Birchington Medical Centre

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?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Birchington Medical Centre on 20 January 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing effective, caring, responsive and well-led services. It required improvement for providing safe services. It was good for providing services for all patient population groups; 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 and people experiencing poor mental health (including people with dementia).

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.
- Patient's needs were assessed and care was planned and delivered in line with current legislation. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. Staff treated patients with kindness and respect, and maintained confidentiality.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available

Summary of findings

the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active.

We saw one area of outstanding practice;

- The practice worked with two other local practices that together employed two nurses and a healthcare assistant specifically to oversee the care of older patients who were housebound and not previously seen by the practices' clinicians on a regular basis.

However, there were areas of practice where the provider needs to make improvements.

Importantly the provider MUST;

- Review its infection control management to help ensure all areas of the practice are clean, records kept of domestic cleaning as well as ensure that infection control activity is monitored and assessed fully.
- Review their system to monitor blank prescription forms.

The provider SHOULD also;

- The provider should ensure all relevant staff have up to date knowledge of the Mental Capacity Act 2005 and are aware of the practice's vision and strategy.
- Revise their governance processes and ensure that all documents used to govern activity are up to date and contain relevant contact details of external bodies for staff to refer to.
- Review information about the practice to ensure it is up to date and available in relevant formats to all patients
- Review their process for recording complaints processes.

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?

Requires improvement

The practice is rated as requires improvement for safe. Birchington Medical Centre had systems to monitor, maintain and improve safety and demonstrated a culture of openness to reporting and learning from patient safety incidents. The practice had policies to safeguard vulnerable adults and children who used services. They monitored safety and responded to identified risks. There were systems for medicines management. Sufficient numbers of staff with the skills and experience required to meet patients' needs were employed. There was enough equipment, including equipment for use in an emergency, to enable staff to care for patients. All but one member of staff were trained in basic life support and the practice had plans to deal with foreseeable emergencies. However, the practice was unable to demonstrate it was fully compliant with national guidance on infection control and did not have a system to monitor blank prescription forms.

Are services effective?

Good

The practice is rated as good for effective. Staff at the Birchington Medical Centre followed best practice guidance and had systems to monitor, maintain and improve patient care. There was a process to recruit, support and manage staff. Equipment and facilities were monitored and kept up to date to support staff to deliver effective services to patients. The practice worked with other services to deliver effective care and had a proactive approach to health promotion and prevention. The practice demonstrated innovation by working with two other local practices that together employed two nurses and a healthcare assistant specifically to oversee the care of older patients who were housebound and not seen by the practice on a regular basis. It had also introduced a 'Task Team' in response to patients' and the practice's needs.

Are services caring?

Good

The practice is rated as good for caring. Patients were satisfied with the care provided by Birchington Medical Centre and were treated with respect. Staff were careful to keep patients' confidential information private and maintained patients' dignity at all times. Patients were supported to make informed choices about the care they wished to receive and felt listened to.

Are services responsive to people's needs?

Good

The practice is rated as good for responsive. The practice was responsive to patients' individual needs such as language requirements and mobility issues. Access to services for all patients

Summary of findings

was facilitated in a wide variety of ways. For example, routine appointments with staff at Birchington Medical Centre as well as telephone consultations and on-line services. Patients' views, comments and complaints were used by the practice to make positive improvements to the services patients received.

Are services well-led?

Good

The practice is rated as good for well-led. There was a clear leadership structure with an open culture that adopted a team approach to the welfare of patients and staff at Birchington Medical Centre. Not all staff we spoke with were aware of the practice's vision and strategy. The practice was unable to demonstrate that clinical governance issues were discussed with all relevant staff. The practice used a variety of policies and other documents to govern activity and staff told us there were regular governance meetings. However, the practice was unable to demonstrate they had a system to review and keep these policies and documents up to date. There were systems to monitor and improve quality. The practice took into account the views of patients and those close to them as well as engaging staff when planning and delivering services. The practice valued learning and had systems to identify and reduce risk.

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

Good

The practice is rated as good for care of older people. Documents were available that guided staff specifically in the care of older patients. Patients over the age of 75 had been allocated a dedicated GP to oversee their individual care and treatment requirements. Patients were able to receive care and treatment in their own home from practice staff as well as district nurses and palliative care staff. The practice worked with two other local practices that together employed two nurses and a healthcare assistant specifically to oversee the care of older patients who were housebound. There were care plans to help avoid older patients being admitted to hospital unnecessarily. Specific health promotion literature was available as well as details of other services for older people. The practice held regular multi-professional staff meetings that included staff who specialised in the care of older people.

