

Tunstall Primary Care

Inspection report

Tunstall Primary Care Centre
Alexandra Park, Scotia Road
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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced focused inspection at Tunstall Primary Care on 31 July 2019 as part of our inspection programme.

At this inspection, we followed up on breaches of a regulation identified at our previous inspection in June 2019.

We previously carried out an announced focused inspection at Tunstall Primary Care on 22 and 26 June 2018 as part of our inspection programme when we rated the practice as good overall and in all key questions except safe which we rated as requires improvement. We carried out an announced focused inspection on 18 June 2019 following our annual review of the information available to us. The practice was rated good overall and in all key questions except for safe and the population group for families, children and young people which we rated as requires improvement. A requirement notice in relation to safe care and treatment was served and we identified an additional four areas where the provider should make improvements. The full comprehensive reports for the June 2018 and June 2019 inspections can be found by selecting the 'all reports' link for Tunstall Primary Care Centre on our website at www.cqc.org.uk.

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 and in safe and well-led. The rating of good for the key questions regarding effective, caring and responsive care have been carried over from our previous inspection. The population group for families, children and young people continues to be rated as requires improvement.

We found that:

- Clinical and most non-clinical staff had completed safeguarding training at a level appropriate to their role. There was a plan in place for non-clinical staff to complete outstanding training by the end of September 2019.

- The recruitment policy had been updated to reflect all the recruitment requirements of Schedule 3 of the Health and Social Care Act 2008.
- A process for providing salaried GPs with annual appraisals had been put in place and appraisals booked for September 2019.
- Sharps' containers had been replaced within three months after first use.
- Up to date fire drill logs, and health and safety checks were available at the main practice.

However,

- Systems for ensuring the practice had correctly identified and coded children at risk were ineffective due to lack of information sharing from external stakeholders. The provider had not followed the appropriate escalation process to raise and share these concerns.
- A decision not to put a pregnancy prevention plan in place for a female patient of child bearing age, prescribed a medicine used for the treatment of epilepsy and bipolar disorder, had not been made in line with the Mental Capacity Act 2005.

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

- Ensure that care and treatment of patients is only provided with the consent of the relevant person.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Continue to support non-clinical staff to complete safeguarding training at a level appropriate to their role.
- Carry out their plan to provide salaried GPs with annual appraisals.

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

Dr Rosie Benneyworth BS BM 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	Requires improvement	
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)	Good	

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and included a GP specialist adviser.

Background to Tunstall Primary Care

Tunstall Primary Care delivers services from two locations:

- Tunstall Primary Care, Alexandra Park, Scotia Road Stoke-on-Trent Staffordshire ST6 6BE.
- Packmoor Medical Centre, Thomas Street, Packmoor, Stoke-on-Trent, ST7 4SS

We visited Tunstall Primary Care as part of this inspection.

The practice has good transport links and there is a pharmacy located nearby.

The provider is registered with Care Quality Commission (CQC) to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury. These are delivered from both sites.

Tunstall Primary Care is situated within the Stoke-on-Trent Clinical Commissioning Group (CCG) and provides services to 11,933 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 and is the commonest form of GP contract. The practice is a training practice for GP registrars and undergraduate medical students from a nearby university.

The provider is a partnership that registered with the CQC in April 2013. The practice employs:

- Three male GP partners, five salaried GPs (four female and one male) and two GP registrars.
- Three practice nurses, two advanced nurse practitioners and a healthcare assistant.
- A practice manager and assistant practice manager.
- A care co-ordinator
- 12 members of administrative staff working a range of hours.

The practice area is one of high deprivation when compared with the national and local CCG area. Demographically 27.2% of the practice population is under 18 years old which is higher than the CCG average of 21.5% and the national average of 20.7% and 12.8% are aged over 65 years. This is lower than the CCG average of 17% and the national average of 17.3%. The percentage of patients with a long-standing health condition is 58.5% which is higher than the CCG average of 56.3% and national average of 51.2%. The National General Practice Profile describes the practice ethnicity as being 86.2% white British, 9.7% Asian, 1.4% black, 2.1% mixed race and 0.5% other non-white ethnicities. Average life expectancy is 76 years for men and 80 years for women compared to the national average 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	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>How the regulation was not being met.</p> <p>Care and treatment of service users had not been provided with the consent of the relevant persons. In particular:</p> <ul style="list-style-type: none">• The registered person had not acted in accordance with the Mental Capacity Act 2005. A decision not to put a valproate pregnancy prevention plan in place for a woman of child bearing age with mild to moderate learning disabilities had been made without the involvement of the patient or appropriate persons. An assessment of the patient's capacity to make this decision and best interest decision had not been done. The patient had not been made aware of the risks in pregnancy associated with valproate.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Type judgement here</p> <p>How the regulation was not being met.</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:</p> <ul style="list-style-type: none">• The provider could not be sure they had identified all the children with a child protection plan in place registered with the practice due to external local

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Requirement notices

authority processes and an historical lack of internal coding processes. They had not followed the appropriate escalation processes to raise and share this risk with the Clinical Commissioning Group.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

- Their internal governance arrangements continue to be responsive and reliant on external oversight.