Glebedale Medical Practice

Inspection report

Fenton Health Centre
Glebedale Road, Fenton
Stoke On Trent
Staffordshire
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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	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 Glebedale Medical Practice on the 10 and 14 January 2020 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 good overall and in all key questions except for safe which we rated as requires improvement. We rated all of the population groups as good except for people experiencing poor mental health which we rated as requires improvement.

We rated the practice as **requires improvement** in safe because:

- The safeguarding policy had been updated but some key clinical staff were unaware of where to find it.
- The practice maintained safeguarding lists of vulnerable adults and children but systems for ensuring the accuracy of the lists were not fully effective.
- All the required risk assessments had not been completed for the branch practice. This included a fire risk assessment and a risk assessment for outstanding actions in response to an unsatisfactory rating for the five-year electrical testing of fixed wires. Cleaning staff did not have access to COSHH risk assessments.
- There was a process in place to monitor the health of patients prescribed high-risk medicines. However, a patient of child bearing age who was prescribed valproate had not been made fully aware of the need for highly effective contraception.

We rated the practice as **good** in effective because:

- Patients received effective care and treatment that met their needs.
- Multi-disciplinary team meetings were in place to support patients near the end of their life.
- The practice had clear processes in place to follow up children that did not attend immunisations. However, three of the four childhood immunisation uptake indicators were below the national 90% target.
- The practice's cervical screening rate had increased over time following the actions they had taken.
- Patients experiencing poor mental health did not have care plans in place. Coding had inaccurately been completed to state that they had. Following our inspection, the practice sent us a template they would use to complete care plans for this group of patients.

We rated the practice as **good** in caring because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice had identified 297 patients as carers within the practice. This represented 2.4% of the practice population.

We rated the practice as **good** in responsive because:

- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- Complaints were used to improve the quality of the service.

We rated the practice as **good** in well-led because:

- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- Leaders demonstrated that they understood the challenges to quality and sustainability and put effective action plans in place to address them.
- There was a realistic strategy to achieve their priorities.

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

- Ensure care and treatment is provided in a safe way to patients.

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

- Inform and monitor that all staff know where to find the safeguarding policy.
- Explore ways of improving engagement with community primary care staff to support vulnerable patients and patients with complex needs.
- Explore further ways of increasing patient uptake of childhood immunisations and cancer screening.
- Identify ways of reducing the exception reporting for patients experiencing poor mental health.

Overall summary

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

Population group ratings

Older people	Good
People with long-term conditions	Good
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Good
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 advisor and a practice manager specialist advisor.

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 practices have good transport links and have pharmacies located nearby.

Glebedale Medical Centre and Merton Surgery merged in April 2019. We previously carried out an announced comprehensive inspection at Merton Surgery on 13 December 2018 as part of our inspection programme. The practice was rated inadequate. The provider cancelled their registration with the Care Quality Commission and merged with the new provider Glebedale Medical Practice. Glebedale Medical Practice was rated good overall at their previous inspection on 1 December 2014. The full comprehensive reports for the Merton Surgery inspection and Glebedale Medical Practice inspection can be found by selecting the 'all reports' link on our website at www.cqc.org.uk.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, surgical procedures, treatment of disease, disorder or injury and family planning.

Glebedale Medical Practice is situated within the NHS Stoke-on-Trent Clinical Commissioning Group (CCG) and provides services to approximately 12,203 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 and two female GP partners, a male salaried GP, two advanced nurse practitioners, three practice nurses, a healthcare support worker, a practice manager and deputy practice manager, a data quality manager and 15 administrative staff working a range of hours.

The practice area is one of high deprivation when compared with the national average. Demographically 23.4% of the practice population is under 18 years old which is higher than the national average of 20.7% and 14.9% are aged over 65 years which is below the national average of 17.3%. The general practice profile shows that the percentage of patients with a long-standing health

condition is 61% which is above the local CCG average of 56% and national average of 51%. National General Practice Profile describes the practice ethnicity as being 93% white British, 3.5% Asian, 1.4% black, 1.7% mixed and 0.4% other non-white ethnicities. Average life expectancy is 77 years for men and 81 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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** **The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:** • A patient of child bearing age who was prescribed valproate had not been provided with the appropriate advice to ensure highly effective contraception. • Patients experiencing poor mental health did not always have care plans in place. Coding had inaccurately been completed to state that they had. **Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:** • A fire risk assessment had not been completed for the branch practice. • A risk assessment for outstanding actions in response to an unsatisfactory rating for the five-year electrical testing of fixed wires had not been completed for the branch practice. • Cleaning staff at the branch practice did not have access to COSHH risk assessments. • Systems for ensuring the accuracy of the safeguarding lists were not fully effective. In particular, domestic abuse.