

Stirling Medical Centre

Inspection report

Stirling Street
Grimsby
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Date of inspection visit: 21 and 22 March 2022
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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	Requires Improvement	
Are services safe?	Requires Improvement	
Are services effective?	Requires Improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced inspection at Stirling Medical Centre on 21 and 22 March 2022. Overall, the practice is rated as Requires Improvement.

We rated each key question as follows:

Safe - Requires Improvement

Effective - Requires Improvement

Caring - Good

Responsive - Good

Well-led - Requires Improvement

Why we carried out this inspection.

This inspection was a comprehensive inspection. It was the first inspection since registration of the service as an individual GP in 2020 after the previous partnership was dissolved.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, considering 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
- 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

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:

Overall summary

- The practice had not always provided care in a way that kept patients safe and protected them from avoidable harm. This was because recruitment policies were not always fully implemented and there were gaps in some management of medicine systems.
- The majority of patients received effective care and treatment that met their needs. However, not all patients had had their long-term conditions reviewed in a timely manner and some patients prescribed high risk medicines were not being adequately monitored.
- 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, and this had been maintained throughout the pandemic.
- Data showed good levels of patient satisfaction with the service and no complaints had been received by either the practice or CQC.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care. However, there were some areas relating to recruitment, oversight of training, staff appraisal and safe management of medicines which had not been well managed and associated risk had not always been assessed and minimised.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties

The provider **should**:

- Review systems relating to monitoring indemnity insurance for locum staff.
- Assure themselves work to the buildings electrical system has been completed.
- Review and improve the practice website to make information about support groups available.
- Share the practice vision and strategy and information about the freedom to speak up guardian with staff.
- Involve patients in the running of the practice through a patient participation group.
- Review systems to enable smart cards so staff have access to all the areas they require for their role.

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 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 Stirling Medical Centre

Stirling Medical Centre is located in Grimsby at:

Stirling Medical Centre

Stirling Street

Grimsby

DN31 3AE

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.

The practice is situated within the North East Lincolnshire Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 3,323. This is part of a contract held with NHS England. The building is shared with two other GP practices.

The practice is part of a wider network of GP practices. The group of 13 practices is known as Panacea Primary Care Network (PCN) and serves 47,000 patients. They work together to provide access to additional services such as a pharmacist, First Contact Physiotherapist and dietician. The practice manager is also the joint manager of the primary care network.

Information published by Public Health England shows that deprivation within the practice population group is in the lowest decile (one 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 1.2% Asian, 97.4% White, 0% Black, 0.8% Mixed, and 0.3% Other.

The age distribution of the practice population closely mirrors the local and national averages.

There is a team of one GP supported by a locum GP. The practice has one locum nurse who provides nurse led clinics for long-term conditions and a health care assistant. The GPs are supported at the practice by a team of reception/administration staff. The practice manager provides managerial oversight.

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 offered an appointment.

Extended access is provided locally by the PCN, where late evening and weekend appointments are available. Out of hours services are accessed by calling 111.

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 Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 HSCA (RA) Regulations 2014 Requirements in relation to staffing</p> <p>How the regulation was not being met:</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:</p> <ul style="list-style-type: none">• Most staff had not had appraisals in the last 12 months and the practice manager had not had an appraisal since 2017.• There was a lack of evidence all staff had undertaken induction training and training in required areas including safeguarding and infection prevention and control.• Assessments of competency had not been recorded. <p>This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment</p> <p>Care and treatment must be provided in a safe way for service users</p>

Requirement notices

How the regulation was not being met:

There gaps in systems for proper and safe management of medicines. In particular:

- Emergency medicines were stored in a trolley which was not tamper proof.
- Vaccines were not stored securely.
- Not all patients prescribed high risk medicines had received the appropriate monitoring checks.
- Prescribing of one medicine had not been prescribed as recommended in National Institute for Health and Care Excellence (NICE) guidance.
- The practice did not hold all the recommended emergency medicines and a risk assessment to determine the medicines held had not been completed.
- Where the service shared emergency equipment a risk assessment had not been completed for this arrangement and a test scenario had not been undertaken to check if arrangements were adequate.
- Records of checks for the shared oxygen and defibrillator could not be found.
- Not all legacy medicine safety alerts had been implemented as recommended.
- Blank prescriptions were not stored securely, and the audit trail of use was not complete.

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:

- Parents/guardians of risk registered children and patients with substance misuse on the patient records had not been identified and coded on the patient record system.
- Patients with a thyroid condition had not had the appropriate monitoring at recommended intervals.
- Some patients with a possible diagnosis of diabetes had not been identified on records and had not had the required monitoring.
- The minimum targets for undertaking screening for women eligible for cervical screening had not been reached.

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

Requirement notices

Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19 HSCA (RA) Regulations 2014

Persons employed for the purposes of carrying on a regulated activity must be fit and proper persons.

How the regulation was not being met:

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. In particular

- Full employment history, disclosure and barring checks, proof of identity, documentation relating to relevant qualifications and evidence of conduct in previous employment had not been obtained for all staff.
- Information about any physical or mental health conditions which are relevant to the person's ability to carry on, manage or work had not been obtained.
- Evidence of immunisation status had not been obtained.

The registered person employed persons who must be registered with a professional body, where such registration is required by, or under, any enactment in relation to the work that the person is to perform. The registered person had failed to ensure such persons were registered. In particular:

- Registration with the relevant professional body had not been checked for all clinical staff.

This was in breach of Regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.