

**Trentham Mews GP Practice**

**Date of Monitoring visit**

Wednesday 27<sup>th</sup> February 2019. 2:00 p.m. - 4:00 p.m.

**Address of Surgery**

Trentham Mews Medical Centre  
Eastwick Crescent  
Trentham  
Stoke-on-Trent  
ST4 8XP

**Authorised Representatives**

David Rushton and Maureen Myers.

Representatives have undertaken Enter and View Training and are enhanced CRB checked.

**Purpose of visit**

Healthwatch Stoke-on-Trent had been informed, via the CQC inspection published in December 2018, that Trentham Mews surgery had been told that two areas of their work 'required improvement'. These were: 'Are services safe' and 'Are services well-led'.

Our visit was to check on what steps had been taken to remedy these two areas.

**Methodology**

A letter was sent to the Practice Manager, Mrs D. Thomas, on 12th February letting the surgery know we were planning to visit at some point within the next three months.

Our visiting team had read the CQC findings and used them to guide the visit.

**Overview of the surgery.**

The surgery is based within a fairly modern building, entry being gained through an entrance porch with a sliding door. The car park is of a reasonable size and it is located just off a well-used feeder road to the Trentham area.

The reception area itself is light and airy, with current posters and information being displayed in the (limited) space available. Reception staff were helpful and

friendly. There was only one patient in the surgery who indicated they did not want to give opinions, but since the CQC report indicated that services were deemed 'good' in the areas of effective, caring and responsive, this was not a prime concern.

We were soon directed to meet Mrs. Jane Moore, currently Senior Administrator (soon to be Assistant Practice Manager) as Mrs Thomas was on annual leave.

### **Information collected.**

The following section is taken from the CQC inspection report and covers each of the areas we were looking at during our visit.

#### **Safe**

*There was no evidence that a GP had completed mandatory training as identified by the practice.*

*Administrative staff who acted as chaperones had not received training for this role.*

- *The policy for safeguarding vulnerable adults did not reflect updated categories of abuse.*
- *The practice had not always carried out appropriate staff checks at the time of recruitment.*
- *An effective employee immunisation programme was not in place. A legionella risk assessment had not been completed to identify potential risks within the practice.*
- *Non-clinical staff had not received training in the identification of the rapidly deteriorating patient.*
- *Fire drills had not been carried out at the practice and checks had not been completed to ensure that staff in remote upstairs rooms could hear the hand-held fire bell. The fire marshal had not completed training appropriate to this role.*
- *There was no evidence that systems were in place for monitoring the prescribing of incompatible medicine combinations for patients.*
- *There was a system for monitoring the prescribing of the high-risk medicine warfarin. However, the practice had not checked the next due date before issuing the prescription to ensure the prescription was for the appropriate time frame.*
- *Systems for receiving Medicines and Healthcare products Regulatory Agency alerts into the practice were in place but not always kept up to date.*

#### **Well led**

- *Staff had not always completed appropriate training to support a culture of high-quality sustainable care.*
- *The arrangements for governance did not always operate effectively.*
- *There were limited processes for managing risks and*

## *Issues*

*Structures, processes and systems to support good governance and management were clearly set out but not always effective. For example, staff training, recruitment of staff, monitoring*

### **Conversations with Staff**

We were informed by Jane Moore that an Action Plan had been created immediately after the CQC inspection and a copy of this was provided to our visiting team. She also told us that a more recent version of the plan existed which could not be accessed while Mrs. Thomas was on leave, but that the updated version would be sent to us upon her return. At different points within this part of the visit, we were joined by other members of the Practice, to specifically provide further detail and/or clarification on particular points. This included, towards the end of the visit, being joined by Dr. Gordon Thomas who answered questions specifically relating to the size of the Practice and current issues. Using the CQC report, we asked about the following areas:

***Toolkit*** covering safeguarding and staff. At the time of the CQC inspection, elements of the Toolkit (allowing the surgery staff to download policy documents) were not working. This resulted in DBS checks had not been working due to technical problems which were now resolved. A new GP, Dr Jolly had not undergone the correct DBS check, but this had now been amended. Lisa Slater, a recently appointed apprentice had been incorrectly identified as having a gap in her employment record. Again, this issue had been resolved.

