The Elms Medical Practice

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
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?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Elms Medical Practice on 25 November 2014. The overall rating for the practice was requires improvement. The full comprehensive report on the November 2014 inspection can be found by selecting the 'all reports' link for The Elms Medical Practice on our website at www.cqc.org.uk.

After the inspection in November 2014 the practice wrote to us with an action plan outlining how they would make the necessary improvements to comply with the regulations.

The inspection carried out on 25 January 2017 found that the practice had responded to the concerns raised at the November 2014 inspection and had implemented their action plan in order to comply with the requirement notice issued. However, we found other breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating for the practice remains 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.
- The arrangements for managing medicines in the practice 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 patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they were able to book an appointment that suited their needs. Pre-bookable, on

Summary of findings

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.
- The practice was equipped to treat patients and meet their needs.
- The practice was unable to demonstrate they had an effective system to help ensure all governance documents were kept up to date.
- There was a clear leadership structure and staff felt supported by management. 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 areas where the provider must make improvements are;

- Revise medicines management and ensure that all prescriptions for controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) are signed before the transfer of the high risk medicine to the patients.
- Ensure that the practice is registered to keep the high risk substances that we found in the controlled drugs cabinet or continue to dispose of them in line with guidance from appropriate bodies.
- Revise risk management and ensure that health and safety risks, fire safety risks and risks associated with legionella are assessed and managed in an effective and timely manner.
- Revise governance processes and ensure that all documents used to govern activity are up to date.

The areas where the provider should make improvements are;

- Consider keeping a record of the photographic identification of all employed staff.
- Implement an inventory of the practice's emergency equipment to facilitate accurate checking by staff.
- Revise the system of appraisal in order that all staff receive an annual appraisal.
- Continue with the process to recruit one additional nurse to help meet patients' needs.
- Continue to identify patients who are also carers to help ensure they are offered appropriate support.
- Continue to implement and evaluate the action plan to improve patient satisfaction with services.

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 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. However, the arrangements for manging medicines in the practice did not always keep patients safe.
- Risks to patients were not always assessed and managed in an effective and timely manner.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. However, records showed that one member of staff had not received an appraisal since 2012.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than 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.

Summary of findings

- 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?

Good

The practice is rated as good for providing responsive services.

- 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. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- Improvements to governance arrangements at the practice had taken place. However, we found evidence of other governance arrangements that were not always effectively implemented.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, the practice was unable to demonstrate they had an effective system to help ensure all governance documents were kept up to date.
- The provider was aware of and complied with the requirements of the duty of candour. The GP 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.

Summary of findings

- The practice valued feedback from patients, the public and staff.
- There was a focus on continuous learning and improvement at all levels.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider is rated as requires improvement for providing safe and well-led services and good for providing effective, 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 used risk profiling software to identify frail patients.

People with long term conditions

Requires improvement

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 and well-led services and good for providing effective, 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 comparable to the local clinical commissioning group (CCG) average and national average. For example, 71% of the practice's patients with diabetes, on the register, whose last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months compared with the local CCG average of 77% and national average of 78%. Seventy nine percent of the practice's patients with diabetes, on the register, had a last measured total cholesterol of 5mmol/l or less compared with the local CCG average of 80% and national average of 80%.Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had 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

Requires improvement

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 and well-led services and good for providing effective, 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.
- 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 82% to 95% compared to the local CCG averages which ranged from 82% to 94% and national averages which ranged from 88% to 94%.
- 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.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the local CCG average of 83% and national average of 82%.
- 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)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider is rated as requires improvement for providing safe and well-led services and good for providing effective, 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.

Summary of findings

- 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.

People whose circumstances may make them vulnerable

Requires improvement

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 and well-led services and good for providing effective, 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.

People experiencing poor mental health (including people with dementia)

Requires improvement

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

- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the local clinical commissioning group (CCG) average of 83% and national average of 84%.
- Performance for mental health related indicators was higher than the local CCG average and national average. For example, 95% 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 five percent of patients with

Summary of findings

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 90%.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients 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 2016 showed the practice was performing below local clinical commissioning group (CCG) averages. Two hundred and twenty one survey forms were distributed and 116 were returned. This represented 1% of the practice's patient list.

