

Glebedale Medical Practice

Inspection report

Fenton Health Centre
Glebedale Road, Fenton
Stoke On Trent
ST4 3AQ
Tel: 01782743121
www.glebedalemedicalpractice.nhs.uk

Date of inspection visit: 23 November 2022
Date of publication: 16/12/2022

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

Good 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection) at Glebedale Medical Practice on 23 November 2022. Overall, the practice is rated as Good.

Safe - Requires improvement

Effective -Good

Caring - Good

Responsive -Good

Well-led – Good

The previous Care Quality Commission inspection on 11 May 2021, the practice was rated Good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Glebedale Medical Practice on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities.

- We inspected, safe, effective, caring, responsive and well led key questions.
- We followed up on the 'shoulds' identified in the previous inspection

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.
- Staff feedback questionnaires
- Speaking with other stakeholders such as care homes.

Our findings

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.

Overall summary

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm. However, some areas were identified in recruitment processes for improvement.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way. The practice had completed an in-house survey and implemented changes to further improve patient access.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care. The practice had recognised the need and had insight into the need to develop a measurable strategy.

We found a breach of regulations. The provider **must**:

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

The provider **should**:

- Document in full the actions taken by the practice to mitigate risk following a significant event or incident.
- Strengthen the systems for the validation and reconciliation of the practice safeguard registers with the appropriate local safeguarding social service team.
- Continue to improve the uptake of cervical screening.
- Continue to improve the uptake of childhood immunisations.
- Consider the need to close the branch site doors between 1pm and 2pm with safe staffing levels.
- Implement the suggestion made for the inclusion of a representative of each staff role at the practice meetings on a rotation basis.
- Continue with their activity to establish a Patient Participation Group (PPG).
- Continue with the development of a credible and measurable practice strategy.
- Engage staff with clear GP leadership and provide staff feedback on suggestions made and actions taken in response to feedback.

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

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

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 staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Glebedale Medical Practice

Glebedale Medical Practice delivers services from two locations which we visited during our inspection:

- Fenton Health Centre, Glebedale Road, Fenton, Stoke on Trent Staffordshire ST4 3AQ
- Merton Street, Longton, Stoke on Trent, ST3 1LG

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 Stoke on Trent Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 11,611. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices - South Stoke Central Primary Care Network (PCN).

Information published by Public Health England reports deprivation within the practice population group as 2 on a scale of 1 to 10. Level 1 represents the highest levels of deprivation and level 10 the lowest.

The average life expectancy of the practice population is lower than the national average for both males and females (75.5 years for males, compared to the national average of 79.5 years and 80.3 years for females compared to national average of 83 years).

The age distribution of the practice population closely mirrors the local and national averages. There are slightly more male patients registered at the practice compared to females.

There is a team of 4 GP partners, 2 salaried GPs and an Advanced Nurse Practitioner. The practice has a team of nurses which included, 2 nurse practitioners, 3 practice nurses and a trainee practice nurse. The practice is supported by a team of reception, administration, electronic coder and scanning staff, a senior administrator, data analyst and medical secretarial staff. The practice manager and assistant practice manager are based at the main location to provide managerial oversight.

The practice opening times at the Fenton site are, 8am to 6pm Monday, Tuesday, Wednesday and Friday and 8am to 5pm on Thursdays. At the Longton site the opening times are 8am to 5pm Monday, Tuesday, Wednesday and Friday and 8am to 1pm on Thursdays. At the Longton site the practice closed its doors between 1pm-2pm due to staffing. The practice advised that this was currently under review.

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

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

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.</p> <p>In particular:</p> <ul style="list-style-type: none">• Information about candidates set out in Schedule 3 of the regulations must be confirmed before staff are employed.• Disclosure and barring checks were not completed prior to employment.• Satisfactory information about any physical or mental health conditions which are relevant to a person's ability to work. <p>This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>