Birchington Medical Centre

Inspection report

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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 location

Are services safe?	
Are services well-led?	

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Birchington Medical Practice on 17 April 2018. The overall rating for the practice was good however they were rated requires improvement for providing safe services. The full comprehensive report on the April 2018 inspection can be found by selecting the 'all reports' link for Birchington Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 28 November 2018 to confirm whether 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 17 April 2018.

We found the legal requirements were not met and also identified further areas requiring improvement. A warning notice has been issued in relation to breaches of regulation 12, safe care and treatment in relation to the practices management of medicines. The practice is required to be compliant with the notice by 07 January 2019. Two regulatory notices have also been issued for breaches of regulation 13, safeguarding and regulation 17 for good governance.

This inspection was not rated as not all areas of the domains were inspected. However, a comprehensive rating inspection has been planned.

This report covers our findings on the day;

Our key findings were as follows:

- ▪ We found the medicine management lead GP delegated oversight of some aspects of their responsibilities to a non-clinical member of the staff team and did not ensure safe practice.
- ▪ We found the practice did not have effective systems to help ensure the safe prescribing of some medicines.
- ▪ We found the practice were not effectively monitoring some patients on high risk medicines.
- ▪ We found the practice had not followed up with children who had failed to attend appointments with primary and secondary care placing them at risk of harm.
- ▪ We found the practice did not have effective systems to ensure good governance of medicines.

We found there were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure patients are protected from abuse and improper treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

Older people	
People with long-term conditions	
Families, children and young people	
Working age people (including those recently retired and students)	
People whose circumstances may make them vulnerable	
People experiencing poor mental health (including people with dementia)	

Our inspection team

The inspection team consisted on a lead CQC inspector and a CQC GP specialist advisor.

Background to Birchington Medical Centre

Birchington Medical Centre provides medical care Monday to Friday 8am to 6.30pm. Once a week the practice operates extended hours from 6.30pm to 7.30pm. The practice is situated in the coastal town of Birchington in Thanet, Kent. It provides services to approximately 9000 patients in the locality.

The practice serves an affluent population with low levels of deprivation. It has a lower representation amongst its patient population of patients under the age of 18 years when compared with the local and national average. It provides more services to patients over 65 years of age than the local and national average.

The practice is owned and managed by two GP partners, one female and one male. They are supported by a salaried female GP and a regular locum male GP. The practice nursing team consists of three advanced nurse practitioners (two female and one male), four practice nurses and six healthcare assistants. The practice also employs a community matron providing outreach care to their elderly and house restricted patients.

The administrative, secretarial and reception team are supported and overseen by the assistant practice manager and practice manager.

The practice does not provide out of hours services to its patients and there are arrangements with another provider (the 111 service/Integrated Care 24 limited) to deliver services to patients when the practice is closed. The practice holds a general medical service (GMS) contract with NHS England for delivering primary medical care services to local communities.

Services are delivered from: Birchington Medical Centre, Minnis Road, Birchington, Kent, CT7 9HQ.

The service is registered to five regulated activities;

- Diagnostics and screening
- Family planning
- Maternity and midwifery
- Surgical procedures
- Treatment of disease, disorder and injury.

Are services safe?

At our previous inspection on 17 April 2018, we rated the practice as requires improvement for providing safe services as the arrangements in respect of medicine management were not sufficient.

We previously found the practice:

- **Did not have emergency medicines to treat patients who experienced pain, fits or seizures and some medicine was found out of date.**
- **Did not have effective systems to ensure the timely and appropriate actioning of medicine alerts placing patients at risk of harm.**
- **Could not ensure the appointed medicine management lead GP effectively oversaw the actioning of medicine alerts.**
- **Did not have effective systems in place to monitor the movement and usage of prescriptions.**
- **Did not have safe systems in place for the management and storage of medicines.**
- **Did not have effective monitoring systems to ensure the safe prescribing of medicines.**
- **Did not review patient care and treatment in response to medicine alerts.**

These arrangements had not significantly improved when we undertook a follow up inspection on 28 November 2018. We also identified improvements were required to safeguard patients from abuse and improper treatment.