- 32% of respondents found it easy to get through to this practice by telephone which was lower than the local CCG average of 66% and the national average of 73%.
- 55% of respondents described their experience of making an appointment was good which was comparable to the local CCG average of 66% and national average of 73%.
- 73% of respondents described the overall experience of their GP practice as fairly good or very good which was comparable with the local CCG average of 78% and national average of 85%.
- 66% of respondents said they would definitely or probably recommend the GP practice to someone who has just moved to the local area which was comparable with the local CCG average of 70% and the national average of 80%.

We received five patient comment cards, two of which were positive about the service patients experienced at The Elms Medical Practice. One comment card contained negative comments about the practice and two comment cards contained both positive and negative comments. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy. One theme identified from the negative comments was that patients were not always able to book an appointment that suited their needs.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All these patients stated they were able to book an appointment that suited their needs.

The Elms Medical Practice

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 CQC Pharmacy Inspector.

Background to The Elms Medical Practice

The Elms Medical Practice is situated in Hoo St Werburgh, Rochester, Kent and has a registered patient population of approximately 9,195. There are more patients registered aged 54 years and above than the national average. There are fewer patients registered between the ages of 0 and 4 years as well as between the ages of 20 and 49 years than the national average. The practice is located in an area with a lower than average deprivation score.

The practice staff consists of six GP partners (three male and three female), one practice manager, one dispensary manager, two practice nurses (all female), one clinical pharmacist as well as administration, reception, cleaning and dispensary staff. The practice also employs locum GPs directly. There are reception and waiting areas on the ground floor. Patient areas are accessible to patients with mobility issues, as well as parents with children and babies.

The practice is not currently teaching medical students or training GP trainees and FY2 doctors but does dispense medicines.

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

Services are provided from:

- The Elms Medical Practice, Tiley Close, Main Road, Hoo St Werburgh, Rochester, Kent, ME3 9AE, and
- Allhallows Surgery, Avery Way, Allhallows, Rochester, Kent, ME3 9NY, and
- Grain Surgery, Village Hall, Chapel Road, Grain, Rochester, Kent, ME3 0BY, and
- High Halstow Surgery, Recreation Hall, The Street, High Halstow, Rochester, Kent, ME3 8TW.

The Elms Medical Practice is open Monday to Friday 8.30am to 12noon and 2pm to 6pm. Extended hours appointments are offered Wednesday 6.30pm to 8pm and alternate Saturdays 9am to 12noon..

Allhallows Surgery is open Monday, Wednesday and Friday 9am to 11am as well as Tuesday and Thursday 3.30pm to 5.30pm.

Grain Surgery is open Monday, Wednesday and Friday 9am to 11am.

High Halstow Surgery is open Monday 2pm to 2.50pm, Thursday 9am to 9.40am and Friday 9am to 9.50am.

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 (Medway Doctors On Call Care) to deliver services to patients outside of the practice's working hours.

During this inspection we visited The Elms Medical Practice, Tiley Close, Main Road, Hoo St Werburgh, Rochester, Kent, ME3 9AE and High Halstow Surgery, Recreation Hall, The Street, High Halstow, Rochester, Kent, ME3 8TW only.

Detailed findings

Why we carried out this inspection

We undertook an announced comprehensive inspection of The Elms Medical Practice on 25 November 2014 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well led services.

We undertook an announced comprehensive follow up inspection on 25 January 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the November 2014 inspection can be found by selecting the 'all reports' link for The Elms Medical Practice on our website at www.cqc.org.uk.

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 25 January 2017. During our visit we:

- Spoke with a range of staff (two GP partners, one practice nurse, the practice manager, the dispensary manager, one receptionist, one cleaner and two dispensers) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited two practice locations.
- 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.

Requires improvement

Are services safe?

Our findings

At our previous inspection on 25 November 2014, we rated the practice as requires improvement for providing safe services.

