

# South Ashford Medics

## 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.

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## Letter from the Chief Inspector of General Practice

### **This practice is rated as inadequate overall.**

On 20 March 2018 we carried out a follow up inspection to check compliance with two enforcement notices issued in respect of the care and treatment of patients and good governance. The notices were issued following our initial inspection of South Ashford Medics on 5 December 2017. The practice was placed into special measures in February 2018, to be reinspected and re-rated again within six months.

At this inspection we checked South Ashford Medics had complied with the notices issued in respect of safe care and treatment and had partially complied with the notice issued in respect of good governance. Therefore, further improvements were required.

At this inspection we found:

- The GP partners had undertaken practical annual basic life support training.
- The practice had appropriately coded patients to inform their prescribing behaviours.
- The practice had established systems in place to ensure the safe management of medicines. For example, the timely actioning of safety alerts.

# Key findings

- The practice had put an action plan in place with their patient participation group to improve patient experiences of the service.
- The practice had revised their complaints and identified trends and learning themes.
- Meetings had been held with teams to advise them of their whistleblowing procedure and staff members they may go to should they have concerns.
- The practice pneumococcal vaccination figures had improved and they had achieved 91% immunisation rate for children under two years of age.
- The practice had revised their safeguarding systems but the changes had not been embedded and risks were not being followed up on.
- The practice had not revised their palliative care register to ensure discussions or decisions relating to resuscitation preferences were evidenced.
- The practice histology system was not reflective of minor surgery procedures undertaken. Where errors had occurred they were not reported and investigated to mitigate a reoccurrence.
- Staff performing workflow optimisation activities had not received documented training or audited their staffs work to assure themselves the system was safe and effective.

The area where the provider must make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service is kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures provides people who use the service with the reassurance that the care they get should improve.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Key findings

## Areas for improvement

### Action the service **MUST** take to improve

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

# South Ashford Medics

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, and a practice manager adviser.

## Background to South Ashford Medics

The practice has approximately 8700 registered patients. The practice population are similar to the national averages for life expectancy for both male and female patients.

The practice serves the fourth most deprived decile in the UK, with high levels of deprivation for children and older people. The area also has above the national average levels of unemployment.

The practice provides additional services to unaccompanied Asylum Seeking Children (Children who enter the UK without a parent or guardian), ADHD specialist provision and Syrian Vulnerable Persons Relocation Scheme.

There are three male GP partners, two female GP locums and a nursing team consisting of a male advanced nurse practitioner, practice nurses and healthcare assistants are all female. They are supported by the practice manager and the administrative team.

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

The practice provides services from;

St Stephens Walk, Ashford, TN23 5AQ

# Are services safe?

## Our findings

**We conducted a follow up inspection of South Ashford Medics to check compliance with the enforcement notices served in January 2018. The practice was required to comply with the notices by 21 February 2018.**

**We had previously identified that improvements were required in the management of medicines and the practices responses to medicine alerts, that members of the clinical team had not all received appropriate basic life support training and that the practices management of safeguarding was inconsistent.**

### Safety systems and processes

The practice had systems to ensure people were kept safe.

- The practice demonstrated that clinical and administrative staff had received up-to-date safeguarding training appropriate to their role.
- The practice had high numbers of children who were at risk or on a child protection register. The practice also provided specialist services to vulnerable unaccompanied children 15-17 years of age. The practice had reviewed their systems and had improved their identification and recording of children who had not attended appointments with primary or secondary care. However, we found they had not recorded their assessment of the safeguarding risk in all ten of the clinical records reviewed for children who had failed to attend appointments.
- The practices safeguarding processes were not reflective of national best practice.

### Risks to patients

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

- The three GP partners had undertaken practical annual basic life support training as recommended by the Resuscitation Council.

### Information to deliver safe care and treatment

Staff did not consistently have the information they needed to deliver safe care and treatment to patients.

- We found there was a system for monitoring histology results. However, when we checked the patient list against the listed minor surgery procedures undertaken we found that two patients had no entries on their clinic record detailing the procedure and outcomes. We also found a histology result had been returned due to being incorrectly labelled; it had not been recorded as a significant event despite being similar to the previous issue identified in December 2017. It was unclear when the sample had been resubmitted and resolved.
- We reviewed the practice management of electronic and paper correspondence and found it was up to date.

### Safe and appropriate use of medicines

The practice had systems to ensure the appropriate and safe handling of medicines.

- We found appropriate monitoring of patients receiving high risk medicines such as those used to treat patients with poor mental health.
- Previously we had found there had been a delay in status of pregnant patients being shown on their clinical record. This potentially placed them at risk of being prescribed medicines that may be detrimental to the patient and their unborn child. We spoke to the medicine management lead GP who explained how they had amended their system and spoken to their staff and the visiting midwifery team to ensure patients were coded as pregnant at the earliest opportunity. We checked their clinical system and found pregnant patients had been appropriately coded.

