

# Headquarters Medway Practices Alliance

## 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

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Overall summary

**This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Headquarters Medway Practices Alliance on 6 and 12 June 2023. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The provider delivers enhanced access GP services as well as a home visiting service to the patients of 44 GP practices in the NHS Kent and Medway Integrated Care Board (ICB) area.

## **Our key findings were:**

- There were clear systems to help keep people safe and safeguarded from abuse.
- Risks to patients, staff and visitors were assessed, monitored and managed effectively.
- Staff had the information they needed to deliver safe care and treatment to patients.
- There were reliable systems for appropriate and safe handling of medicines.
- Patients' needs were assessed and care as well as treatment were delivered in line with current legislation, standards and guidance.
- Staff had the skills, knowledge and experience to carry out their roles and worked together as well as with other organisations to deliver effective care and treatment.
- Staff treated patients with kindness, respect as well as compassion and helped patients to be involved in decisions about care and treatment.
- Services were organised and delivered to meet patients' needs and patients were able to access services within an appropriate timescale for their needs.
- Leaders had the capacity and skills to deliver high-quality, sustainable care and the service had a clear vision to deliver high-quality care as well as promote good outcomes for patients.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The service involved patients, the public, staff and external partners to support high-quality sustainable services.
- There were systems and processes for learning, continuous improvement and innovation.

The areas where the provider **should** make improvements are:

- Continue with plans to train all primary care hub (PCH) reception staff as fire marshals.
- Revise systems to help ensure all emergency equipment and all emergency medicines that are required to be kept are available at all PCHs.

# Overall summary

- Continue with plans to repeat all clinical audits to complete the cycle of clinical audit.

**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. The team included a specialist adviser.

## Background to Headquarters Medway Practices Alliance

The registered provider is Medway Practices Alliance Limited which is a primary care at scale organisation that delivers regulated activities at 4 registered locations in England.

Medway Practices Alliance Limited holds sub contracts with Primary Care Networks (PCNs) to deliver enhanced GP access services (for adults and children) evenings and weekends at six primary care hubs (PCHs) in Kent and Medway. They are also contracted by the NHS Kent and Medway Integrated Care Board (ICB) to deliver home visiting services during normal working hours. These services are available to the patients of 44 GP practices in Kent and Medway (approximately 300,000) and are managed from the location Headquarters Medway Practices Alliance, Suite 1 and 2, Kent Space, Revenge Road, Chatham, Kent, ME5 8UD.

As part of our inspection we visited Headquarters Medway Practices Alliance Limited, Suite 1 and 2, Kent Space, Revenge Road, Chatham, Kent, ME5 8UD. We also visited the PCH at the Walter Brice Centre, Tilley Close, Hoo, Rochester, Kent, ME3 9AA where the provider delivers regulated activities. The provider also delivers regulated activities at:

- The PCH at the Rochester Healthy Living Centre, Delve Road, Rochester, Kent, ME1 2EL.
- The PCH at the Rainham Healthy Living Centre, 103-108 High Street, Rainham, Gillingham, Kent, ME8 8AA.
- The PCH at the Lordswood Healthy Living Centre, Sultan Road, Chatham, Kent, ME5 8TJ.
- The PCH at the Balmoral Gardens Healthy Living Centre, Gillingham, Kent, ME7 4PN.
- The PCH at the Iwade Health Centre, 1 Monins Road, Sittingbourne, Kent, ME9 8TY.

Patients access these services through their own GP practice. Services are available as follows:

- The PCH at the Walter Brice Centre:
  - Saturday 9am to 5pm.
- The PCH at the Rochester Healthy Living Centre:
  - Wednesday 4pm to 8pm.
  - Friday 4pm to 8pm.
  - Saturday 9am to 2.30pm.
- The PCH at the Rainham Healthy Living Centre:
  - Monday, Tuesday, Wednesday and Friday 4pm to 8pm.
  - Thursday 3pm to 8pm.
- The PCH at the Lordswood Healthy Living Centre:
  - Monday, Tuesday, Wednesday and Friday 4pm to 8pm.
  - Thursday 3pm to 8pm.
  - Saturday 9am to 5pm.
- The PCH at the Balmoral Gardens Healthy Living Centre:
  - Saturday 9am to 5pm.
- The PCH at the Iwade Health Centre:
  - Monday and Thursday 5pm to 8pm.
  - Saturday 8.30am to 5pm.
  - Sunday 8.30am to 4pm.
- The home visiting services is available between the hours of 9am and 6pm Monday to Friday.

Medway Practices Alliance Limited is registered with the Care Quality Commission to deliver the following regulated activities from the location Headquarters Medway Practices Alliance: diagnostic and screening procedures; family planning; maternity and midwifery services; treatment of disease, disorder or injury.