- The practice was unable to demonstrate there were written protocols available to guide staff on dispensing medicines when a prescription had not been signed by a GP.
- The practice was unable to demonstrate that all administration staff 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 demonstrated they had addressed these issues when we undertook a follow up inspection on 25 January 2017. However, we found evidence of other breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice is now rated as requires improvement for providing safe services.

Safe track record and learning

There was an effective system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to help prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the availability of cervical cytology equipment in the practice had been revised after a patient was unable to have a cervical smear test performed due to lack of testing equipment.

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. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Practice staff attended safeguarding meetings and provided reports where necessary for other agencies. 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).
- We observed the premises to be clean and all areas accessible to patients were tidy. 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 protocol and staff had received up to date infection prevention and control training. Infection control audits were undertaken and there was an action plan to address any improvements identified as a result.
- 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 had been adopted by the practice to allow nurses to administer medicines in line with legislation. Records showed these had not been authorised by a GP for each individual nurse. However, the practice sent us records after the inspection to demonstrate patient group directions had now been authorised by a GP for each individual nurse.

- The practice dispensed medicines and employed a clinical pharmacist who had implemented some medicines safety initiatives for specific patient groups. The practice participated in the Dispensing Services Quality Scheme (DSQS) which rewards practices for providing high quality services to patients they dispense for. A named GP was responsible for the dispensary and dispensary staff had received appropriate training as well as appraisals. There were Standard Operating Procedures (SOPs) for staff to follow when dispensing medicines and these were reviewed annually.
- Medicines were not always stored securely or appropriately in the dispensary. For example, we saw dispensed medicines were stored on shelves next to the dispensary window. The dispensary window connected the dispensary to the reception / waiting area of the practice. The dispensary window could not be closed and it was possible for patients to reach through the window and access dispensed medicines stored on shelves adjacent to the window. We also saw that dispensed medicines were stored on the floor of the dispensary. However, the practice sent us records after the inspection to demonstrate the security issues and inappropriate storage of medicines had now been resolved.
- All dispensed items were checked by a second person. Staff told us that prescriptions were signed by a GP before transfer of the medicines to the patient. However, we found one dispensed controlled drug (medicines that require extra checks and special storage arrangements because of their potential for misuse) where the prescription had not been signed by a GP before transfer of the high risk medicine to the patient. Staff told us this had been missed during their dispensing checks. The practice had a system that recorded dispensing errors and near misses (near misses are dispensing errors that do not reach a patient). These were discussed at practice meetings and action taken to prevent reoccurrence.
- Arrangements for controlled drugs were appropriate. However, we found some high risk substances stored in the controlled drugs cabinet that the practice was not registered to hold. Staff told us they were not aware that the high risk substances were held by the practice. The practice sent us records after the inspection that indicated their intention was to dispose of the high risk substances following receipt of guidance from appropriate bodies.
- The practice employed a clinical pharmacist, through an NHS England pilot scheme, to develop medicine care plans personalised to a high level. For example, personalised medicine care plans included instructions for patients on what medicines they should stop taking on days they were unwell.
- 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. The practice was unable to demonstrate they kept a record of the photographic identification of two staff. However, records showed DBS checks for both of these staff members had been carried out for which proof of identification is required to be submitted.

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 reception office which identified local health and safety representatives.
- Carpets in the main office / dispensary areas were worn, damaged and not intact. Some of the non-intact areas had been repaired with adhesive tape. The underlying floor of some of the non-intact areas was uneven and some of the worn and damaged areas were frayed. These represented a trip hazard. Some furniture in the main office had collapsed. For example, a chest of drawers. This furniture posed a health and safety risk to staff if they used it. Although staff told us they were aware of these issues the practice was unable to demonstrate they had been identified by a risk

assessment or that there were plans to address them. The practice sent us records after the inspection to demonstrate that these risks had now been assessed and an action plan had been made to address them. However, the action plan did not specify the date by which it would repair the health and safety risks associated with the carpets or furniture in the main office / dispensary areas. Nor did it identify any interim actions to be taken to reduce the associated risks.

