

St Mary's 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Mary's Medical Centre on 17 October 2017. The overall rating for the practice was requires improvement.

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

- There was an effective system for reporting and recording significant events.
- There were systems, processes and practices to help keep patients safe and safeguarded from abuse.
- The practice was unable to demonstrate they always followed national guidance on infection prevention and control.
- The arrangements for managing medicines did not always keep patients safe.
- Risks to patients, staff and visitors were not always assessed and managed in an effective and timely manner.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework (QOF) showed the results for practice management of patients with long-term conditions were good.
- The practice was unable to demonstrate that all staff were up to date with essential training.
- The practice was unable to demonstrate they had a reliable system that managed test results and other incoming correspondence in a timely manner.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they were able to book an appointment that suited their needs. Pre-bookable, on the day appointments, home visits and a telephone consultation service were available. Urgent appointments for those with enhanced needs were also provided the same day.

Summary of findings

- The practice was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. However, governance arrangements were not always effectively implemented.
- The practice gathered feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice did not have an effective system for managing notifiable safety incidents.
- There was a focus on continuous learning and improvement at all levels.

The areas where the provider must make improvements are;

- Ensure care and treatment is provided in a safe way to patients.

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

The areas where the provider should make improvements are;

- Include all clinical equipment in checking to help ensure it is working properly.
- Continue to identify patients who are also carers to help ensure they are offered appropriate support.

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 requires improvement for providing safe services.

- There was an effective system for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to help prevent the same thing happening again.
- There were systems, processes and practices to help keep patients safe and safeguarded from abuse.
- The practice was unable to demonstrate they always followed national guidance on infection prevention and control.
- The arrangements for managing medicines did not always keep patients safe.
- Risks to patients, staff and visitors were not always assessed and managed in an effective and timely manner.
- The practice had adequate arrangements to respond to emergencies.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework (QOF) showed the results for practice management of patients with long-term conditions were good.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- The practice was unable to demonstrate they had an effective system that managed test results and other incoming correspondence in a timely manner.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care.
- The practice had a website and patients were able to book appointments and order repeat prescriptions online.
- Telephone consultations and home visits were available for patients who were not able to visit the practice.
- Patients we spoke with said they were able to book an appointment that suited their needs.
- The practice was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



- The practice had a vision to deliver high quality care and promote good outcomes for patients.
- Governance arrangements were not always effectively implemented.
- Practice policies were implemented and were available to all staff.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour. The managers encouraged a culture of openness and honesty.
- The practice did not have an effective system for managing notifiable safety incidents.
- The practice valued feedback from patients, the public and staff.

Summary of findings

- There was a focus on continuous learning and improvement at all levels. However, not all staff were up to date with essential training.

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 requires improvement for the care of older people. The provider is rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits, longer appointments and urgent appointments for those with enhanced needs.
- Patients over the age of 75 years had been allocated to a designated GP to oversee their care and treatment requirements.
- The practice liaised with nursing staff at some local nursing homes in order to help optimise the care of older patients who were residents.
- Designated seating was available in the practice's waiting area for older people.
- The practice provided influenza vaccinations in older patients' homes if they were unable to visit the practice.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider is rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was higher than local clinical commissioning group (CCG) and national averages. For example, 90% of the practice's patients with diabetes, on the register, whose last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months compared with the local CCG average of 80% and national average of 78%. Ninety two

Requires improvement



Summary of findings

percent of the practice's patients with diabetes, on the register, had a last blood pressure reading of 140/80 mmHg or less compared with the local CCG average of 77% and national average of 80%.

- All these patients were offered a structured annual review to check their health and medicine 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 requires improvement for the care of families, children and young people. The provider is rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- 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 attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Childhood immunisation rates for the vaccinations given were comparable to the local CCG and national averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 76% to 97% compared to the local CCG averages which ranged from 82% to 94% and national averages which ranged from 88% to 94%.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the local CCG average of 83% and national average of 81%. There were systems to help ensure results were received for all samples sent for the cervical screening programme and that the practice had followed up women who were referred as a result of abnormal results.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students).

