

Patterdale Lodge Medical Centre

Inspection report

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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 

Overall summary

Previously we carried out an announced comprehensive inspection at Patterdale Lodge Medical Centre on 11 October 2017. The overall rating for the practice was good. The rating for the safe domain was requires improvement. The full comprehensive report on the October 2017 inspection can be found by selecting the 'all reports' link for Patterdale Lodge Medical Centre on our website at .

This inspection was an announced focused inspection carried out on 6 July 2018 to confirm that the practice had completed their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 11 October 2017. This report covers our findings in relation to that requirement and additional improvements made since our last inspection.

At our previous inspection on 11 October 2017 we rated the practice as requires improvement for providing safe services as: -

- The practice's recruitment procedures did not ensure that potential employees had the necessary qualifications, competencies, skills and experience before starting work.
- The registered person had failed to take such action as is necessary and proportionate to ensure that persons employed continued to have qualifications, competence, skills and experience necessary for the work to be performed by them.

These matters have been resolved and the practice is now rated as good for providing safe services.

Overall the practice is rated as GOOD.

Our key findings were as follows:

- The recruitment processes had improved and information needed to demonstrate appropriate checks had been made to employ suitable and competent staff was held by the practice.
- Processes were in place to alert the provider when revalidation and professional re-registration were due for renewal.
- Processes had been put in place to improve communication and ensure learning from incidents, audits and other important information was shared with all staff.
- Emergency medicines had been reviewed and systems put in place to ensure they were readily accessible and safe to use.
- A system was in place to ensure uncollected prescriptions were followed up to ensure required treatment was not missed.
- Systems were in place to monitor two-week referral times for suspected cancer.
- Legionella risk assessments had been completed in the main and branch buildings and action plans put in place.

In addition, the provider should:

- Review incident reporting to ensure these are recorded in a timely manner.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Our inspection team

Our inspection team consisted of a CQC inspector and a GP specialist advisor.

Background to Patterdale Lodge Medical Centre

Patterdale Lodge Medical Centre is operated by Patterdale Lodge Group Practice. There are also two smaller branch surgeries, High Street surgery and Burtonwood Surgery. We visited Patterdale Lodge Medical Centre and the Burtonwood Surgery. The main practice is situated in Newton-le-Willows and is based in an area with higher levels of economic deprivation when compared to other practices nationally.

Patterdale Lodge Medical Centre is responsible for providing primary care services to approximately 12,331 patients and provides a range of primary medical services including examinations, investigations and treatments. Clinics run at the practice includes diabetes, asthma and hypertension.

The practice is managed by three registered GP partners in addition there are five salaried GPs. The nursing team consists of advanced nurse practitioners, practice nurses and health care assistants. There are both male and female medical staff. The clinical team are supported by a practice manager, deputy practice manager and a team of reception and administration staff. The practice is a training practice for GP registrars.

The practice is open from 8am to 7.30pm Monday to Wednesday and 8am to 6.30pm Thursday and Friday. Patients can also access appointments at the two branch surgeries. The Burtonwood Branch is open Monday to Friday 8.30am to 12.30pm. The High Street surgery is open Monday to Friday at various times between 8.30am to 5.30pm. Opening times are advertised on the practices website. Patients who require a GP outside of these hours are advised to contact the GP out of hours service by calling 111.

The practice has a Personal Medical Service (PMS) contract. The practice offers a range of enhanced services including, avoiding unplanned hospital admission, minor surgery, family planning and flu and shingles vaccinations.

Following the previous inspection in October 2017 we made requirement notices in relation to the gaps in the

recruitment processes. The full comprehensive report on the October 2017 inspection can be found by selecting the 'all reports' link for Patterdale Lodge Medical Centre on our website at .

Why we carried out this inspection

We undertook a comprehensive inspection of Patterdale Lodge Medical Centre on 11 October 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall however the practice was rated as requires improvement in safe.

We undertook a focused follow-up inspection of Patterdale Lodge Medical Centre on 6 July 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

During our visit we:

- Spoke with a range of staff including administration staff, nursing and medical staff. We also spent time with the practice manager who had been in post for one week at the time of the inspection.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited one practice branch surgery.
- Looked at information the practice used to deliver care and treatment plans.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

The practice is now rated as good for providing safe services. At our previous inspection on 11 October 2017, we rated the practice as requires improvement for providing safe services. These arrangements had significantly improved when we undertook a follow up inspection on 6 July 2018. Staff records now contained all the required information to demonstrate their suitability for their roles.

Safety systems and processes

- At the previous inspection personnel files did not provide evidence that a robust and safe recruitment process was in place. At this follow-up inspection we saw significant improvements and all the required recruitment documents were in place to evidence that the required checks had been completed prior to employment. We reviewed a number electronic and paper personnel files including the most recently recruited member of staff. The records included photographic identification and confirmation of address, previous employment history, a reference from the most recent employer, health declarations and qualifications as appropriate to the role. The provider had completed a Disclosure and Barring Service (DBS) check as required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- An electronic system was in place to record training, employment records and revalidation information. We saw that professional certificates had been scanned and professional registration numbers recorded.
- At the previous inspection the management of the significant events and learning from incidents were not formal. At this follow-up inspection we found that although staff stated that formal processes were now in place to record and cascade learning from events these had not yet been used. During this follow-up inspection staff described a recent event, the immediate action taken and the changes made to prevent a similar occurrence, however, this had not been logged and written up at the time of the inspection. Meeting notes we reviewed indicated that staff were reminded to log all incidents and personal learning, however there was no evidence, in the notes, of incidents being discussed with the wider team.

- At the previous inspection a Legionella action plan in response to the risk assessment completed in June 2017 was not in place. (Legionella is a term for a bacterium which can contaminate water systems in buildings). At this follow-up inspection we found that an improvement plan had been implemented, this included replacing water heaters and ensuring the appropriate water temperature checks were completed at the main and branch surgeries.

Safe and appropriate use of medicines

- At the previous inspection we found the system for managing emergency medicines should be reviewed. At this follow-up inspection we found action had been taken to introduce an emergency medicines checklist at the main surgery and both branch surgeries. However, the items stored in the emergency medicines box at the main surgery needed to be reviewed and it was noted that one of the medicines recommended in best practice guidance was not available. This was discussed with the provider who took steps to provide the medicine in the three surgeries as quickly as possible. Following the inspection, the provider provided a statement confirming the suggested medication was made available at the main surgery on that day and delivered to the branch surgeries on the following day.
- At the previous inspection we found systems for managing uncollected repeat prescriptions had not been reviewed. At this follow-up inspection we found a review had taken place and the practice's pharmacist was now responsible for dealing with uncollected repeat prescriptions.
- At the previous inspection we found systems for monitoring the two-week referral system had not been reviewed. At this follow-up inspection we found that a system for monitoring process to check on the outcomes of two-week referrals was in place.
- At this follow-up inspection we found a 'Safe and reliable management of test results' policy had been introduced. This provided clear guidance about the action needed by doctors and allocated administration staff to ensure urgent referrals were made and monitored.