

St Mary's Medical Centre

Inspection report

Vicarage Road
Strood
Rochester
Kent
ME2 4DG
Tel: 01634291266

Date of inspection visit: 16 May 2018
Date of publication: 21/06/2018

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

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. The full comprehensive report on the October 2017 inspection can be found by selecting the 'all reports' link for St Mary's Medical Centre on our website at .

After the inspection in October 2017 the practice wrote to us with an action plan outlining how they would make the necessary improvements to comply with the regulations.

This inspection was an announced comprehensive responsive follow up inspection carried out on 16 May 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 17 October 2017.

The inspection carried out on 16 May 2018 found that the practice had responded to the concerns raised at the October 2017 inspection. The overall rating for the practice is now good.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

At this inspection we found:

- There was an effective system for reporting and recording significant events.
- Clinical equipment in GPs' home visit bags was now up to date with calibration.
- The practice had made improvements to the arrangements for managing infection prevention and control.
- The practice had revised their system that managed notifiable safety incidents.

- Risks to patients, staff and visitors were now being assessed and managed in an effective and timely manner.
- The practice had made improvements in the timely processing of incoming records that required the attention of clinical staff.
- Improvements to the management of medicines helped keep patients safe.
- The practice routinely reviewed the effectiveness and appropriateness of the care they provided. They ensured that care and treatment was delivered according to evidence- based guidelines.
- Data from the Quality and Outcomes Framework (QOF) showed the results for practice management of patients with long-term conditions were good.
- Records showed that all relevant staff were now up to date with infection control training and fire safety training.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.
- The practice had made improvements to governance arrangements.
- The practice had systems and processes for learning, continuous improvement and innovation.

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

- Continue with plans to improve the practice environment. For example, replacing stained and / or damaged carpets.
- Provide non-clinical staff with awareness training relevant to their role in the identification and management of patients with severe infections.
- Repair the hearing loop available at the reception desk.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Our inspection team

Our inspection team was led by a CQC lead inspector.

The team included a GP specialist adviser.

Background to St Mary's Medical Centre

- The registered provider is St Mary's Medical Centre.
- St Mary's Medical Centre is located at Vicarage Road, Strood, Rochester, Kent, ME2 4DG. The practice has a general medical services contract with NHS England for delivering primary care services to the local community. The practice website address is .
- As part of our inspection we visited St Mary's Medical Centre, Vicarage Road, Strood, Rochester, Kent, ME2 4DG only, where the provider delivers registered activities.
- St Mary's Medical centre has a registered patient population of approximately 7,200 patients. The practice is located in an area with an average deprivation score.

Are services safe?

At our previous inspection on 17 October 2017, we rated the practice as requires improvement for providing safe services.

- The practice was unable to demonstrate they always followed national guidance on infection prevention and control.
- The practice was unable to demonstrate they had a reliable system that managed test results and other incoming correspondence in a timely manner.
- Risks to patients, staff and visitors were not always assessed and managed in an effective and timely manner.
- The arrangements for managing medicines did not always keep patients safe.

The practice had responded to these issues when we undertook a comprehensive follow up inspection on 2 May 2018.

The practice is now rated as good for providing safe services.

Safety systems and processes

The practice had systems, processes and practices to help keep people safe and safeguarded from abuse.

- There was a system for reporting and recording significant events.
- The practice had appropriate systems to safeguard children and vulnerable adults from abuse.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice provided assurances that safety was promoted in their recruitment practices.
- The practice had revised arrangements to help ensure that facilities and equipment were safe and in good working order. We looked at clinical equipment in GP's home visit bags and found that they were up to date with calibration.
- The practice had revised their infection prevention and control management system. We saw that the premises were generally tidy. As was the case at the time of our last inspection in October 2017 most carpeted areas of the practice (including carpets in the consulting rooms) were visibly stained. Damage to the carpets had been repaired using adhesive tape. This represented an infection control risk. However, records showed that stained or damaged carpeted areas of the practice were

due to be replaced on 15 June 2018. At our last inspection in October 2017 we found that the fabric covering of chairs in some consulting rooms was not intact. This meant that cleaning would not be effective. Staff told us that all damaged chairs had been replaced. We looked at the fabric covering of the chairs in five consulting rooms and saw they were all intact. Records showed that relevant staff were now up to date with infection prevention and control training.

- The practice had revised systems for notifiable safety incidents. The practice was now keeping records of action taken (or if no action was necessary) in response to receipt of notifiable safety incidents.

Risks to patients

Risks to patients, staff and visitors were assessed and managed in an effective and timely manner.

- There were arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- The practice had arrangements to respond to emergencies. Non-clinical staff had not received awareness training in the identification and management of patients with severe infections. For example, sepsis. However, records showed that this was due to take place at the next staff meeting on 22 May 2018.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- Records showed that staff were now up to date with fire safety training.
- There were comprehensive risk assessments in relation to safety issues. At the time of our last inspection in October 2017 the practice's health and safety risk assessment had failed to identify the risks of trips and falls from damaged carpets that had been repaired with adhesive tape. Although the practice had not updated their health and safety risk assessment to include these risks, records showed that the damaged carpet in the practice was due to be replaced on 15 June 2018. The practice was now employing an external company to carry out routine management of legionella (a germ found in the environment which can contaminate water systems in buildings). Records showed that the external company was contracted to carry out all actions required

Are services safe?

to reduce the risk of legionella contamination of the building's water system. Records also showed that water samples had been sent for testing and results demonstrated that legionella had not been detected.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had made improvements in the timely processing of incoming records that required the attention of clinical staff. For example, test results and other incoming correspondence. We looked at the system that managed incoming test results and correspondence and saw that there were no items awaiting review or action by a clinician.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The arrangements for managing medicines in the practice helped keep patients safe.