### Lessons learned and improvements made

The practice told us they had reviewed their systems and strengthen them for the recording, investigation and identification of learning when things went wrong.

- We found there were dual recording systems for the management of medicine alerts by the practice manager and the clinical team. When we reviewed the clinical team's response to a number of recent and historical medicine alerts and found they had been appropriately reviewed and actioned to mitigate risks to patients.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as requires improvement for providing effective services and across all population groups.**

**We had previously identified that the pneumococcal vaccination for children was below the national average, we found some staff lacked training or access to appropriate documentation to support them to workflow documents safely and effectively. We found inconsistencies in palliative care patient's records relating to the recording resuscitation preferences.**

Families, children and young people:

- Previously the practice immunisation rates were below the national average for the pneumococcal vaccination for children aged under 2 years achieving 65%. On re-inspection we found their immunisation levels had improved to 91%.

### Effective staffing

- We spoke with some members of the administrative team who were responsible for the scanning and review of documents under the work flow optimisation

programme. Previously we found some staff were unable to demonstrate they had received appropriate training or had access to appropriate documentation to support them to do their role. Staff had been booked on formal training for read coding information in May 2018 and had received input from a neighbouring practice on their management of documents. However, no audit had been conducted to confirm the system was safe and effective. We checked three documents identified as not requiring clinical oversight to determine if they had been processed appropriately. We found two of them may have benefitted from being referred to a clinician for their assessment and actioning.

### Coordinating care and treatment

- We reviewed the clinical records of palliative care patients. Seven patients were identified on the practice register, two of which had do not attempt resuscitation forms in place. We checked the remaining five patient's records. We found no evidence on their clinical record of an appropriate resuscitation preference assessment having been conducted by a clinician. The practice did not utilise clinical templates aligned to the Gold Standard Framework or alternative tools to ensure consistent recording and coding of patient information.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as requires improvement for caring.**

**We had previously identified that the practice had performed below the local and national average in some areas of the July 2017 annual national GP patient survey.**

At our earlier inspection in December 2017 the practice told us they had discussed the survey results as a management team. However, they did not have a strategy in place to actively address patient experiences. In March 2018 they showed us an action plan they had developed with their patient participation group to try to understand and improve patient experiences. Furthermore, the practice has signed up to an external survey company to enable them to conduct ongoing surveys and use the findings to inform their services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as inadequate for responsive services.**

**We had previously identified that the practice had not consistently responded to the needs of children and vulnerable adults, the July 2017 annual national GP patient survey data showed patients satisfaction levels in some areas were below local and national averages. Some staff did not have confidence that their concerns would be addressed and the practice had not evidenced learning from complaints.**

### Responding to and meeting people's needs

The practice needed to embed changes to demonstrate that their services were organised and delivered services to meet all patients' needs, taking account of patient needs and preferences.

Families, children and young people:

- We found there were systems specifically in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had failed to attend appointments at the practice or with secondary care. However, they were not effective and patients were not being safeguarded as intended and in accordance with best practice guidance.

People whose circumstances make them vulnerable:

- The practice did not operate effective systems to follow up on vulnerable persons who failed to attend appointments with the practice or secondary care.

### Timely access to the service

Results from the July 2017 national GP patient survey showed that patients' satisfaction with how they could access care and treatment were below local and national averages.

The practice previously told us they had reviewed the findings of their patient survey data and had increased face

to face appointments with their advanced nurse practitioner and increased the staffing of the phone lines during peak times. Patients told us they had noticed improvements over the past six to twelve months in the phones being answered quicker. However, the practice was unable to access data to show patient waiting times and demonstrate improvements in the service.

Following the inspection the practice met with their patient participation group and discussed the outcome of the survey. They developed an action plan in partnership with their patient participation group to try to understand and improve patient experiences. Furthermore, the practice has signed up to an external survey company to enable them to conduct ongoing surveys and use the findings to inform their services.

### Listening and learning from concerns and complaints

Previously, some staff told us they did not have confidence in their concerns being addressed if raised. The practice told us following our inspection they had spoken with all their staff regarding how they may make a complaint. They had identified staff members they may go to for advice and support and signposted the whistleblowing policy. The whistleblowing policy had been updated to include an external charity staff may contact to report concerns outside of South Ashford Medics. The practice had commissioned a staff survey to understand and respond to concerns. They had also agreed a code of conduct for their staff and required them to sign that they had read, understood and would adhere to it.

Previously we found limited evidence of the practice learning from complaints. Following our inspection the practice undertook a review of their complaints and identified themes. They found the majority of complaints fell into the following categories, customer services, staff attitude by GP's and reception staff and delays or failure by the practice to call back patients. We found the practice had commissioned customer service training for reception staff and they had completed it.



This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance  The practice did not have an effective system in place to ensure; they identified areas for clinical improvement, audited new working processes to understand and mitigate risks to patient care, ensured staff had received appropriate training.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	