Requires improvement



Summary of findings

The provider is rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to help ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering some online services, as well as a full range of health promotion and screening that reflects the needs for this age group.
- Appointments were available outside of normal working hours including Saturday from 8am to 12noon.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider is rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider is rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Requires improvement



Summary of findings

- Performance for mental health related indicators was in line with and higher than local CCG and national averages. For example, 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared with the local clinical commissioning group (CCG) average of 83% and national average of 84%. One hundred percent of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the local CCG average of 91% and national average of 89%. Ninety two percent of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, in the preceding 12 months compared to the local CCG average of 92% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2017 showed the practice was performing in line with local clinical commissioning group (CCG) and national averages. Two hundred and seventy survey forms were distributed and 99 were returned. This represented 1.3% of the practice's patient list.

- 61% of respondents found it easy to get through to this practice by telephone which was higher than the local CCG average of 59%, the national average was 71%.
- 74% of respondents described their experience of making an appointment was good which was higher than the local CCG average of 63% and national average of 73%.

- 81% of respondents described the overall experience of their GP practice as fairly good or very good which was higher than the local CCG average of 76%, the national average was 85%.
- 70% of respondents said they would definitely or probably recommend the GP practice to someone who has just moved to the local area which was higher than with the local CCG average of 67%, the national average was 77%.

Areas for improvement

Action the service **MUST** take to improve

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

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

Action the service **SHOULD** take to improve

- Include all clinical equipment in checking to help ensure it is working properly.
- Continue to identify patients who are also carers to help ensure they are offered appropriate support.

St Mary's 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 adviser, a practice manager specialist adviser and a second CQC Inspector.

Background to St Mary's Medical Centre

St Mary's Medical Centre is situated in Strood, Kent and has a registered patient population of approximately 7,200 patients. In the population distribution of the practice area there are more people between the ages of 10 and 14 years, 50 and 54 years as well as 65 and 69 years than the national average. There are fewer people between the ages of 25 and 29 years as well as 60 and 64 years than the national average. The practice is located in an area with an average deprivation score.

The practice staff consists of two GP partners (one male and one female), one practice manager, two practice nurses (both female), one healthcare assistant (female) as well as reception and administration staff. The practice also employs locum GPs directly and through locum agencies. A locum GP employed directly has been working permanently at the practice for over five years. At the time of our inspection one GP partner was on long term absence. There is a reception and a waiting area on the ground floor. All patient areas are wheelchair accessible.

The practice is not a teaching or a training practice (teaching practices take medical students and training practices take GP trainees and FY2 doctors).

The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

Services are provided from St Mary's Medical Centre, Vicarage Road, Strood, Rochester, Kent, ME2 4DG only.

St Mary's Medical Centre is open Monday to Friday 8.30am to 6.15pm and Saturday from 8am to 12noon.

Primary medical services are available to patients 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 other providers (MedOCC) to deliver services to patients outside of the practice's working hours.

During this inspection we visited St Mary's Medical Centre, Vicarage Road, Strood, Rochester, Kent, ME2 4DG.

Why we carried out this inspection

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. The 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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as the local clinical commissioning group, to share what they knew. We carried out an announced visit on 17 October 2017. During our visit we:

- Spoke with a range of staff (one GP partner, one locum GP, one practice nurse, the practice manager and one receptionist) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia).

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

Safe track record and learning

There was a system for reporting and recording significant events.

- There was written guidance available for staff to follow to help them identify, report and manage any significant events. For example, the incident management procedure.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice carried out a thorough analysis of the significant events.
- Staff told us that significant events were discussed at staff meeting as well as informally and records confirmed this.

Overview of safety systems and processes

There were systems, processes and practices to help keep patients safe and safeguarded from abuse.

