

Dr C Stephenson & Partners

Inspection report

Harley Street
Hanley
Stoke On Trent
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Date of inspection visit: 25 May 2022
Date of publication: 20/06/2022

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 well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Dr C Stephenson & Partners with remote clinical searches completed on 13 April 2022 and an onsite inspection on 25 May 2022.

Overall, the practice is rated as Requires Improvement.

We rated the following key questions:

- Safe - Requires Improvement
- Effective - Requires Improvement
- Well-led - Requires Improvement

Following our previous inspection on 01 October 2018, the practice was rated Good overall but required improvement for providing a well led service. The full reports for previous inspections can be found by selecting the 'all reports' link for Dr C Stephenson & Partners on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was focused with a site visit inspection to follow up on:

- Safe, Effective and Well Led key questions

We followed up on the 'shoulds' identified in the previous inspection. The 'shoulds' had included:

- Introduce a system which enables clear oversight on clinical staff indemnity insurance.
- Continue to review the electronic policy and procedure systems to enable ease of access for staff.
- Regularly review the risk assessment now in place for medicines not held at the practice for use in an emergency.
- Implement safeguard policy updates in line with local and national guidance changes.
- Improve staff awareness on how to check that the vaccine fridge temperature ranges are appropriately set.

How we carried out the inspection/review

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Staff feedback questionnaires
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit

Our findings

Overall summary

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 Requires Improvement overall

We found that:

- The 'shoulds' identified in our previous inspection on 01 October 2018 had all been met.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- Improvement was required in medicine management including historical patient safety alerts.
- Some governance assurance systems had been ineffective at identifying risks.
- Staff were aware the practice's vision or values were being updated but not of the practice strategy or their responsibilities toward its attainment.

We found breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

The provider **should**:

- Maintain and improve the standards in patient medicine reviews to enable all monitoring requirement checks at least annually.
- Consider ways to gain patient feedback and reform the patient participation group.

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with the Lead GP using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Dr C Stephenson & Partners

Dr C Stephenson & Partners is located in Stoke on Trent at:

Harley Street Medical Practice

Harley Street

Hanley

Stoke on Trent

Staffordshire

ST1 3RX

The practice has a branch surgery at:

Staffordshire University Student Health Service,

20 Leek Road

Stoke-on-Trent

ST4 2YJ (branch practice for university students only and was not visited during this inspection).

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

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

The practice is situated within the NHS Stoke on Trent Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 9,138. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices Hanley, Bucknall & Bentilee.

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

According to the latest available data, the ethnic make-up of the practice area is 15.8% Asian, 76.8% White, 3.4% Black, 2.6% Mixed, and 1.4% Other.

There is a team of three GP partners, two salaried GPs and a retained GP, who provide cover at both practices, which equated to the whole time equivalent of 4.1 GPs. The practice has a full-time lead nurse who provides nurse led clinics for long-term conditions and a full-time healthcare support worker. The full-time practice manager/business partner is based at the main location to provide managerial oversight. The clinical and management staff are supported at the practice by a team of reception, data clerks, secretarial and administration staff.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is invited to the practice.

Extended access is provided locally by the local GP Federation, where late evening and weekend appointments are available. Out of hours services are provided by NHS 111 service.

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 were not being met. The provider must send CQC a report that says what action they are 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way for service users.</p> <p>In Particular:</p> <ul style="list-style-type: none">• There was a lack of safeguarding electronic coding within some records reviewed.• Processes to act on historic Medicines and Healthcare products Regulatory Agency (MHRA) alerts were not fully incorporated into clinical practice.• Patients prescribed high risk medicines had not always received the required blood test monitoring.• There were some gaps in the practices long term condition electronic read coding for prediabetes.• Not all relevant patients received steroid emergency cards or a follow up review. <p>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of patients with long-term conditions receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• There were patients with a potential missed diagnosis of diabetes or chronic kidney disease (CKD).• Patients with CKD, stage four or five, had not always received the required monitoring in the last 12 months.• Patients with diabetes, CKD or hypothyroidism had not always received the required monitoring.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to:</p>

Requirement notices

- assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);
- assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

How the regulation was not being met:

Some governance assurance systems had been ineffective at identifying risks. **In particular:**

- Governance system to ensure all staff achieve the appropriate levels of safeguarding training.
- Provider oversight to any delegated tasks of historical patient safety alerts patient searches and related activity.
- Practice electronic read coding for example, prediabetes, safeguarding records of parents/adult family members for three of the child safeguarding records reviewed.
- Medicine reviews including some patients monitoring tests on high risk medicines.
- The potential missed diagnoses for chronic kidney disease and diabetes.
- A lack of staff awareness of the practice strategy or their responsibilities toward its attainment.

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