

# Balance Street Practice

## Inspection report

Balance Street  
Uttoxeter  
Staffordshire  
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Date of inspection visit: 19 February 2019  
Date of publication: 26/03/2019

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 comprehensive inspection at Balance Street Practice on 19 February 2019. The announced inspection was 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 Good overall.**

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

- The systems, processes and practice that helped to keep patients safe and safeguarded from abuse were insufficient. Not all staff had been in receipt of safeguard training to the level appropriate for their role.
- There were gaps in the process for monitoring patients' health in relation to the use of high risk medicines.

**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 caring service because:**

- Patients reportedly positively on being treated with care and concern and had confidence and trust in the healthcare professional they saw or spoke to.
- The practice National GP Survey results were above the local clinical commissioning group and England averages. However, improvement in the carer register numbers was required as only 97 registered patients were electronically coded as being a carer which represented 0.7% of the practice population.

**We rated the practice as good for providing a responsive service because:**

- The practice organised and delivered services to meet patients' needs.

- The practice National GP survey findings were in line with or above the local clinical commissioning group and England averages in respect of patient access.

**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. However, some policies we reviewed required clinical oversight and were overdue a review.

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 as they are in breach of regulations are:**

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

(Please see the specific details on action required at the end of this report).

**The areas where the provider should make improvements are:**

- Implement safeguard policy updates in line with local and national guidance changes.
- Develop the staff training matrix which enables clear oversight on all staff training.
- Continue to improve the practice carer register numbers.

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

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

## Population group ratings

|  |   |
|--|---|
| <b>Older people</b>  | <b>Good</b>                  |
| <b>People with long-term conditions</b>  | <b>Good</b>                  |
| <b>Families, children and young people</b>                                     | <b>Requires improvement</b>  |
| <b>Working age people (including those recently retired and students)</b>      | <b>Good</b>                  |
| <b>People whose circumstances may make them vulnerable</b>                     | <b>Good</b>                  |
| <b>People experiencing poor mental health (including people with dementia)</b> | <b>Good</b>                  |

## 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 Balance Street Practice

Balance Street Practice is located in Uttoxeter and provides primary medical services to patients who live within a five-mile radius of the practice. The practice provides a GP service to approximately 13,824 patients under the terms of a Personal Medical Services contract with NHS England. A PMS contract is a contract between NHS England and general practices for delivering personal medical services. The practice is a member of the NHS East Staffordshire Clinical Commissioning Group (CCG). The ethnicity of patients registered at the practice are approximately 98% white, 0.9% Asian and 0.6% mixed race.

The practice staffing comprises:

- Four full time and two-part time GPs
- Two practice nurses
- Four healthcare assistants
- A phlebotomist
- Reception and administration team including medical secretaries, data quality and an IT lead
- Six dispensary staff including a dispensary manager and five dispensary students
- A practice manager and a finance manager
- Two caretakers

The practice is open from 8am to 6.30pm Monday to Friday. The practice offers extended hours on Monday mornings from 7.45 to 8am, and Monday to Friday evenings from 6.30 to 7pm.

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:

Following a national government initiative from 1st September 2018 extra appointments are offered across the whole of East Staffordshire, including evening and weekend appointments. The requirement is for practices to provide an additional 30 minutes for every 1,000 patients per week. Each appointment will be between 10 and 15 minutes, which means there are four to six appointments available per hour. Additionally, a new online digital service is available on Sunday mornings where appointments are offered with a GP via the Q

Doctor App. All practices across East Staffordshire are participating in this extended access. Further information can be found at; [www.eaststaffscg.nhs.uk/your-health/extended-primary-care-services](http://www.eaststaffscg.nhs.uk/your-health/extended-primary-care-services).

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      | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>The provider had failed to ensure the proper and safe management of medicines, in particular:</b></p> <p>There were gaps in the practice process for monitoring patients' health in relation to the use of high risk medicines.</p> <p>There was a lack of a systematic approach for oversight of records of skills, qualifications and training for all staff in particular staff safeguard training levels appropriate to their role.</p> <p>There was no system in place to follow up children's non-attendance at secondary care appointments. The safeguarding policies did not reflect updated categories of abuse.</p> |
| Family planning services                 |   |
| Maternity and midwifery services         |   |
| Surgical procedures                      |   |
| Treatment of disease, disorder or injury |   |

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.