

Stonyhill Medical Practice

Quality Report

South Shore Primary Care Centre
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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 service

Good



Are services safe?

Good



Are services effective?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stonyhill Medical Practice on 3 October 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Stonyhill Medical Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 21 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 3 October 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good.

Our key findings were as follows:

- Significant event meetings ensured reviews of actions taken were monitored and trends were analysed. We also saw evidence that the actions taken in relation to safety alerts were now actively reviewed.

- Arrangements for safeguarding reflected relevant legislation and local requirements. The policies now clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff had received training on safeguarding children and vulnerable adults relevant to their role.
- Practice specific policies had been reviewed and updated.
- There was now an effective overview of staff training.
- All staff who acted as chaperones were now trained for the role and had received a Disclosure and Barring Service (DBS) check.
- All staff had completed infection control training relevant to their role.
- There were now systems in place to monitor the use of blank prescriptions.
- We saw evidence of a program of continuous clinical audit which demonstrated improvements to care and treatment which were implemented and monitored.
- Administrative staff were now aware that incoming clinical post should be seen by a GP.
- The practice now offered new patient health checks to all patients

Summary of findings

- Appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were in place. A planned date was in place for portable appliance testing to ensure equipment was safe to use.

There were areas of practice where the provider should make further improvements.

The provider should:

- Review the practice recruitment policy.
- Continue to monitor protected learning time for staff to conduct training and other tasks

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

At our previous inspection on 3 October 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of risk assessment and responses to safety alerts and significant events were not adequate. There was no evidence that staff had been trained in safeguarding adults and children, infection control or as chaperones.

At our previous inspection we also found that the practice did not follow their recruitment policy as they had not obtained references for new employees. There was also no system to log and monitor the use of blank prescriptions.

These arrangements had sufficiently improved when we undertook a follow up inspection on 21 April 2017. The practice is now rated as good for providing safe services.

- The practice had introduced significant event meetings which ensured reviews of actions taken were monitored and trends were analysed. We also saw evidence that the actions taken in relation to safety alerts were actively monitored.
- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies now clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses to level two.
- All staff who acted as chaperones had been trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff had completed infection control training relevant to their role.
- There were now systems in place to monitor the use of blank prescriptions.

Good



Summary of findings

The practice had considered completed risk assessments in relation to: which emergency medicines were held by the practice and the decision to use GP grab bags for home visits, however there was some confusion regarding who was responsible for the on-going checks of the GP grab bags.

- One new member of staff had been recruited since the last inspection. The practice had obtained references and had conducted other appropriate recruitment checks.
- A planned date was in place for portable appliance testing to ensure equipment was safe to use

Are services effective?

At our previous inspection on 3 October 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical audits and staff training needed improving.

At our previous inspection we also found that the system to ensure medical correspondence was seen by an appropriate clinician was not robust.

These arrangements had significantly improved when we undertook a follow up inspection on 21 April 2017. The practice is now rated as good for providing effective services.

- Audits now demonstrated improvements to care and treatment which were implemented and monitored.
- There was an effective overview of staff training. The practice and the staff were now clear which training was considered mandatory for their role. The practice should continue to monitor protected learning time for staff.
- Administrative staff were now aware that incoming clinical post should be seen by a GP.
- All clinical staff all had access to Mental Capacity Act 2005 and DOLs (deprivation of liberty) training.
- The practice now offered new patient health checks to all patients.

Good



Are services well-led?

At our previous inspection on 3 October 2016, we rated the practice as requires improvement for providing well-led services as there were shortfalls in the overarching governance structure at the practice.

These arrangements had significantly improved when we undertook a follow up inspection of the service on 21 April 2017. The practice is now rated as good for being well-led.

Good



Summary of findings

- Practice specific policies had been reviewed and updated.
- The practice recruitment policy should reflect the requirements of Schedule 3 to ensure the appropriate pre-employment checks continue to be made.
- Appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were in place.
- Adequate systems to ensure patient safety alerts and actions identified from significant events were dealt with in a timely way were now in place.

We saw evidence of a program of continuous clinical audit and an effective overview of staff training.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 3 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Stonyhill Medical Practice on our website at www.cqc.org.uk.

Good



People with long term conditions

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 3 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 3 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Stonyhill Medical Practice on our website at www.cqc.org.uk.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 3 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 3 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Stonyhill Medical Practice on our website at www.cqc.org.uk.

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 3 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Stonyhill Medical Practice on our website at www.cqc.org.uk.

Good



Stonyhill Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor.

Background to Stonyhill Medical Practice

Stonyhill Medical Practice is based in Blackpool, Lancashire. The practice is part of Blackpool Clinical Commissioning Group (CCG) and delivers services under a Personal Medical Services contract with NHS England.