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. There was a lead member of staff for safeguarding. Practice staff attended safeguarding meetings and provided reports where necessary for other agencies. Policies and other guidance documents were accessible to all staff. The policies and other documents clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check or risk assessment of using staff in this role without DBS

clearance. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice was unable to demonstrate they always followed national guidance on infection prevention and control.

- The premises were generally tidy. Patients we spoke with told us they always found the practice clean and had no concerns regarding cleanliness or infection control at St Mary's Medical Centre. However, most carpeted areas of the practice (including carpets in the consulting rooms) were visibly stained and damage to the carpets had been repaired using adhesive tape. This represented an infection control risk. The fabric covering of chairs in some consulting rooms was not intact. This meant that cleaning would not be effective.
- There was a lead member of staff for infection control who liaised with the local infection prevention teams to keep up to date with best practice.
- There was an infection control policy.
- The practice was unable to demonstrate that all relevant staff had received up to date infection prevention and control training.
- Infection control audits were undertaken and there was an action plan to address improvements identified as a result. However, the action plan did not identify and address the risk of infection from stained and damaged carpets some consulting rooms where invasive procedures were carried out.

The arrangements for managing medicines, including emergency medicines and vaccines in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of patients who were prescribed high risk medicines.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, we found that six PGDs had been completed on forms that were valid for use from March 2016 to June 2017. These were therefore out of date.

Are services safe?

We reviewed four personnel files and found all appropriate recruitment checks had been undertaken prior to employment. Records showed references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS) had been carried out by the practice prior to employment of staff.

Monitoring risks to patients

Risks to patients, staff and visitors were not always assessed and managed in an effective and timely manner.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the practice which identified local health and safety representatives.
- The practice had an up to date fire risk assessment and there was an action plan to address issues identified as a result. However, the practice was unable to demonstrate that all staff were up to date with fire safety training.
- All electrical equipment was checked to help ensure the equipment was safe to use. Staff told us that all clinical equipment was checked to help ensure it was working properly. However, we found some clinical equipment in one of the GPs' home visit bags that was overdue calibration. For example, a sphygmomanometer (used to measure blood pressure).
- The practice had a health and safety risk assessment carried out on 12 October 2017 by an external company. The risk assessment report contained recommendations for action to be taken to reduce identified risks. For example, to install external emergency lighting. However, the risk assessment failed to identify the risk of trips and falls from damaged carpets that had been repaired with adhesive tape. During our inspection we saw that most carpeted areas of the practice were damaged and had been repaired with adhesive tape. The repairs were not always effective and represented a trip hazard. Records showed that the previous health and safety risk assessment dated December 2015 and December 2016 (both these dates were recorded on the same document) contained an action plan to address identified issues including carpeted areas of the practice that were damaged and had been repaired with tape. However, clear time frames for all actions to be taken were not stated. For example, the practice planned to renew flooring that

was damaged on a priority basis. The practice was unable to demonstrate the progress made with the renewal of flooring that was damaged. Staff also told us that no further progress had been made with renewing flooring that was damaged since December 2016.

- The practice had a system for the routine management of legionella (a germ found in the environment which can contaminate water systems in buildings). Records showed a legionella risk assessment had been carried out on 12 October 2017 by an external company. The risk assessment report contained an action plan to address some of the issues identified as a result. However, records showed that the temperature of water from hot water outlets was regularly falling short of the required 55 degrees. The practice was unable to demonstrate they had an action plan to address this. The practice was also unable to demonstrate that water samples had been sent for testing to help ensure colonisation of the building's water system by legionella had not taken place.
- Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. 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.

Arrangements to deal with emergencies and major incidents

The practice had arrangements to respond to emergencies.

