Blurton Medical Practice

Inspection report

Blurton Health Centre,
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Stoke On Trent
Staffordshire
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www.blurtongp.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	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 focused inspection at Blurton Medical Practice on 17 June 2019 as part of our inspection programme to follow up on the breach in regulation identified at our previous inspection which took place in August 2017. The full comprehensive report on the August 2017 inspection can be found by selecting the 'all reports' link for Blurton Medical Practice on our website at www.cqc.org.uk.

At the last inspection in August 2017 we rated the practice as requires improvement for providing a well led services because:

- The practice needed to ensure that accurate, complete and contemporaneous records are maintained securely in respect of each service user. In particular around the recording of significant events and the review of correspondence.
- The practice needed to ensure staff received regular performance reviews.
- Keep its protocol to follow-up on medical alerts such as the Medicines and Healthcare products Regulatory Agency (MHRA) under review to ensure it is effective.
- Keep a formal record of all practice meetings.
- Carry out an annual review of patients with a learning disability.

We carried out an announced focused inspection on 17 June 2019 to ensure that the issues identified had been addressed. At this inspection, we found that the provider had satisfactorily addressed these areas.

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 Good overall.

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

- There were gaps in monitoring patients' health in relation to those found to have blood test results within a pre-diabetes range. Patients prescribed and monitored for medicines in secondary care did not have these medicines recorded in their hospital prescribed medicines section in their electronic records.
- There was a lack of risk assessments for emergency medicines not held at the practice.
- There was a lack of comprehensive oversight on the NHS Property Management risk assessments for the premises.
- There was a lack of staff awareness and training on the practice business continuity plan.

We rated the practice as good for providing effective services because:

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.

We rated the practice as good for providing a well led service because:

- The practice had developed an action plan to meet the needs of its registered population whilst bearing in mind the aims and objectives of the wider health economy.
- Identified gaps in the practice governance processes had been proactively managed to reduce risk and to develop sustainable care, we did however identify a few gaps which did require improved governance.

These areas affected all population groups, so we rated all population groups as good, except for families, children and young people which was rated requires improvement in effective and therefore rated as requires improvement overall.

The areas where the provider must make improvements are:

Ensure care and treatment is provided in a safe way to patients. In particular:

- Implement an effective monitoring process for patients' health in relation to those found to be within a pre-diabetes range.
- Document secondary care prescribed medicines within the patients' hospital prescribed medicines section in their electronic records.
- Complete risk assessments for emergency medicines not held at the practice.
- Maintain clear oversight on the NHS Property Management risk assessments for the premises.

The areas where the provider should make improvements are:

Overall summary

- Introduce staff training and awareness of the practice business continuity plan.
- Encourage and improve the uptake of the childhood immunisation programme.
- Develop and document clear vision, values and strategy.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Good
People with long-term conditions	Good
Families, children and young people	Requires improvement
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 lead inspector was accompanied by a GP specialist advisor and a practice manager specialist advisor.

Background to Blurton Medical Practice

Blurton Medical Practice is registered with CQC as a partnership provider with a clinical GP partner and a non-clinical partner/business manager, operating out of premises in Blurton, Stoke on Trent. The premises are owned by Staffordshire and Stoke on Trent Partnership NHS Trust. The practice holds a General Medical Services contract with NHS England and is part of the NHS Stoke On Trent Clinical Commissioning Group. Car parking, (including disabled parking) is available at this practice.

The practice area is one of high deprivation when compared with the local and the national average. The practice has a larger than average number of children registered at the practice.

The practice provides a GP service to approximately 3,300 patients under the terms of a General Medical Services contract. The practice is a member of the NHS Stoke On Trent Clinical Commissioning Group (CCG). The ethnicity of patients registered at the practice are approximately 94% white, 2.8% Asian, 1.5% black and 1.3% mixed race.

The practice staffing comprises:

- One full time GP and a part time locum GP (both male).
- One female practice nurse and non-medical prescriber providing 0.8 whole time equivalent hours (WTE).
- One full time Practice Manager.
- Administration staff providing 4.5 WTE hours.

The practice is open 8.30am to 6.00pm on Monday, Tuesday, Wednesday and Friday and 8.30am to 1pm on Thursday. The practice offers extended hours on a Monday evening where the practice is open until 8pm. Following a national government initiative from 1 September 2018 extra appointments are offered across the whole of Stoke On Trent, including evening and weekend appointments. Under the Extended Hours Primary Care Services programme, there is a requirement for patients to be able to access 1½ hours additional appointments after 6.30pm each week day and an effective weekend service based on the local needs of the area.

The practice has opted out of providing an out-of-hours service. When the practice is closed the out-of-hours service provider is Staffordshire Doctors Urgent Care Limited (SDUC). Patients may also call NHS 111 or 999 for life threatening emergencies. Routine appointments can be booked in person, by telephone or on-line. Home visits are available to patients with complex needs or who are unable to attend the practice.

Further details about the practice can be found by accessing the practice's website at: www.blurtongp.co.uk

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users. **How the regulation was not being met:** The provider had failed to: • Implement an effective monitoring process for patients' health in relation to those found to be within a pre-diabetes range. • Document secondary care prescribed medicines within the patients' hospital prescribed medicines section in their electronic records. • Complete risk assessments for emergency medicines not held at the practice. • Maintain clear oversight on the NHS Property Management risk assessments for the premises.