- The practice's fire risk assessment dated 18 October 2016 contained recommendations of actions required to improve fire safety and reduce risk. The recommendations indicated that some urgent actions were required to be carried out within one month from the risk assessment being carried out. Not all urgent actions recommended by the fire risk assessment had been carried out in the time frame indicated. For example, the doors to the office at the end of the left hand corridor and the adjacent kitchen were to be made fire resistant or replaced with fire doors. However, the practice had developed an action plan which stated that these doors were to be fire proofed or replaced by February 2017.
- Records showed 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 and clinical equipment was checked to help ensure it was working properly.
- The practice had other risk assessments to monitor safety of the premises such as control of substances hazardous to health.
- 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 in August 2016 by an external company. The risk assessment report showed that the water temperature from some cold outlets in the practice was above the recommended level. Although the report concluded that the risks from legionella infection at the practice was low it contained recommended actions (advisories) for the practice to carry out in order to further reduce the risk of legionella. The practice was unable to demonstrate they had developed and implemented an action plan to address the issues and recommendations raised by the risk assessment. With the exception of those recorded in the risk assessment the practice was unable to demonstrate any further monitoring and recording of water temperatures from hot or cold outlets had taken place. Staff told us that water samples had not been sent for legionella testing as the risk assessment indicated the risk of the presence of legionella in the practice's water system to be low. Following our inspection the practice send us records to demonstrate that one of the recommended actions (to descale some water outlets) was in the process of being carried out.
- 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 adequate arrangements to respond to emergencies.

- 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. However, the practice was unable to demonstrate they had an inventory of the emergency equipment for staff to refer to when carrying out the regular checks.
- 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 25 November 2014, we rated the practice as requires improvement for providing effective services.

- Information collected for the Quality and Outcomes Framework (QOF) (QOF is a system intended to improve the quality of general practice and reward good practice) showed a lack of routine management by the practice of patients with long-term conditions. For example, diabetes, chronic kidney disease, coronary heart disease and hypertension.
- The practice was unable to demonstrate there was an overall staff training needs analysis. Staff told us that their training needs had been discussed and agreed with management but had not yet been delivered.
- The practice was unable to demonstrate that multidisciplinary team meetings with other health and social care professionals to understand and meet the needs of patients discharged from hospital were taking place.
- Only 70% of the practice's registered patients with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records.
- The practice's performance for cervical smear uptake was 79% which was slightly worse than others in the region.
- There had been a decline in the percentage of patients, for whom an influenza vaccination was recommended, who had received an influenza vaccination. The practice said the fall in administered influenza vaccinations was as a result of a loss of nursing staff.

These arrangements had significantly improved when we undertook a follow up inspection on 25 January 2017. The provider is now rated as good for providing effective services.

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 97% of the total number of points available.

Data from 2015/2016 showed the practice had made significant improvements and was now managing patients with long-term conditions well:

- Performance for diabetes related indicators was comparable to the local clinical commissioning group (CCG) average and national average. For example, 71% 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 77% and national average of 78%. Seventy nine percent of the practice's patients with diabetes, on the register, had a last measured total cholesterol of 5mmol/l or less compared with the local CCG average of 80% and national average of 80%.
- Performance for mental health related indicators was higher than the local CCG average and national average. For example, 95% 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 five 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 90%.

There was evidence of clinical audits driving quality improvement.

- Staff told us the practice had a system for completing clinical audits. For example, an anticoagulation

Good

Are services effective?

(for example, treatment is effective)

medicine 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 to establish if all patients seeking an emergency supply of oral contraception were offered appointments with the nurse for their routine pill check. The practice had analysed the results which demonstrated 100% achievement. Records showed that a supplementary audit was due to be carried out to establish if all these patients had subsequently attended their appointment with the nurse for a routine pill check.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- 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. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. However, one member of staff's personnel records showed their last appraisal was carried out in 2012.
- Staff received training that included: safeguarding, fire safety awareness and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigations and test results.
- The practice shared relevant information with other services in a timely way. For example, when referring patients to other services.