This domain has not been rated as not all areas were inspected against the regulations on the day of the inspection.

Safety systems and processes

The practice did not have effective systems to keep people safe and safeguarded from abuse.

- The practice had not identified and reported safeguarding risks regarding a child who had disengaged from being monitored for a high-risk medicine.
- The practice had not recorded and followed up on the non-attendance of a child for primary and secondary care appointments.

Risks to patients

There were some systems established to assess, monitor and manage risks to patient safety.

- The practice had suitable equipment to deal with medical emergencies at the surgery and staff were trained to deal with emergency procedures. We found recommended emergency medicines were available and the practice had assessed their management of home visits and access to emergency medicines when out of the practice. The practice had implemented a policy on home visits that supported home attendance by GP.

Appropriate and safe use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines.

- The practice had an appointed medicine management lead GP. However, the GP did not oversee the review and actioning of medicine alerts. The GP had delegated this responsibility to an administrative member of the practice team.
- During our April 2018 inspection we found patients had been placed at risk by the practice failing to act on previous medicine alerts. The same medicine alert was again reissued in April 2018 due to the risks it presented to patients. On reinspection we found none of the four patients being prescribed the medicine had their care and treatment reviewed. The practices failure to act placed patients at risk of harm.
- The practice recorded the movement and usage of prescriptions in accordance with national guidance.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, were sufficient to minimise risks to patients and staff on site.
- We found non-adherence to the practices prescribing policy. We found a member of the nursing team had re-authorised a high-risk medicine for a child who had failed to attend the practice or secondary care for monitoring. The clinician failed to identify the risks to the child and to notify a GP.
- We found there were not effective systems to ensure patients' health was monitored in relation to the use of medicines and followed up on appropriately.
- We found the practice had retained patient medicines to be used by the practice for patients they had not been

prescribed for. This could place patients at risk as the integrity of the medicines could not be ensured. The medicine was safely disposed of on the day of the inspection.

Lessons learned and improvements made

The practice could not demonstrate that they had learnt and made improvements when things went wrong.

- The practice was unable to evidence within the patient records how they had acted in a timely manner in response to a medicine alert. This posed a potential risk to patient safety.

Please refer to the Evidence Tables for further information.

Are services well-led?

This domain has not been rated as all areas were not inspected against the regulations on the day of the inspection.

Leadership capacity and capability

We found the lead GP for medicines and safeguarding did not effectively manage the clinical and administrative team in respect of either area. Responsibilities were delegated and governance checks were not conducted to ensure patient safety.

Governance arrangements

We found there were not clear responsibilities, roles and systems of accountability to support good governance and management of medicines.

- Members of the nursing team had authorised medicine contrary to the practice prescribing policy. Risks had not been escalated to a GP as required under the prescribing policy.
- The medicine management policy stating fixed review periods for some high risk medicines. This failed to account for individual patient needs, where they required more regular monitoring.
- Staff failed to demonstrate how they discharged their responsibilities in respect of safeguarding.

Managing risks, issues and performance

There was not an effective medicine management process for managing risks, issues and performance.

- There was an ineffective process to identify, understand, monitor and address current and future risks including risks to patient safety. The practice had informed the Care Quality Commission prior to this follow up inspection, that they had conducted appropriate medicine and care and treatment reviews of patients, but had not checked their clinical system to ensure this had been done.

Appropriate and accurate information

The practice did not have appropriate and accurate information.

- The practice did not utilise their clinical systems to inform and ensure safe practice. We found the clinical system clearly highlighted where patients had continued to be reissued prescriptions without appropriate review or authorisation.
- Patients on high risk medicine had not had their care appropriately reviewed.
- The practice failed to use performance information to inform discussions with staff and hold them to account for their actions and decisions.

Please refer to the evidence tables for further information.