

Honeywall Medical Practice

Inspection report

Stoke Health Centre
Honeywall
Stoke On Trent
ST4 7JB
Tel: 01782980000

Date of inspection visit: 6 December 2023
Date of publication: 26/01/2024

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		Good	
Are services safe?	Requires Improvement		
Are services effective?	Good		
Are services caring?	Outstanding		
Are services responsive to people's needs?	Outstanding		
Are services well-led?	Good		

Overall summary

We carried out an announced comprehensive at Honeywall Medical Practice on 6 December 2023. Overall, the practice is rated as **good**.

Safe - **requires improvement**

Effective - **good**

Caring - **outstanding**

Responsive - **outstanding**

Well-led - **good**

During our previous inspection on 26 January 2016, the practice was rated outstanding for the key questions effective and caring, and rated good in safe, responsive and well led, with a rating of outstanding overall. We rated the practice as outstanding at the last inspection in providing an effective and caring service because:

- Patients' care and treatment was well managed and the number of patients who had been admitted to hospital in an emergency was significantly lower than local levels.
- The practice named GPs operated a 'concern' list of patients with complex needs. The list was known by and shared by each GP. This was to enable the sharing of concerns regarding patients that were not coping well medically, socially or emotionally.

At this inspection, we found the areas previously regarded as outstanding practice were now embedded in many practices. While the provider had maintained this good practice, the threshold to achieve an outstanding rating in effective had not been reached and we rated the effective key question as good. However, the practice remained outstanding in providing a caring service and we rated providing a responsive service, as outstanding.

The full reports for previous inspections can be found by selecting the 'all reports' link for Honeywall Medical practice on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities.

The focus of inspection included:

- All 5 key questions
- We followed up on the 'shoulds' identified in the previous inspection

How we carried out the inspection/review

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.

Overall summary

- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.
- Provision of information from stakeholders such as Healthwatch and a care home.
- Staff questionnaires.

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 rated the practice as **outstanding** for providing caring services because:

- Feedback from patients who used the service, those who were close to them, and stakeholders was continually positive about the way staff treated patients.
- Patients were respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive small practice team.
- Patients thought that staff went the extra mile, and their care and support exceeded their expectations.
- Feedback from patients was consistently positive including 24 patients who gave feedback on their care direct to the Care Quality Commission.
- The practice demonstrated a truly patient-centred culture and staff were committed to delivering excellent care to meet the needs of individuals. Their vision and values being the practice exists for patients.
- The practice adopted a holistic approach to caring by addressing all the needs of the patient, including their physical, mental, and emotional health, while taking social factors into consideration.
- The practice had achieved outstanding results in the national GP Patient survey and had maintained these high standards for several years and remained higher than local and national averages. The survey results in 2023 found 100% of patients found the receptionists at the practice helpful.
- We found numerous examples of how the practice had gone to significant efforts to support vulnerable individuals to access health and social care, and how they had worked pro-actively with other organisations to support patients.
- The whole practice approach was that patients came first, every contact counted, and a caring ethos was fostered and developed in staff with the motivating force being that the practice existed for patients.

We rated the practice as **outstanding** for providing responsive services because:

- We found that patients individual needs and preferences were central to the delivery of services.
- The practice had achieved outstanding results in the national GP Patient survey and had maintained these high scores for several years.
- Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.
- There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs.
- Patients could access care and treatment in a timely way.

Overall summary

- The practice embraced social prescribing for the community to ensure patients received timely intervention when they needed it most, signposted them to services that could help them and ensured support was offered locally so the patient population could easily attend appointments.

We have rated this practice as **requires improvement** for providing a safe service because:

- There were some gaps seen in staff recruitment records which the practice was aware of and was in the process of actioning.
- Some patients prescribed an oral non-steroidal anti-inflammatory medicine over 65 years, or an antiplatelet over 75 years, had not been prescribed a proton pump inhibitor (PPI), which can reduce the risk of gastrointestinal bleeds.
- The records of some female patients of childbearing age prescribed medicines known or suspected to have the potential to increase the risk of birth defects and development disorders did not have a documented account that they had been advised of the risks.

We have rated this practice as **good** for providing an effective and well led service because:

- Patients received effective care and treatment that met their needs.
- The way the practice was led and managed, promoted the delivery of high-quality, person-centre care.
- There were high levels of staff satisfaction across all staff groups. Staff were proud of the practice as a place of work and spoke highly of the culture.
- Staff at all levels were actively encouraged to speak up and raise concerns, and policies and procedures positively supported this process. There was evidence of consistently high levels of constructive staff engagement.
- Staff felt valued and supported to develop personally and professionally.
- There was a strong practice commitment towards equality and inclusion across their patient population and the workforce. Quality and integrity were a high priority resulting in a caring and responsive culture.

We found a breach of regulation. The provider **must**:

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

The provider **should**:

- Improve the medicine reviews and recall systems for patients prescribed an oral non-steroidal anti-inflammatory medicine over the age of 65 years, or an antiplatelet over the age of 75 years without being prescribed a proton pump inhibitor (PPI), which can reduce the risk of gastrointestinal bleeds.
- Take action to recall female patients of childbearing age prescribed medicines known or suspected to have the potential to increase the risk of birth defects and development disorders and document when they have been advised of risks.
- Take steps to document the risk assessments on emergency medicines not held by the practice.
- Take action to develop a whole practice approach to the learning from significant events and trend analysis.
- Take action to implement a patient participation group.

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

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and 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 Honeywall Medical Practice

Honeywall Medical Practice is located in Stoke on Trent, Staffordshire at:

Stoke Health Centre

Honeywall

Stoke On Trent

ST4 7JB

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 and surgical procedures.

The practice is situated within the Staffordshire and Stoke on Trent Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of 3,300. This is part of a contract held with NHS England.

Honeywall Medical Practice is a teaching practice providing support for Keele University medical and pharmacy students.

The practice is part of a wider network of GP practices South Stoke West primary care network (PCN).

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the fourth lowest decile (4 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 8.8% Asian, 1.9% Black, 1.8% Mixed, other 1.1% and White 86.6%.

The practice team comprises of two GP partners, 1 male and 1 female and a salaried female GP. The clinical team includes a nurse practitioner and non-medical prescriber, a healthcare assistant and a care co-ordinator. The clinical staff are supported by a team of reception, administration and secretarial staff as well as a practice manager to provide managerial oversight.

The practice is open between 8am to 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by North Staffordshire GP Federation, where late evening and weekend appointments are available and from December 2023 some additional in hours appointments. Out of hours services are provided by NHS 111.

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 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>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:</p> <ul style="list-style-type: none">• We saw gaps in the recruitment records of staff vaccination and immunity histories without a relevant risk assessment.• Gaps were seen in obtaining pre-employment references. <p>We note that the practice was alert to the areas for recruitment record improvement prior to the inspection and remedial action was planned.</p> <p>This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>