

Broadstairs Medical Practice

Quality 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 service

Good



Are services safe?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Broadstairs Medical Practice on 25 April 2017. The full comprehensive report on the April 2017 inspection can be found by selecting the 'all reports' link for Broadstairs Medical Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 31 October 2017 to confirm that 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 25 April 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings across all the areas we inspected were as follows:

- The practice had revised their policies and processes for ensuring the safe management of medicines.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. They had a business plan outlining their vision and values and had shared it with the practice team.
- The practice had a strong understanding of their clinical performance. They held partnership meetings weekly and clinical meetings monthly. These were well documented.
- We found the practice had strengthened systems and processes to assess, monitor and improve the quality and safety of services. For example; a programme of audit to inform quality improvements.
- Members of the clinical team had access to guidance. New NICE guidance was assigned to clinical staff to review and share during their monthly meetings.
- The practice were actively capturing carers and had identified 78, amounting to 1% of the patient list. They had revised their carers policy defining the services and support patients can expect from them. The service was also working with the care co-ordinator and primary care visitor.

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 safe services.

- The practice had strengthened their systems for the safe management of medicines. Safety alert information was shared and actioned appropriately. There were shared care agreements with partnership services to promote safe prescribing.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. They had a business plan defining their vision and responsibilities in relation to it.
- The practice had a strong understanding of their clinical performance. They had strengthened their governance arrangements to evidence discussions, decisions and changes to practice.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people. The provider had resolved the concerns for safety and well-led identified at our inspection on 25 April 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- Staff had completed safeguarding training and were able to recognise the signs of abuse in older patients and were confident regarding the reporting and escalation of any concerns.
- The practice participated in admission avoidance programmes including services for frail patients. They followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice offered a priority telephone access to older persons, care homes and health and social care services. They offered patients home visits and urgent on the day appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- The practice worked within multidisciplinary teams to support isolated and house bound patients. They provided patients with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice informed and contacted patients for seasonal vaccinations.

Good



People with long term conditions

The practice is rated as good for the care of working age people (including those recently retired and students). The provider had resolved the concerns for safety and well-led identified at our inspection on 25 April 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The nursing staff were trained and led on the monitoring of long-term diseases.

Good



Summary of findings

- The practice participated in admission avoidance and frailty programmes for patients at risk of hospital admission. On the patient being discharged from hospital the practice ensured their care plans were updated to reflect any additional needs.
- Unverified QOF data for 2016/2017 showed the practice achieved full points for their management of patients with long term conditions such as heart failure, asthma and epilepsy.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as good for the care of families, children and young people. The provider had resolved the concerns for safety and well-led identified at our inspection on 25 April 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were high for all standard childhood immunisations.
- We found children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- Information was provided to families on life style and healthy living for patients planning their families and expectant mothers.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students). The provider had

Good



Summary of findings

resolved the concerns for safety and well-led identified at our inspection on 25 April 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The practice provided accessible services to those who worked. They offered telephone appointments and online services. These included access to a GP App, supporting patients to make appointments and access health advice online or via the local Health Helps Now website signposting health services in Kent and Medway.
- The practice had adjusted the services it offered to this population group to ensure that health checks, national screening programmes and immunisations could be accessed.
- Travel advice and vaccinations were available.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The provider had resolved the concerns for safety and well-led identified at our inspection on 25 April 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The practice supported patients to register with no fixed abode or who were temporary residents within the area.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice conducted annual health checks and longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. They had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The provider

Good



Summary of findings

had resolved the concerns for safety and well-led identified at our inspection on 25 April 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The practice conducted annual health checks and offered longer appointments for patients with poor mental health. They achieved 100% of the QOF points available for their care of patients with dementia and poor mental health.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice followed up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support individual patients with mental health needs and dementia.

Broadstairs Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead Inspector and included a GP specialist adviser.

Background to Broadstairs Medical Practice

Broadstairs Medical Practice has approximately 7115 patients registered with the practice.

The practice is located in the town of Broadstairs and serves an affluent coastal community. The majority of their patient group are working age between 15 years and 64 years of age. The practice neighbours Broadstairs Railway Station, a public car park and there is additional on street parking available.

