

Chapelford Medical Centre

Inspection report

Santa Rosa Boulevard
Great Sankey
Warrington
WA5 3AL
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Date of inspection visit: 5 October 2022 and 28
November 2022
Date of publication: 15/02/2023

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?

Good



Are services effective?

Requires Improvement



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Good



Overall summary

We carried out an announced comprehensive inspection at Chapelford Medical Centre on 5 October and 28 November 2022. Overall, the practice is rated as requires improvement.

Safe- Good

Effective- Requires improvement

Caring – Requires improvement

Responsive – Requires improvement

Well-led - Good

Following our previous inspection on 13 and 18 October 2021, the practice was rated good overall and for safe, effective, caring and well-led. We rated the practice requires improvement for providing responsive services.

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

Why we carried out this inspection

We carried out this inspection to follow up concerns from the last inspection in the key question responsive as well as in response to concerns reported to us.

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 feedback from staff working at the practice.
- Requesting evidence from the provider.
- Talking to patients who are registered at the practice as well as members of the Patient Participation Group.
- 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.

Overall summary

We found that:

- The practice provided care in a way that kept patients safe and protected from avoidable harm.
- The provider had taken steps to address concerns with the telephone system.
- The provider had an effective system in place to manage complaints.
- The provider had implemented an effective system to ensure people requesting a home visit did not experience a delay.
- The management team were focused on improving care and treatment for all patients.

Effective is rated as requires improvement because:

- Clinical searches found the management of patients with long term conditions were not always being monitored effectively.

Caring is rated as requires improvement because:

- The results of the latest GP patient survey indicated a decline in patient satisfaction with the service.
- There had been a change in management at the practice and a development plan was in place with a focus to improve patient satisfaction and actions were being worked through at the time of the inspection.
- The provider had conducted their own patient survey in November 2022 which demonstrated an improvement in patient experience and satisfaction but this had not been demonstrated over time.

Responsive is rated as requires improvement because:

- The provider had recognised that some patients had difficulty accessing an appointment at the practice and had taken steps to improve access. There was feedback from patients that access had improved but this was not demonstrated over time. The provider had plans to introduce a new telephone system to improve patient's experience of getting through to the practice.
- The national GP patient survey results had significantly declined from the previous year.

Whilst we found no breaches of regulations, the provider **should**:

- Continue to work through the backlog of medication reviews to ensure all patients who are prescribed repeat medicines have an annual review.
- Continue to take steps to improve the uptake of cervical cancer screening.
- Continue to take steps to improve the patient experience.
- Improve access for patients through the implementation of a new telephone system.

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. They also undertook a site visit with a second inspector. 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 Chapelford Medical Centre

Chapelford Medical Centre is located in Warrington at:

Santa Rosa Boulevard

Great Sankey

Warrington

WA5 3AL

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 and family planning.

The practice is situated within the Cheshire and Merseyside Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 7110. This is part of a contract held with NHS England.

The practice is part of the Warrington Innovation Network (WIN) Primary Care Network (PCN) which is a wider network of GP practices.

Information published by Public Health England shows that deprivation within the practice population group is in the highest decile (10 of 10). The lower the decile, the more deprived the practice population is relative to others.

There are more young and working age people registered at the practice compared to the local and national averages and less older people.

There is a team of 3 GPs. The practice has a nurse and an advanced nurse practitioner who provide nurse led clinics. They are supported at the practice by a team of reception/administration staff. There is a quality and governance manager and an operations and business manager, supported by a site manager and deputy site manager who provide managerial oversight of the service.

The practice is open between 8am to 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is either provided remotely by the provider or locally by Quay Primary Healthcare, where late evening and weekend appointments are available. Out of hours services are provided by the local walk in centre or NHS 111.