***Legionella Risk Assessment*** A company called Intertek had been engaged by the surgery and had been, for the past few years, testing water samples and reporting annually. However, these tests were required more frequently. Jane Moore is now running tests every two weeks and recording water temperatures.

***Fire drills*** The Practice had depended on using a hand-held fire bell which is currently located on the first floor. CQC found that it could not be heard in the furthest area of the Centre. A report and quote for a new system is now awaited from Chase Fire. This should be implemented by April 2019.

***Alerts for receiving medicines*** Emma Robertson, Practice Nurse receives the alerts, passes them to the Practice Manager who then emails all GPs. However, the GPs did not always read them. This had now been addressed by undertaking monthly clinical meetings - attended by EVERYONE within the Practice. These meetings cover information on drugs, validation and action taken. All this is recorded by Simone Cartwright (the other Practice Nurse) which ensures complete knowledge is passed on and is current at these clinical meetings.

***Safety issues*** Recently there has been a significant increase in the GP to patient ratio safe zone with 32 new patients in January 2019 and a further 23 in February 2019. This is in part accounted for by new housing in the area.

The complaints procedure for patients has now been updated and is prominently displayed on the notice boards in the reception/waiting area. Also, CQC noted a concern about Sepsis training - it was confirmed to us that every member of the reception team had now undergone proper training in order to identify cases of Sepsis. Dr Thomas has been seen by Jane Moore to complete his mandatory training. Dr Thomas advised us that he has reduced his time at the practice from 3 to 2 days per week with a view to retirement. There had also been a change in GPs, clinics and practice hours. One of our team checked that all certificates were up to date.

### **Recommendations**

- We were invited to re-visit the surgery during April 2019, by which time Jane Moore believed all the recommendations made by CQC would be implemented. This remains an option.
- We believe that the Practice has been disappointed by the findings of the CQC inspection and is working hard to eradicate the 'failing' areas. It is important for the staff of the Practice to continue to ensure records are kept up to date and all elements of the service provided are working well - in a DEMONSTRABLE, evidence-based manner.
- Ensure that an effective fire alarm system is installed before the end of April 2019.
- Finally, a concern exists that access to the surgery is not ideal for users of wheelchairs (the combination of doors to gain entrance may cause problems). We recommend that the Practice checks this out properly and this is something we will look at upon our return visit.

### **Summary**

The continuing growth of the population in the local vicinity will continue to put pressure on the Practice and it is essential that such growth is carefully monitored to ensure services can again be provided safely.

At the end of the visit, we thanked all staff for their time and courtesy and informed them that a draft report would be sent to them within fourteen working days, to allow them to comment.

## Feedback from Practice Manager

*Following our draft being sent to Donna Thomas, the Practice Manager from Trentham Mews Surgery, we received the following email, which we are happy to copy in full:*

We have had the chance to read through your report following our Enter and View Visit on Wednesday 27<sup>th</sup> February.

The following is noted:

**Toolkit not working** - The toolkit where we access our policies was not working correctly showing the most recent updates and were had been in conversations with the suppliers for many months previously trying to rectify the issues, this did not have any impact upon the DBS checks. The new GP, Dr Jolley did not have a DBS check performed by the practice (due to the fact that she had one done 2-3 weeks previously by another local GP practice/employer, It was felt that this would be sufficient for our use at that time and it seemed a pointless exercise to repeat the process within the month.)

**Legionella Risk Assessment.** The practice engaged 'Intertek' to test water samples for Legionella annually, however CQC have requested a risk assessment for this process. A risk assessment has been completed.

**Fire Drills.** A report has been received from Chase Fire following a risk assessment. The practice plans to meet with Chase Fire to discuss the actions required, the timeframe for this is yet unknown as it is ongoing.

**Medical Alerts.** Alerts are received into the practice but not always seen by GPs. A robust system has now been put into place and this is supported by clinical review of the alerts during the practice clinicians meetings.

**Safety Issues.** Though there is a noted increase in practice list size there is no patient-Dr ratio safety issues.

## Recommendations

The practice will take advice from Chase Fire on the installation of a fire alarm system. The time frame for this is yet unknown but ongoing.

Access for wheelchairs - The practice has a number of patients with wheelchairs and though it is noted that the access is limited, we have previously had no problems, however, the practice will endeavour to look into this matter again.

Regards

Donna Thomas

Practice Manager

Trentham Mews Medical Centre