People with long term conditions

Good

The practice is rated as good for care of people with long-term conditions. Documents were available that guided staff specifically in the care of patients with long-term conditions. Service provision for patients with long-term conditions included dedicated clinics with a recall system that alerted patients as to when they were due to re-attend. The practice employed staff trained in the care of patients with long-term conditions. The practice supported patients to manage their own long-term conditions. Specific health promotion literature was available.

Families, children and young people

Good

The practice is rated as good for care of families, children and young people. Documents were available that guided staff specifically in the care of families, children and young people. Services for mothers, babies, children and young people at Birchington Medical Centre included dedicated midwives and health visitor care. Specific health promotion literature was available. The practice held regular multi-professional staff meetings that included staff who specialised in the care of mothers, babies and children.

Working age people (including those recently retired and students)

Good

The practice is rated as good for caring for working age people (including those recently retired and students). Documents were available that guided staff specifically in the care of working age patients (including those recently retired and students). The practice

Summary of findings

provided a variety of ways this patient population group could access primary medical services. These included appointments from 8am to 6.30pm each week day, on-line appointment booking and telephone consultations. Specific health promotion literature was available.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for caring for people living in vulnerable circumstances. The practice offered primary medical service provision for people in vulnerable circumstances in a variety of ways. Patients not registered at the practice could access services and interpreter services were available for patients whose first language was not English. Specific health promotion literature was available. Specific screening services were also available.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for caring for people experiencing poor mental health (including people with dementia). Documents were available that guided staff specifically in the care of patients experiencing poor mental health including young patients. This patient population group had access to psychiatrist and community psychiatric nurse services as well as local counselling services. Specific health promotion literature was available. The practice held regular multi-professional staff meetings that included staff who specialised in the care of patients experiencing poor mental health.

Summary of findings

What people who use the service say

During our inspection we spoke with seven patients, all of whom told us they were satisfied with the care provided by the practice. They considered their dignity and privacy had been respected and that staff were polite, friendly and caring. They told us they felt listened to and supported by staff, had sufficient time during consultations and felt safe. They said the practice was well managed, clean as well as tidy and they did not experience difficulties when making appointments. Patients we spoke with reported they were aware of how they could access out of hours care when they required it as well as the practice's telephone consultation service.

We looked at one patient comment card that contained one suggested improvement to the practice only.

We looked at the NHS Choices website where patient survey results and reviews of Birchington Medical Centre were available. Results ranged from 'among the worst' for the percentage of patients who would recommend this practice, through 'average' for scores for consultations with doctors and nurses. Results were 'worse than expected' for scores for opening hours and the practice was rated 'among the worst' for patients rating their ability to get through on the telephone as very easy or easy. The practice was also rated 'among the worst' for patients rating this practice as good or very good.

Areas for improvement

Action the service MUST take to improve

- Review its infection control management to help ensure all areas of the practice are clean, records kept of domestic cleaning as well as ensure that infection control activity is monitored and assessed fully.
- Review their system to monitor blank prescription forms.

Action the service SHOULD take to improve

- The provider should ensure all relevant staff have up to date knowledge of the Mental Capacity Act 2005 and are aware of the practice's vision and strategy.
- Revise their governance processes and ensure that all documents used to govern activity are up to date and contain relevant contact details of external bodies for staff to refer to.
- Review information about the practice to ensure it is up to date and available in relevant formats to all patients
- Review their process for recording complaints processes.

Outstanding practice

- The practice worked with two other local practices that together employed two nurses and a healthcare assistant specifically to oversee the care of older patients who were housebound and not previously seen by the practices' clinicians on a regular basis.

Birchington Medical Centre

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 advisor, a practice nurse specialist advisor and a second CQC Inspector.

Background to Birchington Medical Centre

Birchington Medical Centre is situated in Birchington, Kent and has a registered patient population of 9,411 (4,472 male and 4,939 female). There are 1,463 registered patients under the age of 19 years (768 male and 695 female), 6,215 registered patients between the age of 20 and 74 years (3,005 male and 3,210 female) and 1,733 registered patients over the age of 75 years (707 male and 1,026 female).

