

Stanmore Medical Group

Quality 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 service	Good	
Are services safe?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an unannounced focused inspection at Stanmore Medical Group on 15 August 2017. This was to check that improvements had been made following the breaches of legal requirements we identified from our comprehensive inspection carried out on 12 January 2017. During our inspection in January 2017 we identified regulatory breaches in relation to;

- Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014

- safe care and treatment.

- Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014

- good governance.

This report only covers our findings in relation to the areas requiring improvement as identified on inspection in January 2017. You can read the report from this comprehensive inspection, by selecting the 'all reports' link for Stanmore Medical Group on our website at www.cqc.org.uk.

The areas identified as requiring improvement during our inspection in January 2017 were as follows:

- Ensure the system for managing high risk medicines is effective and keeps patients safe.
- Review and strengthen its overall system for monitoring responses to safety alerts to ensure that any required actions are addressed.

In addition, the practice were told they should:

- Review training systems to ensure staff are up to date in areas such as basic life support.
- Continue to encourage patients to engage with the national screening programme for breast cancer.

Our focused inspection on 15 August 2017 showed that improvements had been made and our key findings across the areas we inspected were as follows:

- The practice had an effective system in place for the safe management of patients receiving high risk medicines.
- A system was in place to ensure the required actions were taken and recorded in response to safety alerts.
- Staff had completed training relevant to their roles, for example safeguarding and basic life support training.
- The practice had taken steps to encourage patients to engage with the national cancer screening programme.
- The processes in place for managing risks had been reviewed and improved.

Summary of findings

- The practice had strengthened their governance arrangements and had introduced additional practice specific policies and risk assessments which were reviewed on a regular basis.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

At our comprehensive inspection on 12 January 2017, we identified breaches of legal requirements. Improvements were needed to processes and procedures to ensure the practice provided safe services.

During our focused inspection on 15 August 2017, we found the practice had taken action to improve and the practice is rated as good for providing safe services.

- The practice had an appropriate system in place for the safe monitoring and management of patients receiving high risk medicines.
- A system was in place to ensure the required actions were taken and recorded in response to safety alerts.

Good



Are services well-led?

At our comprehensive inspection on 12 January 2017, we identified breaches of legal requirements. Improvements were needed to processes and procedures to ensure the practice provided well-led services.

During our focused inspection on 15 August 2017, we found the practice had taken action to improve and the practice is rated as good for providing well-led services.

- The processes in place for managing risks had been reviewed and improved.
- The practice had strengthened their governance arrangements and had introduced additional practice specific policies and risk assessments which were reviewed on a regular basis.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

At our comprehensive inspection on 12 January 2017 we found that the practice was responsive to the needs of older people in its population.

However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe services and was well-led. Consequently the practice was rated as requires improvement for this population group. During our focused inspection on 15 August 2017 we found the practice had taken action to improve and is now rated as good for the care of older people as they received care that was safe and well-led.

Good



People with long term conditions

At our comprehensive inspection on 12 January 2017 we found that the practice maintained registers of patients with long-term conditions and used these to monitor their health and ensure they were offered appropriate services.

However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe services and was well-led. Consequently the practice was rated as requires improvement for this population group. During our focused inspection on 15 August 2017 we found the practice had taken action to improve and is now rated as good for the care of people with long-term conditions as they received care that was safe and well-led.

Good



Families, children and young people

At our comprehensive inspection on 12 January 2017 we found that appointments were available outside of school hours and the premises were suitable for children and babies.

However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe services and was well-led. Consequently the practice was rated as requires improvement for this population group. During our focused inspection on 15 August 2017 we found the practice had taken action to improve and is now rated as good for the care of families, children and young people as they received care that was safe and well-led.

Good



Summary of findings

Working age people (including those recently retired and students)

At our comprehensive inspection on 12 January 2017 we found patients could access online services such as repeat prescription ordering and appointment booking.

However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe services and was well-led. Consequently the practice was rated as requires improvement for this population group. During our focused inspection on 15 August 2017 we found the practice had taken action to improve and is now rated as good for the care of working age people as they received care that was safe and well-led.

Good



People whose circumstances may make them vulnerable

At our comprehensive inspection on 12 January 2017 we found that the practice held a register of patients living in vulnerable circumstances including those with a learning disability and patients at risk of hospital admission.

However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe services and was well-led. Consequently the practice was rated as requires improvement for this population group. During our focused inspection on 15 August 2017 we found the practice had taken action to improve and is now rated as good for the care of people whose circumstances may make them vulnerable as they received care that was safe and well-led.

Good



People experiencing poor mental health (including people with dementia)

At our comprehensive inspection on 12 January 2017 we found that the practice maintained a mental health register which it used to monitor patients and offer relevant information and services.

However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe services and was well-led. Consequently the practice was rated as requires improvement for this population group. During our focused inspection on 15 August 2017 we found the practice had taken action to improve and is now rated as good for the care of people experiencing poor mental health as they received care that was safe and well-led.

Good



Stanmore Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor.

Background to Stanmore Medical Group

Stanmore Medical Group is a large practice in central Stevenage. It operates under a General Medical Services (GMS) contract with NHS England. A GMS contract is a nationally agreed contract between general practices and NHS England for delivering primary care services to local communities. The senior GP is the Registered Manager and the practice's main site is based at Stanmore Road which offers accessible facilities for patients with disabilities.

