% Black, 1.4% Mixed, and 0.2% Other.

There is a team of five GPs (including three GP partners). One advanced nurse practitioner and two practice nurses. A health care assistant is due to commence employment in November 2022. In addition, patients are able to access services provided by staff employed by the PCN, which includes a dietician, physiotherapist, mental health services, well-being co-ordinator, care co-ordinator and social prescriber. The clinicians are supported at the practice by a team of reception/administration staff. The practice manager is currently managing another practice within the PCN and works approximately 20 hours per week at each practice.

The practice offers a range of appointment types including face to face appointments, telephone consultations and home visits.

The practice is open between 8:00 to 18:30 Monday to Friday. From Monday 3 October 2022 the practice will be offering extended hours Monday to Thursday 18:30/20:30 across the Chester South Primary Care Network. Primary Care Cheshire will be delivering extended hours on Friday and at the weekend. For out of hours services patients are directed to contact 111.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person had not ensured that persons employed in the provision of a regulated activity received such training as was necessary to enable them to carry out the duties they were employed to perform. In particular: • New staff had not completed all the required training for their role as part of their induction to the practice. • Not all staff had undertaken the relevant refresher training required for their roles. This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The systems and processes did not enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: - • The provider did not have oversight of risks relating to the premises and equipment and have adequate systems in place to manage them. • The provider had identified that the premises required improvement and had plans to do this. However, this was not documented, and actions had not yet been taken.

This section is primarily information for the provider

Requirement notices

- Infection prevention and control was not audited on a regular basis and actions from a previous audit had not been completed.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.