The practice consists of a partnership of three GPs (two male and one female). Two of the GPs work full time (one male and one female), the other male GP works 0.25 working time equivalent and there is a full time salaried female GP. They are supported by two practice nurses, a healthcare assistant and an administrative team overseen by the practice manager and finance manager.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments for the GPs and the nursing teams vary but generally cover 8am to 1pm and 2pm to 6pm daily. The practice does not operate extended hours services. Pre-bookable appointments are available and could be booked up to four weeks in advance for GPs and three months in advance for the nursing team. Urgent appointments are also available on the day for patients that needed them.

When the practice is closed patients requiring non-urgent care are advised to call the national NHS 111 service for advice or use the Health Helps Now which is a service, signposting patients to health provision in Kent and Medway. Out of hours provision is provided by Prime Care.

The practice has a website. It is in its infancy as aspects of the site are under construction. It provides details of some of the services offered by the practice, health advice and signposts patients to other services. It can be translated into a number of languages.

Why we carried out this inspection

We undertook a comprehensive inspection of Broadstairs Medical Practice on 25 April 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in April 2017 can be found by selecting the 'all reports' link for Broadstairs Medical Practice on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Broadstairs Medical Practice on 31 October 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out an announced visit on 31 October 2017. During our visit we:

Detailed findings

- Spoke with a range of staff (the lead GP, practice manger, business manager and administrative staff).
- Reviewed a sample of the personal care or treatment records of patients.

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 25 April 2017, we rated the practice as requires improvement for providing safe services as the practice was required to strengthen their management of medicines.

These arrangements had significantly improved when we undertook a follow up inspection on 31 October 2017. The practice is now rated as good for providing safe services.

The practice had revised their management of medicines following our last inspection. They had signed up to receive all Medicines and Health Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us they were also checking with their local clinical commissioning group medicine management team to ensure they held all relevant alerts. The practice manager

shared the alerts with the clinical team for actioning. They showed us how they had responded to recent notifications, conducting searches of their clinical records for patients who may be affected. They had also installed monthly governance searches to assure themselves all patients receiving the identified medicines were being appropriately monitored.

The practice had revised their procedure for prescribing medicines to patients receiving shared care. Where patients had tests conducted by external organisations such as hospitals or pharmacists the practice checked the patient results and recorded them within their clinical system to evidence safe prescribing.

The practice had conducted a number of clinical audits on their management of medicines in partnership with their local medicine management team. They told us these were to assure themselves their systems were established and effective at keeping their patients safe.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 25 April 2017, we rated the practice as requires improvement for providing well led services. Improvements were required to assess, monitor and improve the quality and safety of services; to formalise their business plan to inform the delivery and development of the service and maintain records of discussions and decisions, including how changes have been embedded into practice.

These arrangements had significantly improved when we undertook a follow up inspection on 31 October 2017. The practice is now rated as good for providing well led services.

Vision and strategy

The practice registered with the Care Quality Commission to provide regulated activities as a GP service in December 2016. Their stated objective was to place their patients first. The GP partners told us of how they had defined key roles and appointed specific people to their staffing team to support them to deliver accessible, high quality care. This was detailed within their comprehensive three year business plan.

Governance arrangements

The practice had a governance framework to support the delivery of their strategy to provide good quality care. We found;

- The practice management team actively monitored the clinical performance of the practice through the quality outcomes framework and medicine management reports. The management team discussed performance daily and minuted their formal discussions.
- The practice had an audit planner with past, current and proposed clinical and internal audit to inform quality improvements. We reviewed three audits relating to medicine management and minor surgery all were single cycle audits which had been scheduled to be revisited within the month. Where learning was identified this was shared with the clinical team to inform and improve patient outcomes.

Leadership and culture

There was a clear leadership structure and staff felt supported by management.

- The practice held practice meetings, clinical meetings and partnership meetings all with a standard agenda. We reviewed clinical meetings from July 2017 and October 2017. We found risks were identified, discussed and actions identified and assigned to named persons. Any outstanding actions were reviewed at subsequent meetings, detailing their findings and the measures to mitigate the risks of events reoccurring.