

Meir Park Surgery

Inspection report

Lysander Road
Meir Park
Stoke On Trent
Staffordshire
ST3 7TW
Tel: 01782 388204
www.meirparksurgery.co.uk

Date of inspection visit: 16 Sep 2019
Date of publication: 04/11/2019

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?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

We previously carried out an announced comprehensive inspection at Meir Park Surgery on 6 March 2019 as part of our inspection programme. The practice was rated inadequate, placed into special measures and a warning notice in relation to safe care and treatment was issued. We carried out an announced focused inspection at Meir Park Surgery on 30 April 2019 to ensure that the issues identified in the warning notice had been addressed. The full comprehensive reports on the inspections carried out in March and April 2019 can be found by selecting the 'all reports' link for Meir Park Surgery on our website at www.cqc.org.uk

We carried out an announced comprehensive inspection at Meir Park Surgery on 16 September 2019. At this inspection we followed up on breaches of regulations identified at a previous inspection on 6 March 2019.

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.
- information from the provider, patients and other organisations.

We have rated this practice as requires improvement overall.

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

- Staff had completed the appropriate levels of safeguarding children and vulnerable adult training. Staff who acted as chaperones were trained for the role.
- A system to follow up children and young people with a high number of accident and emergency attendance or children who failed to attend hospital appointments had been introduced.
- The management of safety systems was not always effective particularly in relation to managing health and safety risks, monitoring the use of prescriptions, recording recruitment information and ensuring new registered patient electronic records were up to date.
- The practice did not routinely discuss vulnerable patients with either external agencies or internally within the staff team.
- Although staff training on how to identify deteriorating or acutely unwell patients had been provided, the knowledge and learning was not fully embedded.

- The practice had not embedded a system to ensure that patients on high risk medicines remained up to date with their blood monitoring, and medicine review dates were amended prior to annual blood tests being completed for patients on lower risk medicines.
- Significant events were discussed and learning shared with the nursing and administration team, although it was not clear if this was taking place within the clinical staff team.

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

- The practice had introduced a system to monitor staff compliance with essential training, and staff were up to date with this training.
- Patients' needs were assessed, and care and treatment delivered in line with current legislation.
- There was a lack of evidence of a timely action plan following an audit where there were identified areas for improvement to mitigate patient risk.
- The uptake of cervical screening was below the national target.

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

- The practice had acted on feedback from patients and introduced a new telephone system with one number for both sites, which included notifying patients of their position in the queue.
- Patients could book and attend appointments with any clinician at either site.
- Although the results of the National GP survey had improved in relation to patient satisfaction around access, the results remained below the national average.
- Learning from complaints was shared with nursing and non-clinical staff through staff meetings. There was a lack of evidence to demonstrate GP engagement at these meetings.

We rated the practice as **requires improvement** for providing well-led services because:

- While the practice had made some improvements since our inspection on 6 March 2019, there remained differences in the ways of working across the two sites.

Overall summary

- The practice had developed a three-year business development plan and was working with external agencies to bring about the changes required to improve the quality of the service.
- Nursing and reception /administrative staff told us they valued the monthly practice meetings. The meetings gave them the opportunity to discuss any issues and raise any concerns with business manager and practice manager. They felt that their views were being listened to and taken forward where possible.
- The practice had systems in place for identifying, managing and mitigating risks, although these needed to be strengthened and embedded.

These areas affected all population groups so we rated all population groups as **requires improvement**.

We rated the practice as **good** for providing caring services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

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

- Ensure that care and treatment is provided in a safe way.
- 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).

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

- Ensure that the training provided to staff on identifying deteriorating or acutely unwell patients had been provided is fully embedded and staff were able to describe what symptoms to be aware of.
- Continue to try and establish safeguarding meetings with other agencies.
- Implement measures to improve privacy at the reception desk.
- Implement a system which includes the documentation of patients verbal comments/complaints.
- Implement measures to improve the uptake of cervical cancer screening.
- Implement a formal system for competency reviews of specialist clinical staff.
- Complete in-house patient survey as planned.
- Implement measure to improve the uptake of cervical cancer screening.

I am taking this service out of special measures. This recognises the improvements made to the quality of care provided by the service.

Details of our findings and the evidence supporting our ratings are set out in the evidence table.

Dr Rosie Benneyworth BS BM BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and included a GP specialist adviser and a practice manager specialist adviser.

Background to Meir Park Surgery

Meir Park Surgery is located at Lysander Road, Meir Park, Stoke-On-Trent, Staffordshire, ST3 7TW. The practice merged with Weston Coyney Medical Practice in 2017 which is now a branch practice. The branch practice is located at Meir Primary Care Centre, Weston Road, Stoke-on-Trent, ST3 6AB. We visited both locations during our inspection. The practices have good transport links and there are pharmacies located nearby.

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

Meir Park Surgery is situated within the Stoke-on-Trent Clinical Commissioning Group (CCG) and provides services to 6,525 patients under the terms of a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services to the local community.

The practice employs two male GP partners, three regular locum GPs (one male and two female), a locum advanced

nurse practitioner, three practice nurses and a locum practice nurse, two healthcare support workers, a practice manager and a locum practice manager, a business manager and 10 administrative staff working a range of hours.

The practice area is one of average deprivation when compared with the national average. Demographically the practice has a lower than average population of young patients and a higher older population. For example, 18.7% of patients are under 18-year olds compared with the national average of 20.7% and 20.1% of the practice population are 65 years and older compared with the national average of 17.3%. The general practice profile shows that the percentage of patients with a long-standing health condition is 58% which is above the local CCG average of 56% and national average of 51%. National General Practice Profile describes the practice ethnicity as being 95.3% white British, 2.7% Asian, 0.7% black, 1.2% mixed and 0.1% other non-white ethnicities. Average life expectancy is 80 years for men and 83 years for women compared to the national averages of 79 and 83 years respectively.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• The use of prescriptions was not always monitored, particularly prescription pads.• The records for the CDs did not meet the requirements of the CD register.• A system to promote patient compliance with required blood test monitoring had not been implemented.• Medicine review dates had been moved forward before patients had attended for annual blood tests for lower risk medicines. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems in place that operated ineffectively in that they failed to enable the registered person to assess, improve and monitor the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• The provider could not demonstrate fully embedded governance structures and systems.• A system for sharing learning from significant events and complaints with all staff was not fully embedded across the whole staff team.• The practice was not able to evidence how they had assured the competence of staff employed in advanced clinical practice.

This section is primarily information for the provider

Requirement notices

- The practice could not demonstrate consistency of approach in the clinical staff team through discussions and agreed actions.
- There was a lack of evidence of a timely action plan following an audit where there were identified areas for improvement to mitigate patient risk.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to health, safety and welfare of service users and others who may be at risk. In particular:

- The practice was not fully up to date with adding all relevant information to the electronic record for patients newly registered at the practice.
- The practice had not completed all the actions as outlined in the fire risk assessment or the legionella risk assessment.

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