Audlem Medical Practice

Inspection report

16 Cheshire Street
Audlem
Crewe
Cheshire
CW3 0AH
Tel: 01270 811440
www.audlemmedicalpractice.nhs.uk

Date of inspection visit: 19 Dec to 19 Dec 2018
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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?	Good
Are services well-led?	Good

Overall summary

We carried out an announced comprehensive inspection at The Audlem Medical Practice on 19 December 2018 as part of our inspection programme.

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- 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.

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We have rated this practice as good overall and good for all population groups.

We rated the practice as **requires improvement** for providing safe services because:

- The practice had systems to manage risk so that safety incidents were less likely to happen. However, we identified examples of repeated incidents/ significant events that impacted on patient safety.
- The majority of clinical staff did not have safeguarding training appropriate to their role and responsibilities.
- The practice could not demonstrate the clinical reason why some medicines had been prescribed.

We found that:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- The most recent results from the GP national patient survey (August 2018) showed patient satisfaction with the service for making an appointment, appointment times, overall experience and getting through to the practice by telephone were higher than local and national averages.
- The practice organised and delivered services to meet the needs of patients.
- There was a system in place for investigating and responding to patient feedback including complaints.
- There was a focus on continuous learning and improvement at all levels of the organisation.

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

- Ensure that care and treatment is provided in a safe way.
- Ensure that clinical staff have received safeguarding training at a suitable level to their role.

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

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

- Continue to monitor the level of exception reporting at the practice and review changes made to the recall system to offer assurance that more patients are being reviewed and receiving appropriate treatment.
- The safeguarding policy and procedure should be reviewed and amended to include information and guidance with regard to female genital mutilation (FGM), modern slavery and child sexual exploitation.
- Regular reviews of the new system being put in place to offer a structured and formal monitoring and supervision system for the advanced nurse practitioners (ANPs) and salaried GPs should take place to offer assurance that the treatment being provided is safe and appropriate.
- The system in place to monitor and check that patient group directives (PGDs) were appropriately authorised to enable staff to administer medicines should be reviewed to ensure all have the required authorisation.
- Suitable infection control training should be provided to the designated infection control lead.

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, and a second CQC inspector.

Background to Audlem Medical Practice

Audlem Medical Practice is a designated rural practice and is located at 16 Cheshire Street, Audlem Crewe CW3 0AH.

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

Audlem Medical Practice is situated within the South Cheshire Clinical Commissioning Group (CCG) and provides services to 4,671 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.

The practice has three female GPs, two male GPs, one GP registrar, two nurse practitioners, administration and reception staff and a practice management team. The practice is not currently part of any wider network of GP practices.

There are higher than average number of older patients compared to the national average. The practice population is made up of patients older than the national averages. For example, 31% of people are over 65 years compared to a national average of 17%. Fifty two percent of the patient population has a long-standing health condition which is lower than the CCG average of 58%. Life expectancy for both males and females is around the CCG and national average of 79 years for males and 83 years for females.

The National General Practice Profile states that 99% of the practice population is white British. Information published by Public Health England, rates the level of deprivation within the practice population group as eight, 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met:The provider had failed to ensure the proper and safe management of medicines;The provider could not demonstrate the clinical reason why some medicines had been prescribed. The provider had failed to ensure that clinical records were maintained.A record of the consultation, outcome and treatment had not been recorded in patients clinical records.There was no system in place to audit clinical records to offer assurance that patients care and treatment was safe and appropriate. This was in breach of Regulation 12 (1) 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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met:The provider had failed to ensure clinical staff had received training at a suitable level to their role.This was in breach of Regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.