The website is [www.medwaypracticesalliance.co.uk](http://www.medwaypracticesalliance.co.uk).

### **How we inspected this service**

The inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was in line with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Requesting evidence from the provider.
- Site visits.
- Staff interviews.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

**We rated safe as Good because:**

## **Safety systems and processes**

**The service had clear systems to keep people safe and safeguarded from abuse.**

- The provider had systems to safeguard children and vulnerable adults from abuse.
- There were lead members of staff for safeguarding processes and procedures.
- Policies and other documents covering adult and child safeguarding were accessible to all staff including locums. They clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- All staff had received up to date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The service had systems to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- Staff who acted as chaperones were trained for the role and notices in the primary care hubs (PCHs) advised patients that chaperones were available if required.
- Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.

## **Risks to patients, staff and visitors**

**Risks to patients, staff and visitors were assessed, monitored or managed effectively.**

- There were up to date fire risk assessments that incorporated an action plan to address issues identified. Records showed there were fire evacuation plans, fire extinguishers were maintained in working order, the fire alarm systems were tested regularly, fire drills were carried out at regular intervals and staff were up to date with fire safety training.
- Staff told us Medway Practices Alliance Limited (MPAL) relied upon trained fire marshals provided by other service providers at all of the PCHs. However, we established that at times only MPAL staff were present in some PCHs. When we pointed this out to the provider they immediately made arrangements for all receptionists at every PCH to have access to fire marshal training with effect from 6 June 2023. Before the end of the inspection on 6 June 2023, we saw records to show that some of the receptionists at the PCHs had since completed this training.
- All electrical equipment was checked to help ensure it was safe to use.
- All clinical equipment was checked and where necessary calibrated to help ensure it was working properly.
- There was an up to date infection prevention and control (IPC) policy and records showed staff were up to date with IPC training.
- There were up to date IPC audits that incorporated an action plans to address issues identified.
- There were systems for safely managing healthcare waste.
- There were up to date legionella risk assessments that incorporated action plans to address issues identified.
- The temperature of water from hot and cold outlets was monitored and recorded regularly. Records showed that results were within acceptable limits. Records also showed that little used water outlets were flushed on a regular basis and that samples sent for testing demonstrated that the buildings' water systems had not been colonised by legionella.

# Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff including locums tailored to their role.
- Staff knew how to respond to emergency situations and were up to date with basic life support training, as well as recognition and management of patients with severe infections such as sepsis training.
- There was written guidance for staff to follow to help them identify and manage deteriorating or acutely unwell patients.
- We looked at emergency equipment and found a paediatric pulse oximeter, a paediatric oxygen mask and a spare set of adult automated external defibrillator (AED) pads were not available. After our inspection the provider sent us evidence to show a paediatric pulse oximeter and a spare set of adult AED pads had been ordered. They also sent us evidence to show a paediatric oxygen mask was now available.
- We looked at emergency medicines and found the emergency medicines buccal midazolam or rectal diazepam were not available. However, intravenous diazepam was available. We found the provider had carried out a risk assessment of the emergency medicines that should be kept and concluded they would keep intravenous diazepam as there had been a shortage of rectal diazepam. However, after our inspection the provider wrote to us with evidence to show they had now ordered rectal diazepam.
- Records showed that emergency equipment and emergency medicines were checked regularly.
- There was an up to date health and safety policy available with posters in the PCHs which identified local health and safety representatives.
- There were up to date health and safety risk assessments that incorporated action plans to address issues identified.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements.
- There was up to date written guidance for staff to follow in the event of major incidents that contained emergency contact telephone numbers.

## Information to deliver safe care and treatment

### Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

### The service had reliable systems for appropriate and safe handling of medicines.

- Medicines were stored safely and securely with access restricted to authorised staff.
- Prescription stationery was kept securely, and its use monitored in line with national guidance.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

## Lessons learned and improvements made

# Are services safe?

## **The service learned and made improvements when things went wrong.**

- There was a system for recording and acting on significant events.
- There was written guidance available for staff to follow to help them identify, report and manage any significant events.
- There were adequate systems for reviewing and investigating when things went wrong.
- There had been 4 significant events reported within the last 12 months. We looked at the records of 1 of these and saw details of the event reported by staff had been investigated, and necessary action taken. Records showed learning had been discussed at relevant meetings and action taken to help reduce the risk of it happening again. For example, guidance documentation had been developed and distributed to all staff who administered vaccinations during home visits following a dosing error.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism to disseminate alerts to all members of the team. The service kept records of action taken (or if no action was necessary) in response to receipt of all safety alerts.