The practice is located on the first floor of South Shore Primary Care Centre on the outskirts of the town. There is easy access to the building and disabled facilities are provided. There is a car park and disabled parking places. There are four GP partners working at the practice, three male and one female. The practice also employs a salaried GP. The practice is a teaching practice for medical students including student nurses. There are three female practice nurses and two nurse practitioners, two health care assistants and a practice pharmacist. There are two practice managers and a team of administrative and reception staff.

The practice is open between 8am and 6.30pm, Monday to Friday. Extended hours are available until 8 pm on Tuesday and Thursday evenings.

When the practice is closed, patients are able to access out of hours services offered locally by the provider Fylde Coast Medical Services by telephoning 111.

There are 8538 patients on the practice list. The majority of patients are white British. The largest population group

(21% of patients) within the practice are aged over 65. Low numbers of patients are working status (48.3% compared to 61.5% nationally). A high number of patients have long term health conditions (64.3% compared to 54% nationally).

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

Why we carried out this inspection

We undertook a comprehensive inspection of Stonyhill Medical Practice on 3 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 3 October 2016 can be found by selecting the 'all reports' link for Stonyhill Medical Practice on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Stonyhill Medical Practice on 21 April 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

During our visit we:

- Spoke with a range of staff including GPs, practice nurse, practice pharmacist and admin staff.

Detailed findings

- Reviewed practice policies, procedures and other documentation relating to the undertaking of regulated activities.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 3 October 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of risk assessment and responses to safety alerts and significant events were not adequate. There was no evidence that staff had been trained in safeguarding adults and children, infection control or as chaperones.

At our previous inspection we also found that the practice did not follow their recruitment policy as they had not obtained references for new employees. There was also no system to log and monitor the use of blank prescriptions.

These arrangements had significantly improved when we undertook a follow up inspection on 21 April 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At our previous inspection although there was an effective system in place for reporting and recording significant events we found that outcomes and actions were not reviewed. Since the last inspection the practice had introduced significant event meetings which ensured reviews of actions taken were monitored and trends were analysed. We also saw evidence that the actions taken in relation to safety alerts were actively monitored.

Overview of safety systems and process

During the previous inspection we found some shortfalls in the process to keep patients safe and safeguarded from abuse. We noted considerable improvements in this area during our most recent inspection.

Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies now clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses to level two.
- All staff who acted as chaperones were now trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff had completed infection control training relevant to their role.
- There were now systems in place to monitor the use of blank prescriptions.

Monitoring risks to patients

During the previous inspection we had concerns about a number of risks which had not been assessed by the practice. During this inspection we found the practice had considered and assessed the risk of a number of areas including which emergency medicines were held by the practice and the decision to use GP grab bags for home visits. There was some confusion between staff about who was responsible for monitoring the contents of the grab bags. This will require clarification.

We saw a planned date for portable appliance testing to ensure equipment was safe to use.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 3 October 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical audits and staff training needed improving.

At our previous inspection we also found that non clinical staff were dealing with some clinical correspondence without appropriate training or protocol.

These arrangements had significantly improved when we undertook a follow up inspection on 21 April 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

At the previous inspection there was no evidence of completed audit cycles in the last two years. During this inspection we looked at clinical audits which demonstrated improvements to care and treatment which were implemented and monitored. An audit of medicines used to treat fungal nail infections had been carried out. In addition a two cycle audit of A&E attendances was carried out and evaluated in 2016 and again in 2017.

Effective staffing

Since the previous inspection the practice had implemented an effective overview of staff training. The practice and the staff were now clear which training was considered mandatory for their role. We could see that recent training had been completed in a short space of time and one staff member raised concern about the lack of protected learning time. The practice manager told us that this would be monitored.

Coordinating patient care and information sharing

Administrative staff were now aware that incoming clinical post should be seen by a GP. There was no protocol in place, staff we spoke to told us that all clinical post was now sent to GP's for their attention.

Consent to care and treatment

As part of the improvements to staff training clinical staff all had access to Mental Capacity Act 2005 and DOLs (deprivation of liberty) training.

Supporting patients to live healthier lives

The practice now offered new patient health checks to all patients.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 3 October 2016, we rated the practice as requires improvement for providing well-led services as there were shortfalls in the overarching governance structure at the practice.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 21 April 2017. The practice is now rated as good for being well-led.

Governance arrangements

We found evidence of improved governance arrangements to support the delivery of good quality care.

Practice specific policies had been reviewed and updated. For example, safeguarding policies now contained details

of who to contact when staff had concerns. The practice recruitment policy had been updated however the content was vague. During our last inspection we found that the practice had not conducted reference checks for a newly employed member of staff despite this being covered in the practice policy. One member of staff had been recruited since the last inspection and we saw that references were obtained. The practice policy should reflect the requirements of Schedule 3 to ensure the appropriate pre-employment checks continue to be made.

There were now appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Adequate systems to ensure patient safety alerts and actions identified from significant events were dealt with in a timely way were now in place.

We saw evidence of a program of continuous clinical audit and an effective overview of staff training.