Primary medical services are provided Monday to Friday between the hours of 8am to 6.30pm. Primary medical services are available to patients registered at Birchington Medical Centre via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with another provider (the 111 service) to deliver services to patients outside of Birchington Medical Centre's working hours.

The practice staff are comprised of two GP partners (one male and one female) and three salaried GPs (all male), one practice manager, two nurse practitioners (both female), six practice nurses (all female), three healthcare assistants (all female) eight administration staff and nine receptionists. There is a reception and a waiting area on the ground floor. All patient areas are wheelchair accessible.

Services are provided from Birchington Medical Centre, Minnis Road, Birchington, Kent, CT7 9HQ, only.

The practice has a general medical services (GMS) contract with NHS England for delivering primary care services to local communities.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is 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.

This provider had not received a comprehensive inspected before and that was why we included them.

How we carried out this inspection

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

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

Detailed findings

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as NHS England, the local clinical commissioning group and local Healthwatch, to share what they knew. We carried out an announced visit on 20 January 2015. During our visit we spoke with a range of staff (three GPs, the practice manager, one practice nurse, one healthcare assistant, one receptionist and one administrator) and spoke with seven patients who used the service. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risk and improve quality regarding patient safety. For example, reported incidents and accidents, national patient safety alerts as well as comments and complaints received.

National patient safety alerts were disseminated electronically to practice staff.

Patients' records were in electronic and paper form. Records that contained confidential information were held in a secure way so that only authorised staff could access them.

Learning and improvement from safety incidents

There was a culture of openness to reporting and learning from patient safety incidents.

The practice had a system for reporting, recording and monitoring incidents, accidents and significant events. All staff we spoke with were aware of how to report incidents, accidents and significant events.

The practice had a system to investigate and reflect on incidents, accidents and significant events that occurred. All reported incidents, accidents and significant events were managed by dedicated staff. Feedback from investigations was discussed at staff meetings.

There were records of significant events that had occurred during the last 12 months and we were able to review these. There was evidence that the practice had learned from these and that the findings were shared with relevant staff.

Reliable safety systems and processes including safeguarding

The practice had systems to safeguard vulnerable adults and children who used services. There was written information for safeguarding vulnerable adults and children as well as other documents readily available to staff that contained information for them to follow in order to recognise potential abuse and report it to the relevant safeguarding bodies. For example, a child in need / child protection alert document. Contact details of relevant safeguarding bodies were available for staff to refer to if they needed to report any allegations of abuse of vulnerable adults or children. The practice had dedicated GPs appointed as leads in safeguarding vulnerable adults and children trained to the appropriate level (level three). All staff we spoke with were aware of the dedicated appointed leads in safeguarding as well as the practice's safeguarding policies and other documents. Records demonstrated that one member of staff was not up to date with training in safeguarding. However, when we spoke with staff they were able to describe the different types of abuse patients may have experienced as well as how to recognise them and how to report them.

The practice had a whistleblowing policy that contained relevant information for staff to follow that was specific to the service. The policy detailed the procedure staff should follow if they identified any matters of serious concern. Although the policy contained the names of external bodies that staff could approach with concerns, such as the Health and Safety Executive and the Audit Commission, the policy did not contain contact details for these organisations. All staff we spoke with were able to describe the actions they would take if they identified any matters of serious concern and most were aware of this policy.

The practice had a monitoring system to help ensure staff maintained their professional registration. For example, professional registration with the General Medical Council or Nursing and Midwifery Council. We looked at the practice records of four clinical members of staff which confirmed they were up to date with their professional registration.

Records demonstrated all relevant staff had Disclosure and Barring Service (DBS) clearance (a criminal records check) or an assessment of the potential risks involved in using those staff without DBS clearance.

The practice had a chaperone policy and information about it was displayed in public areas informing patients that a chaperone would be provided if required. One patient we spoke with told us they were aware this service was available at the practice.

Medicines management

Birchington Medical Centre had documents that guided staff on the management of medicines such as a cold chain protocol, drug monitoring guidance and a standard operating procedure for controlled drugs. Staff told us that they accessed up to date medicines information and clinical reference sources when required via the internet

and through published reference sources such as the British National Formulary (BNF). The BNF is a nationally recognised medicines reference book produced by the British Medical Association and Royal Pharmaceutical Society. There was a GP lead in prescribing. The practice received input from the local clinical commissioning group's (CCG) pharmacist and was signed up to the CCG's prescribing incentive to help save on the costs of medicines they prescribed.