The practice has three additional branch sites, located at the Poplars Surgery, Canterbury Way Surgery and St Nicholas Health Centre. We did not visit the branch sites as part of the inspection. Stanmore Medical Group has a list size of approximately 35,000 patients including a number of patients who live in two local care homes. Stanmore Medical Group is a training practice which has qualified junior doctors working under the supervision of the GPs.

The patient population demographics attending Stanmore Medical Group are broadly in line with national averages, with an above average number aged 45 to 60 years. Levels of social deprivation are lower than average. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is

commissioned to improve the range of services available to patients. For example, the practice offers minor surgery, extended hours access and improved services for patients at risk of or following unplanned admissions.

The clinical team includes 10 GP partners (five male and five female), two male salaried GPs, five trainee GPs, eight practice nurses and one healthcare assistant. The team is supported by a recently appointed clinical pharmacist, two practice business and development managers and a business support staff of 28 who are organised into smaller teams in reception, the practice call centre, IT, secretarial and administrative work including prescribing and Quality Outcomes Framework and Enhanced Services monitoring. The business support staff are shared across the main site and the Canterbury Way Surgery.

Stanmore Medical Group opens from 8am to 6.30pm from Monday to Friday. A variety of appointments are available between these times. Extended hours appointments are available with both doctors and nurses on Monday evenings from 6.30pm to 9pm, on Wednesday evenings from 6.30pm to 7.30pm, and every fourth Saturday morning from 7am to 12pm.

There are further arrangements in place to direct patients to out-of-hours services provided by NHS 111 when the practice is closed.

Why we carried out this inspection

We undertook an unannounced focused inspection of Stanmore Medical Group on 15 August 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

This inspection was carried out to check that improvements to meet legal requirements planned by the

Detailed findings

practice after our comprehensive inspection on 12 January 2017 had been made. We inspected the practice against two of the five questions we ask about services: is the service safe and is the service well-led. This is because the service was not meeting some legal requirements.

How we carried out this inspection

Before our inspection, we reviewed information sent to us by the provider. This information told us how they had addressed the breaches of legal requirements we identified during our comprehensive inspection on 12 January 2017.

We carried out an unannounced focused inspection on 15 August 2017. During our inspection we:

- Spoke with the practice business and development managers, the clinical pharmacist and the GP prescribing lead.
- Reviewed a sample of the personal care or treatment records of patients.

Are services safe?

Our findings

At our inspection on 12 January 2017 we checked a sample of records which showed that some patients who were prescribed high risk medicines had either not attended for a blood test

within the target period, or the practice had not checked the data made available by the hospital to confirm the results of recent blood tests. The practice maintained a written log of all relevant safety alerts received but there was no clear process for ensuring that action had been taken for all safety issues as a result. We found some gaps in staff training, for example one member of staff had not received refresher training on basic life support and one of the GP leads for safeguarding was overdue their safeguarding level three refresher training.

During our focused inspection August 2017, we found the following improvements had been made.

Safe track record and learning

During our inspection and from our conversations with staff, our observations and our review of documentation we found the practice had taken action to ensure the safe management of relevant patient safety alerts.

The practice had a clear system in place to manage safety alerts. The GP lead for prescribing worked with a recently appointed clinical pharmacist to assess and act on safety alerts. All safety alerts were discussed at partners meetings which took place monthly. For example, we saw evidence to confirm the practice had contacted patients following a

safety alert in relation to possible side effects of a specific medicine. The practice maintained a record of the action taken in response to safety alerts and carried out regular audits to ensure ongoing monitoring.

Overview of safety systems and processes

During our inspection on 15 August 2017 we found the practice had an appropriate system in place for the safe monitoring and management of patients receiving high risk medicines and medicines which require monitoring. The practice had developed a medication review template and we saw evidence that the practice completed regular audits to ensure safe monitoring. The practice had a system in place to ensure clinicians checked patient monitoring prior to prescribing high risk medicines. We found systems were now in place to ensure data made available by the hospital was checked and recorded on the clinical system on a regular basis. We checked a sample of clinical records and found all these patients had received the required checks.

We saw evidence to confirm the safeguarding leads were trained to an appropriate level to manage safeguarding children (level three) and adults.

The practice had reviewed national guidance and had completed a risk assessment for emergency procedures. All clinical and reception staff members completed basic life support training on an annual basis. The practice had arrangements in place to provide basic life support training to non-clinical office based staff on a three yearly basis. The practice maintained a record of all staff training and this was monitored on a regular basis.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our inspection on 12 January 2017 we found the processes in place for managing risks were not always working effectively to adequately protect patients from the risk of harm.

During our focused inspection August 2017, we found the following improvements had been made.

Governance arrangements

We found the processes in place for managing risks had been reviewed and improved. The practice had governance arrangements which supported the delivery of good quality care.

- The practice had introduced additional practice specific policies including a protocol for monitoring and reviewing high risk medicines. The practice had completed a number of risk assessments which were reviewed on a regular basis.
- Systems and processes in place to monitor patients receiving high risk medicines and medicines which require monitoring had been strengthened. The practice completed searches on their clinical system for the effective management of safety alerts. There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- The practice had taken steps to increase the uptake of national screening programmes for bowel and breast cancer screening. The practice completed a search on a monthly basis and contacted relevant patients. The practice displayed information in patient waiting areas and worked with their Patient Participation Group (PPG) to encourage its relevant patients to attend for screening. (This is a group of volunteer patients who work with practice staff on making improvements to the services provided for the benefit of patients and the practice).