

Talke Clinic

Quality Report

Talke Clinic
High Street
Talke Pits
Stoke On Trent
Staffordshire
ST7 1QQ

Tel: 01782 783565

Website: www.talkeclinic.nhs.uk

Date of inspection visit: 8 January 2018

Date of publication: 24/01/2018

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 service

Good



Are services safe?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary

Page

2

Detailed findings from this inspection

Our inspection team

3

Background to Talke Clinic

3

Why we carried out this inspection

3

Detailed findings

5

Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Talke Clinic on 27 June 2017. The overall rating for the practice was good with requires improvement for providing safe care and treatment. The full comprehensive report on the June 2017 inspection can be found by selecting the 'all reports' link for Talke Clinic on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 8 January 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment, that we identified in our previous inspection on 27 June 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as good and good for providing safe care and treatment and for all population groups.

Our key findings were as follows:

- There was an effective system to monitor that all important clinical test requests were reviewed and followed up.
- The practice's policy for safeguarding vulnerable adults reflected current guidance.
- The practice's recruitment policy reflected legally required recruitment information.
- Repeat prescriptions were issued within their authorisation duration.
- An effective system to formally review blood test results before patients were issued repeat prescriptions for warfarin was in place.
- There was an on-going system to act on a Medicines and Healthcare products Regulatory Agency (MHRA) alert for two medicines used in the treatment of heart failure.
- The advanced nurse practitioner was supported in their extended role by a GP through monthly patient care reflective accounts.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Talke Clinic

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Talke Clinic

We previously carried out an announced comprehensive inspection at Talke Clinic on 27 June 2017. The overall rating for the practice was good with requires improvement for providing safe care and treatment. We issued a requirement notice in relation to a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment. The practice submitted an action plan detailing how they planned to meet the legal requirements. The full comprehensive report on the June 2017 inspection can be found by selecting the 'all reports' link for Talke Clinic on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 8 January 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the above breach.

Talke Clinic is registered with the Care Quality Commission (CQC) as a partnership provider in North Staffordshire. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. At the time of our inspection 3,913 patients were registered at the practice. The practice is a single storey building allowing easy access for patients with mobility problems.

The practice has comparable levels of deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. The average age range of patients at the practice is in line with the national average, with the exception of having 5% more patients aged over 65 years. The percentage of patients with a long-standing health condition is 69% which is higher than the local CCG average of 56% and national average of 54%.

The practice staffing comprises of:

- Two GP partners (one male and one female)
- A salaried GP (female)
- An advanced nurse practitioner, a practice nurse and a health care assistant
- A practice manager
- An assistant practice manager
- Six members of administrative staff working a range of hours.

The practice is open Monday 7.30am until 6.30pm, Tuesday 8am until 7.30pm, Wednesday and Thursday 8am until 6.30pm and Friday 7.30am until 6.30pm. GP appointments are available:

Monday 7.30am – 11.30am and 2.30pm – 6pm

Tuesday 8am – 11.30am and 2.30pm – 7.30pm

Wednesday 9am – 11.30am and 2.30pm – 5.30pm

Thursday 8.30am – 11.30am and 2.30pm – 5.30pm

Friday 7.30am – 11.30am and 2.30pm – 6pm.

Pre-bookable appointments can be booked up to two weeks in advance or one month in advance for follow up appointments. Urgent appointments are available for those that need them. The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling

Detailed findings

NHS 111. The practice offers a range of services for example, management of long term conditions such as diabetes, immunisations for children, travel vaccinations, minor operations and child development checks. Further details can be found by accessing the practice's website at www.talkeclinic.nhs.uk.

Why we carried out this inspection

We undertook a comprehensive inspection of Talke Clinic on 27 June 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 with requires improvement in providing safe care and treatment. The full comprehensive report following the inspection in June 2017 can be found by selecting the 'all reports' link for Talke Clinic on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Talke Clinic on 8 January 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.

Are services safe?

Our findings

At our previous inspection on 27 June 2017, we rated the practice as requires improvement for providing safe services. This was because:

Care and treatment was not provided in a safe way to patients in particular:

- Evidence that clinical test requests were reviewed and followed up was not always available.
- The practice's safeguarding vulnerable adult's policy did not reflect the latest guidance.
- The recruitment policy did not reflect legally required recruitment information.
- Repeat prescriptions were issued beyond their authorised duration.
- An effective system to formally review blood test results before repeat prescriptions for warfarin were issued was not in place.
- A Medicines and Healthcare products Regulatory Agency (MHRA) alert for two medicines used in the treatment of heart failure had not been reviewed.
- A formal system to support the advanced nurse practitioner in their extended role was not in place.

These arrangements had significantly improved when we undertook a follow up inspection on 8 January 2018. The practice is now rated good for providing safe services and for all of the population groups.

Safety systems and processes

- Systems to check that all important clinical test requests were reviewed and followed up had been implemented. We saw that the practice had developed a protocol providing guidance for clinical and non-clinical staff to support them in this role. An audit had been completed to monitor the effectiveness of this system. On the day of the inspection we saw that there were 48 pending results, all of which were explicable.
- The practice's safeguarding vulnerable adult's policy had been updated to reflect the latest guidance. For example, modern slavery, female genital mutilation and human trafficking.

The recruitment policy had been updated to reflect legally required recruitment information. For example, obtaining photographic identity, checking professional registrations and checks on GPs from abroad working in the UK. However, it did not include accounting for gaps in employment history. The practice gave examples of when they had enquired about gaps in employment history and amended the policy accordingly.

Safe and appropriate use of medicines

- The practice had updated their management of repeat prescriptions following our previous inspection to ensure repeat prescriptions were not issued beyond the authorised duration. All the staff we spoke with were aware of their role and responsibilities in ensuring this. The practice had completed audits to monitor the accuracy of their systems and made changes as required. We looked at the repeat prescription requests of four patients who had failed to attend for a medication review when required and saw that the practice had complied with their revised policy.
- At our previous inspection it was unclear if blood test results had been reviewed before a repeat prescription was issued for the high risk medicine, warfarin (a medicine used to slow down blood clotting to prevent blood clots from developing or worsening). At this inspection we found that a protocol for the issuing of repeat prescriptions for warfarin had been implemented. Monthly searches and an audit had been completed to monitor the effectiveness of the system. On the day of our inspection, we reviewed the records of three patients and saw that alerts were added to the records of patients to inform the GP of the result of the last blood test and the planned date of the next.
- A system of three monthly searches had been implemented to ensure that Medicines and Healthcare products Regulatory Agency (MHRA) alerts regarding risks associated with two medicines used in the treatment of heart failure were effectively monitored. On the day of our inspection, we reviewed the notes of three patients and saw appropriate and timely blood tests had been completed to ensure patient safety.
- A formal system to support the advanced nurse practitioner (ANP) in their extended role had been implemented. We saw that a system of monthly reflective accounts of patient consultations were

Are services safe?

recorded by the ANP and discussed in detail with a GP. There was evidence of learning, for example, the need to document who attended the practice with a child during a consultation.