Patients were able to obtain repeat prescriptions either in person, on line or by completing paper repeat prescription requests. Patients' medicines reviews were carried out during GP appointments and during dedicated clinic appointments such as asthma clinics.

The practice did not have a system to monitor blank prescription forms. Although blank prescription forms were stored in a locked cupboard the practice did not keep a record of their serial numbers. The practice would not therefore be able to identify the serial numbers of any blank prescription pads if they were lost or stolen.

The practice held vaccines and medicines on site that included controlled drugs. Medicines, including controlled drugs, and vaccines were stored securely in areas accessible only by practice staff.

Appropriate temperature checks for refrigerators used to store medicines had been carried out and records of those checks were made.

Records confirmed medicines held by the practice for use in emergency situations were checked regularly and the practice had a system to monitor and record all medicine stock levels.

Cleanliness and infection control

The practice had infection control policies that contained procedures for staff to refer to in order to help them follow the Code of Practice for the Prevention and Control of Health Care Associated Infections. The code sets out the standards and criteria to guide NHS organisations in planning and implementing control of infection.

The practice had an identified infection control lead. We spoke with three GPs and two nurses, all of whom told us they were up to date with infection control training and records confirmed this.

The premises were generally clean and tidy. Patients we spoke with told us they always found the practice clean and had no concerns regarding cleanliness or infection control at Birchington Medical Centre. However, there were stains on carpets in some communal areas of the practice.

The treatment and consulting rooms were clean, tidy and uncluttered. Personal protective equipment (PPE) including disposable gloves, aprons and coverings were available for staff to use.

Antibacterial gel was available throughout the practice for staff and patients to use. Antibacterial hand wash, paper towels and posters informing staff how to wash their hands were available at all clinical wash-hand basins in the practice. Some clinical wash-hand basins at Birchington Medical Centre did not comply with Department of Health guidance. For example, some clinical wash-hand basins contained overflows. There was, therefore, a risk of cross contamination when staff used them. Staff told us that the practice had plans to replace these clinical wash-hand basins during future refurbishment. However, there were no records available to confirm these plans and no risk assessment had been carried out or actions plans made to reduce the risk of infection.

There was a system for safely handling, storing and disposing of clinical waste. This was carried out in a way that reduced the risk of cross contamination. Clinical waste was stored securely in locked, dedicated containers whilst awaiting collection from a registered waste disposal company.

Cleaning schedules were used and there was a supply of approved cleaning products. The practice directly employed a cleaner to clean the premises daily. However, records were not kept of domestic cleaning that was carried out in the practice. Staff told us that they cleaned equipment such as an ECG machine (a piece of equipment used to monitor the electrical activity of a patient's heart), between patients but did not formally record such activity.

Infection control risk assessments were carried out in order to identify infection control risks and implement plans to reduce them where possible. However, staff told us that the practice did not carry out any infection control audits to assess or monitor infection control activity at Birchington Medical Centre.

The practice did not have a system for the management, testing and investigation of legionella (a germ found in the

environment which can contaminate water systems in buildings). The practice was therefore not carrying out regular checks in line with national guidance in order to reduce the risk of infection to staff and patients from legionella.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment (including clinical equipment) was tested, calibrated and maintained regularly and there were equipment maintenance logs and other records that confirmed this.

Staffing and recruitment

The practice had policies and other documents that governed staff recruitment. For example, a recruitment policy and an equal opportunities policy. Personnel records contained evidence that appropriate checks had been undertaken prior to employment. For example, proof of identification, references and interview records.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice manager and the GPs met on a monthly basis to help ensure there was sufficient GP cover for the forthcoming month's clinical sessions. There was a protocol document that governed nurses' annual leave that helped ensure adequate cover when a nurse was on holiday. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Monitoring safety and responding to risk

The practice had a health and safety policy to help keep patients, staff and visitors safe. Health and safety information was displayed for staff to see and the practice had a dedicated health and safety representative.

A fire risk assessment had been undertaken that included actions required in order to maintain fire safety. These risk assessments were repeated at regular intervals to monitor risk and help ensure actions to reduce risk had been implemented.

