

# Miller Street Surgery

## Quality Report

Miller Street Surgery

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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



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Dr S Javaid & Partners (also known as Miller Street Surgery) on 12 July 2016. The overall rating for the practice was 'Good' with requires improvement for providing a safe service. Since the last inspection in July 2016 Miller Street Surgery changed its Care Quality Commission registered provider name from Dr S Javaid & Partners to Miller Street Surgery. The full comprehensive report for the 12 July 2016 inspection can be found by selecting the 'all reports' link for Dr S Javaid & Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 1 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation identified in our previous inspection on 12 July 2016. This report covers our findings in relation to those requirements.

Overall the practice is rated as Good.

### Our key findings were as follows:

- The provider had ensured recruitment checks for newly recruited staff met legislative requirements.

- All staff that provided a chaperone service had Disclosure and Barring Service checks in place and had completed online chaperone training.
- All persons employed had timely access to training updates.
- The practice had completed regular analysis of significant events to identify any common trends, maximise learning and help mitigate further errors.
- We found the practice had implemented a system to ensure patients who took long-term medicines were in receipt of appropriate monitoring and results were checked by the GPs before medicines were prescribed.
- The practice had ensured prescriptions were checked regularly to ensure they were collected by patients.
- The practice had improved on the identification of patients who may be carers.
- Registers held of vulnerable children and adults were reviewed by the practice. The practice implemented regular meetings with the Health Visitor and current and vulnerable patients were clearly identified on the practice computer system.

# Summary of findings

- We saw there had been improvement in the practice carer register since the inspection in July 2016. The findings of the inspection in July 2016 were that the practice computer system alerted staff if a patient

was also a carer and had identified 33 patients as carers (0.5% of the practice list). The August 2017 inspection found that the practice had identified 101 patients as carers (1.5% of the practice list).

**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?

The practice is rated as good for providing a safe service.

Good



- The practice had completed regular analysis of significant events to identify any common trends, maximise learning and help mitigate further errors.
- The provider ensured recruitment checks for newly recruited staff met legislative requirements.
- All staff that provided a chaperone service had Disclosure and Barring Service checks in place and had completed online chaperone training.
- Registers held of vulnerable children and adults were reviewed by the practice. The practice implemented regular meetings with the Health Visitor and current and vulnerable patients were clearly identified on the practice computer system.
- All persons employed had timely access to training updates.
- We found the practice had implemented a system to ensure patients who took long-term medicines were in receipt of appropriate monitoring and results were checked by the GPs before medicines were prescribed.
- The practice had ensured prescriptions were checked regularly to ensure they were collected by patients.
- The practice had improved on the identification of patients who may be carers.

# Miller Street Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Miller Street Surgery

Miller Street Surgery is located in Newcastle-Under-Lyme and is registered with the Care Quality Commission as a partnership provider. The provider holds a General Medical Services contract with NHS England and is a member of the North Staffordshire Clinical Commissioning Group (CCG). The premises is a two storey building with a small car park located to the rear.

The practice building is leased and is managed by two male and one female GP partners. The partners are assisted by a female nurse practitioner and a female practice nurse. The practice has successfully recruited an advanced nurse practitioner due to commence employment in October 2017. The practice was advertising for a business manager and a health care assistant, following an invited human resource external consultation and workforce skillset review. The clinical team is supported by an interim practice manager, a deputy practice manager, two secretaries, five receptionists and a data administrator. The practice provides 2.9 whole time equivalent (WTE) GPs and 1.9 WTE nursing staff.

The practice serves a population of around 6,752 patients. The practice age distribution is comparable to CCG and England averages, with the exception of female and males aged 30-39 years, which is slightly lower. The percentage of

patients with a long-standing health condition is 66%, which is higher than the local average of 57% and the national average of 53%. This could mean an increased demand for GP services.

The practice is open from 8am to 6.00pm Monday to Friday. The practice closes at 1pm on a Thursday. The practice offers extended hours on a Tuesday and Thursday morning from 7.30am and one Saturday morning per month from 8.30am to 12noon. The practice is open Monday evening from 6.30pm to 8.30pm. If patients require an urgent appointment, they are asked to contact the surgery from 8am. Routine appointments can be booked two weeks in advance in person, by telephone or on-line. Home visits are available to patients with complex needs or who are unable to attend the surgery.

- Consultation times with GPs are available in the mornings from 8am to 11.20am. Appointments in the afternoon are available from 2.30pm to 5.10pm and on Monday evening 6.30pm to 8pm.
- Consultation times with nurses are available from 8am to 5.20pm

Patients requiring a GP outside of normal working hours are advised to contact the NHS 111 GP out of hours service provided by Staffordshire Doctors Urgent Care. This is a service commissioned by North Staffordshire Clinical Commissioning Group.

