Meir Park Surgery (also known as Meir Park & Weston Coyney Medical Practice)

Inspection report

Lysander Road
Meir Park
Stoke On Trent
Staffordshire
ST3 7TW
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Date of inspection visit: 6 March 2019
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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	Inadequate
Are services safe?	**Inadequate**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive?	**Requires improvement**
Are services well-led?	**Inadequate**

Overall summary

We carried out an announced comprehensive inspection at Meir Park Surgery on 6 March 2019 as part of our inspection programme.

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 inadequate overall and requires improvement for all population groups.

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

- Staff had not been made aware of the most up to date safeguarding policies and procedures to refer to or where to locate them.
- Some clinical and non-clinical staff had not completed safeguarding training appropriate to their role. Not all staff who acted as chaperones were trained for this role.
- Regular safeguarding meetings with other agencies had not been held and a system of reconciling children at risk of harm identified by the practice with health visitors and school nurses was not in place. The practice did not have arrangements for following up failed attendance of children's appointments following an appointment in secondary care or frequent A&E attendances.
- Recruitment checks had not always been carried out in accordance with regulations.
- Two members of staff who acted as fire marshals had not received the required training. Not all staff had received training on infection prevention and control. Non-clinical staff had not been provided with training to make them aware of possible signs of sepsis.
- Not all the suggested emergency medicines were available at the branch practice. A risk assessment to mitigate potential risks to patients had not been completed. The process for monitoring patients prescribed high risk medicines was not always effective. Appropriate monitoring and clinical review prior to prescribing was not always completed.
- Medicines and Healthcare products Regulatory Agency (MHRA) alerts were not always acted upon.
- A system for sharing learning from significant events with staff was not in place.

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

- Patients' needs were assessed, and care and treatment were delivered in line with current legislation.
- The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

However:

- We identified 248 patients in the potentially pre-diabetic stage who had not been coded appropriately within the practice's computer system or received life style advise.
- The practice did not have arrangements for following up failed attendance of children's appointments following an appointment in secondary care.
- There were multiple gaps in staff training in relation to equality and diversity, basic life support, fire safety, mental capacity act, health and safety and safeguarding vulnerable adults and children.

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

- Staff treated patients with kindness, respect and compassion.
- The practice respected patients' privacy and dignity.

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

- Patient satisfaction with access to appointments was significantly below the national average.
- A system was not in place to follow up children and young people with a high number of accident and emergency attendances or children who failed to attend hospital appointments.
- There was no system in place to share learning from complaints with staff across both sites.

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

- Action plans to address the challenges faced by the practice were not in place. This included succession planning and delivery of the service in relation to very low patient satisfaction with access to appointments.
- Staff were not aware of the practice's vision.

Overall summary

- There were very low levels of staff satisfaction and high levels of stress across both practices. Staff did not feel that their views were listened to or valued.
- Staff were confused regarding where they would locate the most up to date policies.
- An overarching system to monitor staff compliance with essential training was not in place.
- A system of sharing learning from significant events and complaints with staff was not in place.
- Five of the eight recommendations we made at our previous inspection had not been fully implemented.

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**:

- Improve access to interpretation services at the main practice.
- Identify ways of improving access to appointments.
- Record in patients' notes that blood test results have been checked by a GP and are within a safe therapeutic stage before issuing repeat prescriptions for methotrexate.

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

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Dr Rosie Benneyworth BS BM BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

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. The team 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 6,643 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, four 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 over 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • Action plans to address the challenges faced by the practice were not in place. This included succession planning and delivery of the service in relation to very low patient satisfaction with access to appointments. • Staff were confused regarding where they would locate the most up to date policies. • An overarching system to monitor staff compliance with essential training was not in place. • A system of sharing learning from significant events and complaints with staff was not in place. • Five of the eight recommendations we made at our previous inspection had not been fully implemented. • Staff were not aware of the practice's vision. • There were very low levels of staff satisfaction and high levels of stress across both practices. Staff did not feel that their views were listened to or valued. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** There was no proper and safe management of medicines. In particular: • Not all the suggested emergency medicines were available at the branch practice. A risk assessment to mitigate potential risks to patients had not been completed. • The process for monitoring patients prescribed high risk medicines was not always effective. • Medicines and Healthcare products Regulatory Agency (MHRA) alerts were not always acted upon. Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular: • The provider could not demonstrate that all clinical and non-clinical staff had completed the appropriate level of safeguarding children and vulnerable adults training for their roles. • The provider had not ensured that all non-clinical staff were trained in identifying deteriorating or acutely unwell patient's suffering from potential illnesses such a sepsis. • Not all staff who acted as chaperones were trained for this role. • Two members of staff who acted as fire marshals had not received the required training. • Not all staff had received training on infection prevention and control. There was additional evidence that safe care and treatment was not being provided. In particular: • Regular children's safeguarding meetings with other agencies had not been held.

This section is primarily information for the provider

Enforcement actions

- A system of reconciling children at risk of harm, as identified by the practice, with health visitors and school nurses was not in place.
- The practice did not have arrangements for following up failed attendance of children's appointments following an appointment in secondary care or children who were frequent A&E attenders.
- Recruitment checks had not always been carried out in accordance with regulations.
- 248 patients potentially in the pre-diabetic stage had not been coded appropriately within the practice's computer system or received appropriate life style advise.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.