Staff told us there were a variety of systems to keep them, and others, safe whilst at work. They told us they had the ability to activate an alarm via the computer system to summon help in an emergency or security situation.

There was a system governing security of the practice. For example, visitors were required to sign in and out using the dedicated book in reception. Non-public areas of the practice were secured with coded key pad locks to help ensure only authorised staff were able to gain access.

Patient toilets and the lift were equipped with alarms so that help could be summoned if required.

Arrangements to deal with emergencies and major incidents

There was a procedural document that guided staff in the medical emergency situation of a patient experiencing a life threatening reaction called anaphylaxis. However, Birchington Medical Centre was unable to demonstrate it provided any other guidance documents for staff to refer to in relation to other medical emergencies such as cardiac arrest and dealing with a deteriorating patient. We looked at seven staff files and saw that all but one member of staff were up to date with basic life support training. Emergency equipment was available in the practice, including emergency medicines, access to medical oxygen and an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency). Staff told us that this equipment was checked regularly and records confirmed this.

There was a major disaster protocol document that guided staff to manage situations such as a bomb warning and severe weather reducing access to the practice.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Clinical Excellence (NICE) and from local commissioners. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The GPs told us they lead in specialist clinical areas such as diabetes and asthma, and the practice nurses supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us this supported all staff to continually review and discuss best practice guidelines for the management of specific conditions.

The practice worked with district nurses and palliative care services to deliver end of life care to patients.

Management, monitoring and improving outcomes for people

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice. The 2013 / 2014 QOF data for this practice showed it was performing in line with national standards. Records demonstrated that QOF results and improvement plans were discussed at staff meetings.

The practice operated a clinical audit system that improved the service and followed up to date best practice guidance. For example, an anticoagulation audit.

Effective staffing

Practice staff included medical, nursing, managerial and administrative staff. Staff underwent induction training on commencement of employment with the practice. Staff told us that they received yearly appraisals and GPs said they carried out revalidation at regular intervals. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). Records confirmed this. There was evidence in staff files of the identification of training needs and continuing professional development needs.

The practice had processes to identify and respond to poor or variable practice including policies such as the bullying and harassment policy.

Working with colleagues and other services

The practice worked with midwives, health visitors and community nursing teams to deliver care to patients. Records confirmed that multiprofessional meetings took place in order to discuss and plan patient care that involved staff from other providers.

The practice had a system for transferring and acting on information about patients seen by other doctors out of hours and patients who had been discharged from hospital.

The practice had a system to refer patients to other services such as hospital services or specialists.

A 'Task Team' had been introduced in response to patients' and the practice's needs. This team was responsible for allocating test results to clinical staff to help ensure they were not missed by staff that were away from the practice for any reason such as annual leave. Staff told us there had been a serious untoward incident where a patient's blood results received by the practice had not been dealt with in a timely manner and the introduction of this system helped reduce the risk of this happening again.

The practice worked with two other local practices that together employed two nurses and a healthcare assistant specifically to oversee the care of older patients who were housebound and not previously seen by the practices' clinicians on a regular basis. There were care plans to help avoid these older patients being admitted to hospital unnecessarily.

Information sharing

Relevant information was shared with other providers in a variety of ways to help ensure patients received timely and appropriate care. For example, staff told us the practice met regularly with other services, such as district nurses, to discuss patients' needs. The practice used several

Good

Are services effective?

(for example, treatment is effective)

electronic systems to communicate with other providers. For example, there was a shared system with the local GP out of hours provider to help enable patient data to be shared in a secure and timely manner.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All information about patients received from outside of the practice was captured electronically in the patients' records. For example, letters received were scanned and saved into the patients' records by the practice.

Consent to care and treatment

Information about consent to disclose confidential patient information dated 2011 taken from the General Medical Council's (GMC) website was available in document form to guide staff. The practice also had a consent policy that governed the process of patient consent and guided staff. The policy described the various ways patients were able to give their consent to examination, care and treatment as well as how that consent should be recorded.

Staff told us that they obtained either verbal or written consent from patients before carrying out examinations, tests, treatments, arranging investigations or referrals and delivering care. They said that parental consent given on behalf of children was documented in the child's medical records. Whilst there was no evidence of formal staff training on the Mental Capacity Act 2005, staff we spoke with were able to describe how they would manage the situation if a patient did not have capacity to give consent for any treatment they required. Staff also told us that patients could withdraw their consent at any time and that their decisions were respected by the practice.