## Why we carried out this inspection

We previously undertook a comprehensive inspection of Miller Street Surgery on 12 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good with requires improvement for providing a safe service. Miller

# Detailed findings

Street Surgery changed its Care Quality Commission registered provider name from Dr S Javaid & Partners to Miller Street Surgery. The full comprehensive report following the inspection on 12 July 2016 can be found by selecting the 'all reports' link for Dr S Javaid & Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Miller Street Surgery on 1 August 2017. This inspection was carried out to confirm that the practice was meeting legal requirements

## How we carried out this inspection

Before our inspection we reviewed a range of information we held about the practice.

During our inspection we:

- Spoke with the interim practice manager, deputy practice manager and a GP partner.
- Reviewed an anonymised sample of the treatment records of patients.
- Looked at information the practice used to deliver care and treatment.

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 12 July 2016, we rated the practice as requires improvement for providing a safe. This was because:

- There was no evidence to suggest the regular analysis of significant events to identify any common trends, maximise learning and help mitigate further errors.
- The provider had not ensured recruitment checks for staff met legislative requirements.
- The practice had not undertaken a robust risk assessment in the absence of DBS checks for all staff that chaperone. (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).
- A robust system was not in place to ensure that monitoring of patients who took long-term medicines on a shared care basis, had taken place before the medicines were prescribed.
- Prescriptions needed to be checked regularly to ensure they were collected by patients.
- The registers held of vulnerable children and adults needed to be clearly identified on the practice computer system and systems in place to ensure the registers were up to date.
- All persons employed needed timely access to training updates.
- The identification of patients who may be carers needed improvement.

We issued a requirement notice in respect of Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed. We found arrangements had significantly improved when we undertook a follow up inspection of the service on 1 August 2017. The practice is now rated as good for providing a safe service.

### Safe track record and learning

During the inspection on 1 August 2017 one of the GP partners informed us that following the inspection on 12 July 2016 they had invited NHS England to complete a review and had received and acted on the report produced following this scope of work as well as the findings from the

Care Quality Commission inspection. The practice had been proactive and had invited a human resource consultation to complete an analysis on the skillset within their workforce. This had led to changes and clarity in staff roles and responsibilities within the team, redundancy and the recent advertisement for an advanced nurse practitioner, healthcare assistant and business manager.

Findings at the inspection in July 2016 included a lack of evidence to suggest the regular analysis of significant events to identify any common trends, maximise learning and help mitigate further errors. During the inspection on 1 August 2017 we reviewed significant event records and minutes of meetings where significant events were discussed. The practice had carried out a thorough analysis of these events. We found for example that nine significant events were reported between September 2015 and March 2016, and 22 reported between May 2016 and January 2017. These events comprised of both clinical and administrative events.

We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, patient's allergies and intolerances were coded onto the practice electronic systems, as well as specific patient record 'pop up' alerts, following a significant event.

The practice also monitored trends in significant events and evaluated any action taken. We saw minutes from a significant event meeting held in January 2017 with all available staff present and minutes of the meeting were accessible to all staff.

### Overview of safety systems and processes

The inspection in July 2016 found the registers held of vulnerable children and adults were not monitored to ensure they were current and vulnerable patients needed to be clearly identified to staff on the practice computer system. The inspection on 1 August 2017 found the arrangements for safeguarding reflected relevant legislation and local requirements.

- Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.

## Are services safe?

- We found that the GPs had implemented a regular six to eight week meeting with the Health Visitor. The practice maintained the practice electronic systems which alerted staff to both adult and children on their safeguarding register.
- Staff 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.

The inspection in July 2016 found that not all staff that provided a chaperone service had Disclosure and Barring Service checks in place and had completed online chaperone training. The inspection on 1 August 2017 found all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. The interim practice manager advised they would produce a list of staff that provide a chaperone service for the clinical staff which would assist locum GPs.

The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. An annual IPC audit was undertaken in December 2016 and we saw evidence that an action plan was produced to address any improvements identified as a result. This could be further improved by recording the name of the persons to complete the works as well as a potential date for completion.

The inspection in July 2016 found that the practice had not implemented a system to ensure patients who took long-term medicines were in receipt of appropriate

monitoring and results were checked by the GPs before medicines were prescribed. The inspection on 1 August 2017 found processes for handling repeat prescriptions which included the review of high risk medicines had been implemented. One of the GP partners said they were to implement further improvements such as regular three month electronic searches on patients on various high risk medicines to further ensure patient medicine safety and for audit purposes.

- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The practice had implemented a weekly monitoring system to ensure patient prescriptions were collected. In the event of the prescription not being collected reception staff informed the GP for clinical oversight and action.

Subsequent to the inspection in July 2016 the practice had introduced an on line training system accessible to all staff as well as staff attending external and internal training events. The interim practice manager was able to demonstrate that staff had completed regular training in line with their roles and responsibilities including training updates. The interim practice manager was aware however that the training policy required review and assured us this would be actioned.