

Meir Park Surgery

Inspection report

Lysander Road
Meir Park
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.

Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

We previously carried out an announced comprehensive inspection at Meir Park Surgery on 6 March 2019 as part of our inspection programme. The practice was rated inadequate, placed into special measures and a warning notice in relation to safe care and treatment was issued. We carried out an announced focused inspection at Meir Park Surgery on 30 April 2019 and found that the issues identified in the warning notice had been partially addressed. A follow up comprehensive inspection was carried out on 16 September 2019. We found there had been some improvement. The practice was taken out of special measures and rated requires improvement overall. In response to issues shared with the CQC, we carried out an unrated, focused inspection on 26 May 2020 where concerns were found in relation to safe care and treatment of patients and governance. Conditions were imposed on the practice's registration with the CQC. The full reports on the inspections carried out in March, April and September 2019 and May 2020 can be found by selecting the 'all reports' link for Meir Park Surgery on our website at www.cqc.org.uk.

We carried out an announced pilot inspection at Meir Park Surgery on 9 and 10 September 2020.

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.
- information from the provider and other organisations.

We found that:

- An overall, prescribing clinical lead had been appointed to provide clinical oversight of the management of medicines.

- Policies and procedures had been developed to support appropriate management of medicines. However, policies were not always adhered to and systems to deal with behaviour inconsistent with the policies were under review.
- Systems to ensure clinical oversight of hospital letters informing changes to patients' care and treatment had been put in place. However, the pace of review was slow and below the practice's own target rate of completion.
- There had been some improvement in the monitoring of patients prescribed high-risk medicines. However, policies for the monitoring of patients prescribed warfarin were not in place and guidance in Medicines and Healthcare products Regulatory Agency alerts was not always adhered to.
- Patients were prescribed high numbers of controlled drugs with a lack of clinical review.
- The practice culture did not effectively support high quality sustainable care.
- To support governance arrangements, there had been positive changes in the management structure.
- Poor medicine oversight, response to correspondence from hospitals and ineffective systems for the coding of health conditions and treatment within patients' records demonstrated systemic governance issues and a failure to fully embed new changes into practice.

We were significantly concerned about the proposed timescale for completion of the review of hospital letters and that the safety of patients continued to be a risk. We have informed the practice that they must increase the pace of this work and complete it within one month. We will continue to monitor their progress closely and discuss with external partners with a view to deciding what further action, if any, we might take.

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

Dr Rosie Benneyworth BS BM BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated

Our inspection team

Our pilot inspection team was led by a CQC inspector and included a GP specialist adviser, a GP observer and two members of the medicine's optimisation team.

Background to Meir Park Surgery

Meir Park Surgery is located at Lysander Road, Meir Park, Stoke-On-Trent, Staffordshire, ST3 7TW. The practice merged with Weston Coyney Medical Practice in 2017 which is now a branch practice. The branch practice is located at Meir Primary Care Centre, Weston Road, Stoke-on-Trent, ST3 6AB. The practices have good transport links and there are pharmacies located nearby. We visited Meir Park Surgery during our inspection.

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

Meir Park Surgery is situated within the Stoke-on-Trent Clinical Commissioning Group (CCG) and provides services to 6,564 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 GP partners, five regular locum GPs (one male and four female), a practice nurse, a

locum practice nurse, a locum advanced nurse practitioner, a healthcare support worker, a consultancy practice manager, a business manager and 10 administrative staff working a range of hours.

The practice area is one of high deprivation when compared with the national average. Demographically the practice has a lower than average population of young patients and a higher older population. For example, 10.9% of patients are aged five to 14 years old compared with the national average of 11.9% and 20.5% of the practice population are 65 years and over compared with the national average of 17.4%. The general practice profile shows that the percentage of patients with a long-standing health condition is 52% which is below the local CCG average of 55% but comparable with the national average of 51%. The National General Practice Profile describes the practice ethnicity as being 95.3% white British, 2.7% Asian, 0.7% black, 1.2% mixed and 0.1% other non-white ethnicities. Average life expectancy is 80 years for men and 83 years for women compared to the national averages of 79 and 83 years respectively