Health promotion and prevention

There was a range of posters and leaflets available in the reception / waiting area. These provided health promotion and other medical and health related information for patients such as prevention and management of shingles as well as details of organisations that offered services to people with sight loss.

The practice provided dedicated clinics for patients with certain conditions such as diabetes and asthma. Staff told us these clinics helped enable the practice to monitor the ongoing condition and requirements of these groups of patients. They said the clinics also provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration. Patients who used this service told us that the practice had a recall system to alert them when they were due to re-attend these clinics.

Patients told us they were able to discuss any lifestyle issues with staff at Birchington Medical Centre. For example, issues around eating a healthy diet or taking regular exercise. They said they were offered support with making changes to their lifestyle. For example, referral to the practice's smoking cessation service.

Staff told us new patients were offered health checks and there were documents available that guided staff such as the protocol for new patient registrations, the well person health check – male document and the well woman appointment protocol. Sexual health advice was available to all patients and literature was accessible on local sexual health services. Staff told us they offered appropriate opportunistic advice, such as breast self-examination and testicular self-examination, to patients who attended the practice routinely for other issues.

The practice provided childhood immunisations, seasonal influenza inoculations and relevant vaccinations for patients planning to travel overseas.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Information about confidentiality dated 2011 taken from the General Medical Council's (GMC) website was available in document form to guide staff. However, this information was general and had not been modified specifically for local use at Birchington Medical Centre. The policy for information governance training of new staff contained a definition of confidentiality and gave some guidance for staff to follow in order to keep patients' private information confidential.

We spoke with seven patients, all of whom told us they were satisfied with the care provided by the practice. All patients we spoke with considered their dignity and privacy had been respected. Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained whilst they undressed / dressed and during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Incoming telephone calls answered by reception staff and private conversations between patients and reception staff that took place at the reception desk could be overheard by others. However, when discussing patients' treatments staff were careful to keep confidential information private. Staff told us that a private room was available near the reception desk should a patient wish a more private area in which to discuss any issues and there was a sign that informed patients of this.

We looked at the NHS Choices website where patient survey results and reviews of Birchington Medical Centre were available. Results ranged from 'among the worst' for the percentage of patients who would recommend this practice, through 'average' for scores for consultations with doctors and nurses. Results were 'worse than expected' for scores for opening hours and the practice was rated 'among the worst' for patients rating their ability to get through on the telephone as very easy or easy. The practice was also rated 'among the worst' for patients rating this practice as good or very good.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed that 68 percent of respondents said the last GP they saw or spoke with was good at explaining tests and treatments, 89 percent of respondents said the last nurse they saw or spoke with was good at explaining tests and treatments, 62 percent of respondents said the last GP they saw or spoke with was good at involving them in decisions about their care and 77 percent of respondents said the last nurse they saw or spoke with was good at involving them in decisions about their care.

Patients we spoke with told us health issues were discussed with them and they felt involved in decision making about the care and treatment they chose to receive. Patients told us they felt listened to and supported by staff and had sufficient time during consultations in order to make an informed decision about the choice of treatment they wished to receive.

Patient/carer support to cope emotionally with care and treatment

Timely support and information was provided to patients and their carers to help them cope emotionally with their care, treatment or condition. Support group literature was available in the practice for patients to take away with them such as support for patients with cancer and information about support available to carers.

The practice supported patients to manage their own health, care and wellbeing and to maximise their independence. Specialised clinics provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

An interpreter service was available for patients whose first language was not English and there was a multilingual computerised touch screen booking in system available to all patients in the reception.

Patients over the age of 75 years had been allocated a dedicated GP to oversee their individual care and treatment requirements. Staff told us that patients over the age of 75 years were informed of this by letter. Specific health promotion literature was available as well as details of other services for older people. The practice held regular multi-professional staff meetings that included staff who specialised in the care of older people.

The practice employed staff with specific training in the care of all patient population groups. For example, the practice employed a chronic illness nurse who was trained in the care of patients with long-term conditions such as diabetes and heart disease. The practice also worked with two other local practices that together employed two nurses and a healthcare assistant specifically to oversee the care of older patients who were housebound and not seen by the practices on a regular basis. There were care plans to help avoid these older patients being admitted to hospital unnecessarily.