- Records showed that patient group directions (PGDs), adopted by the practice to allow nurses to administer medicine in line with legislation, were now up to date.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately.
- Patients were involved in regular reviews of their medicines.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong.
- The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from national patient safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

At our previous inspection on 17 October 2017, we rated the practice as requires improvement for providing effective services.

- The practice was unable to demonstrate that all relevant staff were up to date with essential training.

The practice had responded to these issues when we undertook a comprehensive follow up inspection on 16 May 2018.

The practice, and all of the patient population groups, is now rated as good for providing effective services.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/2017).

Effective needs assessment, care and treatment

The practice assessed needs and delivered care and treatment 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.
- We saw no evidence of discrimination when making care and treatment decisions.

Older people:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice followed up on older patients discharged from hospital and ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes and COPD (coronary obstructive pulmonary disease) related indicators was higher than local and national averages.
- Performance for asthma and blood pressure related indicators was in line with local and national averages.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with and higher than the target percentage of 90% or above.
- 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.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was in line with the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice was proactive in offering some online services, as well as a full range of health promotion and screening that reflected the needs for this age group.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability to help ensure they received the care they needed.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

Are services effective?

People experiencing poor mental health (including people with dementia):

- Performance for mental health related indicators was in line with local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example:

- QOF results for Sunlight Centre were comparable with and higher than local and national averages.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

The practice provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment.

- The learning and development needs of staff were assessed and the provider had a programme of learning and development to meet their needs.
- Records showed that all relevant staff were now up to date with infection control training and fire safety training.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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.

Helping 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.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health. For example, stop smoking campaigns and tackling obesity.

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.

Please refer to the Evidence Tables for further information.

Are services caring?

At our previous inspection on 17 October 2017, we rated the practice as good for providing caring services.

The practice remains rated as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The practice gave patients timely support and information.
- Results from the national GP patient survey showed that the practice was comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses.

Involvement in decisions about care and treatment

Staff helped patients to be involved 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.

- The practice provided facilities to help patients be involved in decisions about their care. Although the practice's hearing loop was broken at the time of our inspection.
- The practice proactively identified carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- 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 recognised the importance of people's dignity and respect.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

At our previous inspection on 17 October 2017, we rated the practice as good for providing caring services.

The practice, and all of the patient population groups, remains rated as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. They also took account of patients' needs and preferences.

- The practice understood the needs of its patient population and tailored services in response to those needs.
- 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 patients with serious medical conditions.
- The practice had a website and patients were able to book appointments or order repeat prescriptions on line.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access 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 admission to hospital.
- There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.

Older people:

- The practice was responsive to the needs of older people, and offered 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.
- The practice provided influenza vaccinations in older patients' homes if they were unable to visit the practice.
- Designated seating was available in the practice's waiting area for older people.

People with long-term conditions:

- There were longer appointments available for patients with some long-term conditions.
- Patients with a long-term condition were offered a structured annual review to check their health and medicine needs were being met.
- All patients with long-term conditions 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:

- 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.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments were available outside of normal working hours including Saturday from 8am to 12noon.

People whose circumstances make them vulnerable:

- The practice offered longer appointments for patients with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia):

Are services responsive to people's needs?

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice 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.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

- 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 and national averages.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available.
- The practice learned lessons from individual concerns and complaints.
- The practice acted as a result of complaints received to improve the quality of care provided.

Please refer to the Evidence Tables for further information.

Are services well-led?

At our previous inspection on 17 October 2017, we rated the practice as requires improvement for providing well-led services.

- Governance arrangements were not always effectively implemented.

The practice had responded to these issues when we undertook a comprehensive follow up inspection on 16 May 2018.

The practice is now rated as good for providing well-led services.

Leadership capacity and capability

On the day of inspection the partner told us they prioritised high quality and compassionate care.

- The GP partner and practice management were knowledgeable about issues and priorities relating to the quality of services. They understood the challenges and were addressing them.
- There was a clear leadership structure and staff felt supported by the GP partner and management.
- Staff told us the GP partner and management were approachable and always took time to listen to all members of staff.

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 their vision.
- Most of the staff we spoke with were aware of the practice's vision or statement of purpose.
- The practice planned its services to meet the needs of the practice patient population.

Culture

The practice had a culture of high-quality, sustainable care.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They said they felt confident and supported in doing so.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.

- 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).
- There were processes for providing all staff with the development they need.
- Staff we spoke with told us they felt respected, valued and supported by managers in the practice.

Governance arrangements

The practice had made improvements to governance arrangements.

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

Managing risks, issues and performance

The practice had revised risk management and risks to patients, staff and visitors were now being assessed and managed in an effective and timely manner.

- The practice had revised their systems for managing infection prevention and control to help minimise risks.
- Patient group directions (PGDs), adopted by the practice to allow nurses to administer medicines in line with legislation, were now up to date.
- Improvements had been made in the assessment and management of the potential risk of legionella in the building's water system as well as the risks associated with the lack of an effective system that managed test results and other incoming correspondence.
- Records showed that staff were now up to date with essential training.
- The practice had a system for completing clinical audits in order to drive quality improvement.
- The practice had arrangements to deal with major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.

Are services well-led?

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice.
- The practice made use of reviews of incidents and complaints. Learning was shared and used to make improvements.

Please refer to the Evidence Tables for further information.