- All staff had received annual basic life support training.
- Emergency equipment and emergency medicines were available in the practice. The practice had access to medical oxygen and an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency).
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- Staff told us emergency equipment and emergency medicines were checked regularly and records confirmed this. Emergency equipment and emergency medicines that we checked were within their expiry date.
- The practice had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to help keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. The practice's overall exception reporting rate was 9.5% (exception reporting is the removal of patients from QOF calculations where, for example, patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/2016 showed;

- Performance for diabetes related indicators was higher than local clinical commissioning group (CCG) and national averages. For example, 90% of the practice's patients with diabetes, on the register, whose last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months compared with the local CCG average of 80% and national average of 78%. Ninety two percent of the practice's patients with diabetes, on the register, had a last blood pressure reading of 140/80 mmHg or less compared with the local CCG average of 77% and national average of 80%.
- Performance for mental health related indicators was in line with and higher than local CCG and national averages. For example, 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared with the local clinical commissioning group (CCG) average of 83% and national average of 84%. One hundred percent of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive,

agreed care plan documented in their records in the preceding 12 months compared with the local CCG average of 91% and national average of 89%. Ninety two percent of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, in the preceding 12 months compared to the local CCG average of 92% and national average of 89%.

There was evidence of clinical audits driving quality improvement.

- Staff told us the practice had a system for completing clinical audits. For example, a minor operations audit. The practice had analysed the results and implemented an action plan to address its findings. Records showed this audit had been repeated to complete the cycle of clinical audit.
- Other clinical audits had been carried out. For example, an audit of patients referred to other services under the two week wait system. The practice had analysed the results and implemented an action plan to address its findings. Records showed this audit had been repeated to complete the cycle of clinical audit.

Effective staffing

- The practice had an induction programme for all newly appointed staff.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system.

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigations and test results. However, there was a backlog of incoming records that required the attention of clinical staff. For example, test results and other incoming correspondence.
- We looked at a random sample of five incoming records dating back to 18 September 2017 that were awaiting review by a clinician. We found that all five required action by a clinician. For example, abnormal blood results. However, our GP specialist adviser who looked at the random sample of five incoming results found that the lack of attention by a clinician represented a low risk to the patients concerned. We also found that all incoming records that required the attention of clinical staff were visible to GPs during consultations.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Staff told us that multidisciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated. Records confirmed this.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant support service.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the local CCG average of 83% and national average of 81%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems to help ensure results were received for all samples sent for the cervical screening programme and that the practice had followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given during 2016/2017 were comparable to or above the local CCG and national averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 94% to 97% compared to the local CCG averages which ranged from 82% to 94% and national averages which ranged from 88% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations.
- Incoming telephone calls and private conversations between patients and staff at the reception desk could be overheard by others. However, when discussing patients' treatment staff were careful to keep confidential information private. Staff told us that a room was available near the reception desk should a patient wish a more private area in which to discuss any issues.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and national average of 89%.
- 93% of respondents said the nurse was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and national average of 91%.
- 82% of respondents said the GP gave them enough time (CCG average 81%, national average 86%).
- 95% of respondents said the nurse gave them enough time (CCG average 92%, national average 92%).
- 90% of respondents said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 98% of respondents said they had confidence and trust in the last nurse they saw (CCG average 97%, national average 97%).

- 91% of respondents said they found the receptionists at the practice helpful (CCG average 83%, national average 87%).

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to local and national averages. For example:

- 80% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 93% of respondents said the last nurse they saw or spoke with was good at explaining tests and treatment (CCG average 89%, national average 90%).
- 76% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 75%, national average 82%).
- 89% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.