Patients were able to receive care and treatment in their own home from practice staff as well as community based staff such as district nurses and palliative care staff.

Specific health promotion literature was available for all patient population groups such as health and wellbeing information for older patients, national diabetes group information, information for parents and carers of children with autism, smoking cessation advice, influenza advice for patients with immunosuppression and availability of local counselling services.

Patients told us they were referred to other services when their condition required it. For example, one patient told us they were referred to the local hospital for treatment that the practice was not able to provide locally.

There was information available in the waiting area about services offered by other providers such as local dementia and carers' support groups as well as contact details for charities for people with sight impairment and a local telephone helpline for victims of rape. Staff external to the practice provided midwifery services and counselling services at Birchington Medical Centre.

Tackling inequity and promoting equality

All areas of the practice were accessible by wheelchair and there was a lift to facilitate access to the first floor of the premises.

Staff told us Birchington Medical Centre did not have any policies or guidance documents governing equality and diversity. However, they said that services were delivered in a way that took into account the needs of different patients on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation. For example, patients who were fasting during Ramadan were able to have their medication prescription altered, if possible, from three times daily to twice daily for the period of time that they were fasting.

The practice maintained registers of patients with learning disabilities, dementia and those on the mental health register that assisted staff to identify them to help ensure their access to relevant services. There was a policy that guided staff in the management of behavioural and psychotic symptoms in dementia and a protocol for identification and care of patients with learning disabilities.

Access to the service

Primary medical services were provided Monday to Friday between the hours of 8am and 6.30pm. Primary medical services were available to patients registered at Birchington Medical Centre via an appointments system. Staff told us that patients could book appointments by telephoning the practice, using the on-line booking system or by attending the reception desk in the practice. The practice provided a telephone consultation service for those patients who were not able to attend the practice. The practice carried out home visits if patients were housebound or too ill to visit Birchington Medical Centre. There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There were arrangements with another provider (the 111 service) to deliver services to patients outside of Birchington Medical Centre's working hours.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Whenever possible patients were offered appointments with the same GP to promote consistency in care. Staff told us this system was introduced following a complaint about lack of consistency when seeing a GP at the practice. The practice also had a system where one GP and one practice nurse had appointments available on a daily basis that were additional to routine appointment availability. Staff told us these additional appointments had been created to accommodate patients who needed to be seen on days when routine appointments were not available.

The practice opening hours as well as details of how patients could access services outside of these times were available on the practice website. However, they were not displayed on the front of the building and were not available for patients to take away from the practice in written form. For example, in a practice leaflet. Patients who did not have access to the practice website may not therefore be aware of the practice opening hours or how to access services when the practice was closed.

Patients we spoke with said they experienced few difficulties when making appointments.

Listening and learning from concerns and complaints

Birchington Medical Centre had a system for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. The practice complaints procedure contained the names and contact details of relevant complaints bodies. Timescales for dealing with complaints were clearly stated and details of the staff responsible for investigating complaints were given. There was a leaflet available for patients that gave details of the practice's complaints procedure. Patients we spoke with were aware of the complaints procedure but said they had not had cause to raise complaints about the practice.

Records showed that the practice had received 18 complaints between April 2014 and December 2014. However, records did not show if the complaints were acknowledged within three working days of being received by the practice. Records did show when the response after investigation of each complaint was sent but failed to document the individual timescale agreed between the practice and the complainant.

Staff told us that complaints were discussed at staff meetings. Records confirmed this and demonstrated that learning from complaints and action as a result of complaints had taken place. For example, staff told us there had been complaints about patients not being able to get through to the practice easily by telephone as well as complaints about patients finding it difficult to obtain an appointment that suited their needs. In response to this the practice had employed more reception and nursing staff which resulted in increased staff availability to answer telephone calls as well as increased appointments available to patients. Staff told us there were plans to recruit more administration staff and another GP to further improve the time it takes for the practice to answer the telephone as well as further increase the number of GP appointments available to patients.

Are services well-led?

Good

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

Our findings

Vision and strategy

Birchington Medical Centre had a statement of purpose that aimed to provide high quality patient care through patients being registered with their own GP and with whom they could build trust and who will be available to manage and support patients, their relatives and carers through all periods of their life. We spoke with three GPs who were all aware of the practice's statement of purpose. However, we spoke with three nurses and two administration staff all of whom were unaware of the practice's statement of purpose.

