

Merton Surgery

Inspection report

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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?

Inadequate



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at Merton Surgery on 27 November 2018 and an unannounced inspection on 13 December 2018.

The announced inspection was part of our inspection programme and to follow up on the findings of our inspection on 4 December 2017 when the practice was rated requires improvement for providing well led services.

During the inspection on 27 November 2018 the Care Quality Commission contacted external stakeholders to alert them of the serious concerns found. Following the inspection, the external stakeholders attended the practice and put measures in place to ensure safe continuity of care and treatment for patients. The further inspection visit on 13 December 2018 was to establish if our findings from the 27 November 2018 had been acted on in respect of identified patient risks.

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.

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

- The management of safety systems was not effective particularly in relation to safeguarding, infection control, employment checks and health and safety risk assessments.
- Infection Prevention and Control processes had not been adequately applied.
- Risk assessments relating to how patients and staff would be protected in the absence of assessment of staff immunity against health care acquired infections were not present for all members of staff.
- We found specific instances where care and treatment had not been provided in accordance with best practice guidelines. We identified examples where diagnoses had been missed, putting patients at risk.
- The systems, processes and practice that help to keep patients safe and safeguarded from abuse were insufficient. The system in place at the practice had not always ensured that all children who did not attend

their appointment following referral to secondary care were appropriately monitored and followed up. There was no list of vulnerable adults or a register for the practice to refer to.

- Risks associated with blank prescription form security and management had not been considered in respect of home visits and serial number logs.
- The management of patient medicine reviews was not always effective or documented within the patient records sampled.
- The management of emergency or high-risk medicines, repeat prescriptions and vaccines did not always promote the safety of patients. The analysis and responses to Medicines and Healthcare products Regulatory Agency (MHRA) alerts were not consistently applied. A risk assessment had not been carried out in respect of emergency medicines not held at the practice.
- Some staff recruitment checks did not meet legal requirements.

We rated the practice as inadequate for providing effective services because:

- There was limited monitoring of the outcomes of patient care and treatment.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- The practice was unable to show that it always obtained consent to care and treatment.

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

- The practice had no active patient participation group.
- There were gaps in the practice's governance systems and processes and the overall governance arrangements were ineffective.
- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care. There was no leadership in place to drive required improvements.
- Staff had not completed all required training, some could not recall when they last had an appraisal and there was no oversight of the maintenance of accurate records of skills, qualifications and training for staff.
- The practice had not developed a sustainable practice business plan or strategy.
- The practice culture did not effectively support high quality sustainable care.

Overall summary

- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice consultation records we reviewed did not always provide appropriate and accurate information.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation. When incidents happened, the practice investigated but there was an absence of fully documented and embedded learning from events.

These areas affected all population groups so we rated all population groups as inadequate.

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

- Staff involved and treated patients with compassion, kindness, dignity and respect and involved them in decisions about their care.

We rated the practice as requires improvement for providing a responsive service because:

- Most patients found the appointment system easy to use and reported they were able to access care when they needed it.
- The facilities and premises were appropriate for the services delivered with some exceptions. For example, there was no lowered desk to enable ease of access for wheelchair users or automated doors to maintain patients' independence in accessing the premise.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example electronic alerts on some of the records we reviewed. However, records we looked at confirmed there were gaps in this process and the risks had not been mitigated by following up some patients who had attended A&E.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

- There was little information to review regarding learned lessons from individual concerns and complaints or analysis of trends to improve the quality of care.
- The complaint policy and procedures were in line with recognised guidance. There was however no evidence seen of an acknowledgement of complaint letters or a final letter outlining the outcomes of the investigation and next steps they may choose to take.
- The practice was taking steps to forge links with the voluntary sector.

Immediately following these inspections, the provider submitted an application to the Care Quality Commission (CQC) to be removed from the CQC provider register. The Clinical Commissioning Group, NHS England and the CQC continue to work together and a supportive framework has been established to ensure patients receive uninterrupted GP services with another CQC registered GP practice.

Had the practice remained registered we would have required them to make the following improvements as they were in breach of regulations:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure patients are protected from abuse and improper treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure specific information is available for each person employed.

In addition the provider would have been placed in Special Measures.

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

Older people	Inadequate 
People with long-term conditions	Inadequate 
Families, children and young people	Inadequate 
Working age people (including those recently retired and students)	Inadequate 
People whose circumstances may make them vulnerable	Inadequate 
People experiencing poor mental health (including people with dementia)	Inadequate 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Merton Surgery

Merton Surgery is registered with the Care Quality Commission (CQC) as a GP partnership provider and is located in the town of Longton, Stoke-on-Trent. The practice provides services to 4,079 patients under the terms of a General Medical Services contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice is a member of the NHS Stoke on Trent Clinical Commissioning Group (CCG).

The practice was established in 1972 and moved to a purpose-built premise in 1989. The building is single storey and owned by the partners. There are two treatment rooms and two consulting rooms. The practice provides a small car park.

The practice staffing comprises:

- Two full-time GP partners (one male and one female).
- One healthcare assistant.
- One practice nurse.
- A practice manager who also assists with secretarial duties.
- A team of reception staff and administrators.

The practice area has a higher level of deprivation when compared with local and national averages. The population distribution is broadly in line with local and national averages. The practice is open from 8am to 7pm, Monday, Tuesday, Wednesday and Friday, and from 8am to 1pm on a Thursday. 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 surgery. The practice has opted out of providing an out-of-hours service.

Consulting times with a GP are available from 9.20am to 12.20pm each day except on a Thursday when they finish at midday and from 3.30pm to 6.30pm each day except for a Thursday when there is no afternoon surgery. When the practice is closed the out-of-hours service provider is Staffordshire Doctors Urgent Care Limited (SDUC).

The nearest hospital with an A&E unit and a walk-in service is The Royal Stoke University Hospital. Further details about the practice can be found by accessing the practice's website at www.mertonsurgery.co.uk