# Are services effective?

**We rated effective as Good because:**

## **Effective needs assessment, care and treatment**

**The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).**

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements.
- There were processes to manage performance.
- Clinical and internal audit was used to monitor quality and to make improvements. For example, an acute cough audit (non-COVID-19 related) and a urinary tract infection (UTI) audit.
- Records showed the provider had analysed all clinical audit results and implemented action plans to address findings.
- Staff told us clinical audits were due to be repeated to complete the cycle of clinical audit.
- Records showed the results of clinical audits were discussed regularly at clinical governance meetings.

## **Effective staffing**

**Staff had the skills, knowledge and experience to carry out their roles.**

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) / Nursing and Midwifery Council (NMC) / Health and Care Professionals Council (HCPC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

## **Coordinating patient care and information sharing**

**Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, details of consultation were recorded directly into the patients' records held on the patients' own GP practice computer system. This meant all information relating to any consultation carried out by Medway Practices Alliance Limited staff was readily available to patients' own GPs in a timely manner.

# Are services effective?

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, carers, advocates and other patient representatives were involved in consultations in agreement with the patient when necessary.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

## Supporting patients to live healthier lives

### **Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, when some medicines were prescribed that carried specific risks to patients.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service. For example, child immunisations were not provided as part of this service.

## Consent to care and treatment

### **The service obtained consent to care and treatment in line with legislation and guidance.**

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

## **Involvement in decisions about care and treatment**

### **Staff helped patients to be involved in decisions about care and treatment.**

- Interpretation services were available for patients who did not have English as a first language.
- Sign language services were also available for patients who communicated by signing.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand. For example, communication aids were available.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **Responding to and meeting people's needs**

**The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.**

- The provider understood the needs of their patients and improved services in response to those needs. For example, services were provided outside of normal working hours and at weekends to help meet the needs of patients who worked. The Primary Care Hubs (PCHs) where services were delivered were strategically spread across the catchment area of the Primary Care Networks (PCNs) to help facilitate access for eligible patients.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, longer appointments were available for patients with learning disabilities.

## **Timely access to the service**

**Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Patients had timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way.

## **Listening and learning from concerns and complaints**

**The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures. There had been 5 complaints reported within the last 12 months. We looked at the records of 1 of these complaints and found it had been acknowledged in line with the practice's complaints policy. Records showed the complaint had been investigated and replied to in writing. Complainants received a written apology from the provider as well as an explanation of the findings of the investigation into their complaint. Records also showed that learning from the complaint had been shared with practice staff. For example, records showed learning from a complaint regarding a patient being seen by a GP some time after their appointment time had been shared with relevant staff.

# Are services well-led?

**We rated well-led as Good because:**

## **Leadership capacity and capability**

**Leaders had the capacity and skills to deliver high-quality, sustainable care.**

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## **Vision and strategy**

**The service had a clear vision and credible strategy to deliver high-quality care and promote good outcomes for patients.**

- There was a clear vision and set of values. The provider had a statement of purpose and a mission statement which reflected the visions of the service.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

## **Culture**

**The service had a culture of high-quality sustainable care.**

- Staff felt respected, supported and valued.
- The service focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. Staff were supported to meet the requirements of professional revalidation where necessary. Staff were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams.

## **Governance arrangements**

**There were clear responsibilities, roles and systems of accountability to support good governance and management.**

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.

# Are services well-led?

- Leaders had established policies, procedures and activities to help ensure safety and assured themselves that they were operating as intended.
- Leaders had designated areas of responsibility and staff knew which person to go to for help or advice when required. For example, leaders had individual responsibility for: safeguarding; infection prevention and control; data protection; health and safety; information and clinical governance; and complaints.
- The service used performance information which was reported and monitored.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Managing risks, issues and performance

### **There were clear and effective processes for managing risks, issues and performance.**

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and prescribing decisions.
- Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans and had trained staff for major incidents.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

## Engagement with patients, the public, staff and external partners

### **The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, the provider monitored and responded to results from the Friends and Family feedback system as well as collected patient feedback through questionnaires given to patients who used the home visiting service. Records showed monthly results from the Friends and Family feedback system so far in 2023 were positive.
- Staff could describe to us the systems available to give feedback. For example, annual staff surveys were conducted. More formal systems were also available. For example, staff could raise concerns if necessary using the provider's system of whistleblowing.
- The service was transparent, collaborative and open with stakeholders about performance.

# Are services well-led?

## Continuous improvement and innovation

### **There were systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement.
- The service had systems to make use of internal and external reviews of incidents and complaints. The system ensured learning from incidents and complaints was shared and used to make improvements.