Governance arrangements

Staff told us the GP partners and practice manager discussed clinical governance issues at Birchington Medical Centre. However, there were no records to confirm this. The practice was unable to demonstrate that clinical governance issues were discussed with staff. For example, minutes of staff meetings demonstrated that clinical governance issues were not discussed. However, there were a variety of policy, protocol, procedure and other documents that the practice used to govern activity. For example, the infection control policy, the protocol for checking the fridge vaccines, the standard operating procedure for controlled drugs as well as the treatment for anaphylaxis document. We looked at 38 such documents and saw that four were not dated so it was not clear when they were written or when they came into use. Only one of the 38 documents we looked at contained a planned review date and the practice was unable to demonstrate that they had a system to help ensure they were kept up to date. One document had not been updated since 2003, one document since 2005, two documents since 2007 and three documents since 2008.

Individual GPs had lead responsibilities such as safeguarding vulnerable adults and children.

The practice operated a clinical audit system to help improve the service and follow up to date best practice guidance.

Leadership, openness and transparency

There was a leadership structure with an open culture that adopted a team approach to the welfare of patients and staff. All staff we spoke with said they felt valued by the practice and able to contribute to the systems that delivered patient care.

The practice demonstrated effective human resources practices such as comprehensive staff induction training. Staff told us that they received yearly appraisals and GPs said they carried out relevant appraisal activity that included revalidation with their professional body at required intervals and records confirmed this. There was evidence in staff files of the identification of training needs and continuing professional development.

Staff had job descriptions that clearly defined their roles and tasks whilst working at Birchington Medical Centre. The practice had processes to identify and respond to poor or variable practice including policies such as the bullying and harassment policy.

Staff told us they felt well supported by colleagues and management at the practice. They said they were provided with opportunities to maintain skills as well as develop new ones in response to their own and patients' needs.

The practice was subject to external reviews, such as a prescribing review carried out by the local clinical commissioning group (CCG). GP reverification involved appraisal by GPs from other practices.

Practice seeks and acts on feedback from its patients, the public and staff

The practice took into account the views of patients and those close to them via feedback from the patient participation group (PPG), patient surveys, as well as comments and complaints received when planning and delivering services.

Minutes of the patient participation group meetings demonstrated regular discussions where comments and suggestions were put forward by members. Staff told us that comments and suggestions put forward at these meetings were considered by the practice and improvements made where practicable.

Staff told us the last annual patient survey had been conducted in 2012. Representatives from the PPG told us they had plans to conduct a patient survey in 2015 the results of which they planned to feedback to the surgery and records confirmed this.

Are services well-led?

Good

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

The practice monitored comments and complaints left in reviews on the NHS Choices website. 26 reviews had been left on this website. Six were positive and 20 were negative. The negative comments related mainly to patients experiencing difficulties contacting the practice by telephone and obtaining an appointment that suited their needs. In response to this the practice had employed more reception and nursing staff which resulted in increased staff availability to answer telephone calls as well as increased appointments available to patients.

There were a variety of meetings held in order to engage staff and involve them in the running of the practice. For example, clinical meetings, administration meetings and staff meetings. Staff we spoke with told us they felt valued by the practice and able to contribute to the systems that delivered patient care.

Management lead through learning and improvement

The practice valued learning. There was a culture of openness to reporting and learning from patient safety incidents. All staff were encouraged to update and develop their knowledge and skills. All staff we spoke with told us they had an annual performance review and personal development plan. Records confirmed this.

The practice had a system to investigate and reflect on incidents, accidents and significant events that occurred. All reported incidents, accidents and significant events were managed by dedicated staff. Feedback from investigations was discussed at staff meetings.

There were records of significant events that had occurred during the last 12 months and we were able to review these. There was evidence that the practice had learned from these and that the findings were shared with relevant staff.

The practice demonstrated that they had systems to identify and reduce risk. For example, the risk of slips, trips and falls as well as risks to pregnant workers.

This section is primarily information for the provider

Requirement notices

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control How the regulation was not being met: The registered person did not have effective systems in place to maintain appropriate standards to prevent and control the risk of infection, and to assess the risk of and to prevent, detect and control the spread of healthcare associated infection. This was in breach of Regulation 12(1)(a)(b)(c), (2)(a)(c)(i)(ii)(iii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines How the regulation was not being met: The registered person was not protecting service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity. This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.