Patient and 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. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice supported patients who were also carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 57 patients on the practice list who were carers (0.8% of the practice list). The practice had a system that formally identified patients who were also carers and written information was available to direct carers to the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care. For example;

- Appointments were available outside of school hours and outside of normal working hours.
- There were longer appointments available for patients with a learning disability.
- Telephone consultations and home visits were available for patients from all population groups who were not able to visit the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice had a website and patients were able to book appointments or order repeat prescriptions online.
- The premises and services had been adapted to meet the needs of patients with disabilities.
- The practice provided patients with the choice of seeing a female GP.
- The practice maintained registers of patients with learning disabilities, dementia and those with mental health conditions. The registers assisted staff to identify these patients in order to help ensure they had access to relevant services.
- There was a system for flagging vulnerability in individual patient records.
- Records showed the practice had systems that identified patients at high risk of admission to hospital and implemented care plans to reduce the risk and where possible avoid unplanned admissions to hospital.
- There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.
- The practice liaised with nursing staff at some local nursing homes in order to help optimise the care of older patients who were residents.
- Designated seating was available in the practice's waiting area for older people.
- The practice provided influenza vaccinations in patients' homes if they were unable to visit the practice.

Access to the service

St Mary's Medical Centre was open Monday to Friday 8.30am to 6.15pm and Saturday from 8am to 12noon.

Primary medical services were available to patients via an appointments system. There were a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There were arrangements with other providers (MedOCC) to deliver services to patients outside of the practice's working hours.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line with local clinical commissioning group (CCG) averages and national averages.

- 67% of respondents were satisfied with the practice's opening hours compared to the local CCG average of 67% and national average of 76%.
- 61% of respondents said they could get through easily to the practice by telephone compared to the local CCG average of 59% and national average of 71%.
- 88% of respondents said they were able to get an appointment to see or speak with someone the last time they tried compared to the local CCG average of 79% and national average of 84%.

We spoke with seven patients during the inspection. All seven patients stated they found it easy to book an appointment that suited their needs.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information for patients was available in the practice that gave details of the practice's complaints procedure and included the names and contact details of relevant complaints bodies that patients could contact if they were unhappy with the practice's response.

Are services responsive to people's needs? (for example, to feedback?)

The practice had received seven complaints in the last 12 months. Records demonstrated that the complaints were investigated and the complainants had received a response. Staff told us that complaints were discussed at staff meetings and records confirmed this.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- The practice had a statement of purpose which reflected the vision and values. Most of the staff we spoke with were aware of the practice's vision or statement of purpose.

Governance arrangements

Governance arrangements were not always effectively implemented.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These were reviewed and updated regularly.
- An understanding of the performance of the practice was maintained.
- The practice was able to demonstrate that clinical audits were driving quality improvement.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice was unable to demonstrate they had an effective system for the management of infection prevention and control or the management of patient group directions (PGDs). The practice had failed to assess and manage in an effective and timely manner all identified risks to patients, staff and visitors. For example, the potential risk of legionella in the building's water system as well as risks associated with the lack of an effective system that managed test results and other incoming correspondence. The practice was unable to demonstrate they had considered the risks associated with the staff training deficits we found.

Leadership and culture

On the day of inspection the partner told us they prioritised high quality and compassionate care. Staff told us the GP partner was approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. (The duty of candour

is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The GP partner encouraged a culture of openness and honesty.

The practice had systems for notifiable safety incidents and ensured this information was shared with staff to help ensure appropriate action was taken. However, the practice had not received some recent notifiable safety incidents and did not always keep records of action taken (or if no action was necessary) in response to receipt of all notifiable safety incidents.

The practice had systems to help ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partner in the practice.

Seeking and acting on feedback from patients, the public and staff

The practice valued feedback from patients, the public and staff.

- The practice gathered feedback from patients through the patient participation group (PPG) and by carrying out surveys, analysis of the results from the GP patient survey as well as results from the NHS Friends and Family Test.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. All staff were involved in discussions about how to run and develop the practice, and the partner encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Requires improvement



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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice learned from incidents, accidents and significant events. However, not all staff were up to date with essential training.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way for service users.</p> <p>The registered person was not:</p> <p>assessing all risks to the health and safety of service users receiving the care and treatment; doing all that was reasonably practical to mitigate any such risks; managing medicines safely; assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are healthcare associated.</p> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person, in particular, to;</p> <p>assess, monitor and improve the safety of the services provided in the carrying on of the regulated activity; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).</p>

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.

This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.