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. We saw records that 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 80%, which was comparable to the local CCG average of 83% and national average of 82%. 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.

Good

Are services effective?

(for example, treatment is effective)

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 82% to 95% compared to the local CCG averages which ranged from 82% to 94% and national averages which ranged from 88% to 94%.

Since our last inspection the practice had employed additional nursing staff to help meet patients' needs. For example, to enable the practice to increase the availability of influenza vaccination appointments. Staff told us that although nursing staff numbers had initially increased, they had subsequently declined and the practice was now in the process of recruiting one additional nurse.

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.

Good

Are services caring?

Our findings

At our previous inspection on 25 November 2014, we rated the practice as good for providing caring services.

When we undertook a follow up inspection on 25 January 2017 we found the practice was continuing to provide caring services. The practice is still rated as good for providing caring services.

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. However, there were connecting doors between some of the consulting rooms and conversations taking place in these rooms could be overheard. Staff told us the practice was due to replace the connecting doors in order to soundproof the rooms. We saw records that confirmed this was due to take place and be completed by March 2017.
- 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 private room was available near the reception desk should a patient wish a more private area in which to discuss any issues.

We received five patient comment cards, two of which were positive about the service patients experienced at The Elms Medical Practice. One comment cards contained negative comments about the practice and two comment cards contained both positive and negative comments. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy. One theme identified from the negative comments was that patients were not always able to book an appointment that suited their needs.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All these patients stated they were able to book an appointment that suited their needs.

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

- 83% 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%.
- 75% of respondents said the GP gave them enough time (CCG average 82%, national average 87%).
- 93% of respondents said the nurse gave them enough time (CCG average 91%, national average 92%).
- 87% of respondents said they had confidence and trust in the last GP they saw (CCG average 88%, national average 92%).
- 82% of respondents said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received indicated they felt involved in decision making about the care and treatment they received. They also felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised.

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 or higher than 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 79% and national average of 86%.
- 91% of respondents said the last nurse they saw or spoke with was good at explaining tests and treatment (CCG average 88%, national average 90%).

Good

Are services caring?

- 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%).
- 93% 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 72 patients on the practice list who were carers (0.7% 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.

The comment cards we received were positive about the emotional support provided by the practice. For example, these highlighted that staff responded compassionately when patients needed help and provided support when required.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 25 November 2014, we rated the practice as good for providing responsive services.

The practice was able to demonstrate they were still responsive to patients' needs when we undertook a follow up inspection on 25 January 2017. The practice is still rated as good for providing responsive services.

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 male or 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.
- The practice used risk profiling software to identify frail patients. Staff told us that the practice was in discussion with the clinical commissioning group (CCG), and a consultant in elderly care medicine, and had plans to set up a local frailty service.
- There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.

Access to the service

The Elms Medical Practice was open Monday to Friday 8.30am to 12noon and 2pm to 6pm. Extended hours appointments were offered Wednesday 6.30pm to 8pm and alternate Saturdays 9am to 12noon.

Allhallows Surgery was open Monday, Wednesday and Friday 9am to 11am as well as Tuesday and Thursday 3.30pm to 5.30pm.

Grain Surgery was open Monday, Wednesday and Friday 9am to 11am.

High Halstow Surgery was open Monday 2pm to 2.50pm, Thursday 9am to 9.40am and Friday 9am to 9.50am.

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 (Medway Doctors On Call Care) 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 and lower than local clinical commissioning group (CCG) averages and national averages.

- 46% of respondents were satisfied with the practice's opening hours compared to the local CCG average of 67% and national average of 76%.
- 32% of respondents said they could get through easily to the practice by telephone compared to the local CCG average of 64% and national average of 73%.
- 68% of respondents said they were able to see or speak with someone the last time they tried compared to the local CCG average of 69% and national average of 76%.

Where national GP patient survey results were below average the practice had developed and implemented an action plan to address the findings and improve patient satisfaction. For example, the practice was now requesting that patients telephone for test results after 10am and between 11am and 12noon as well as 4pm to 6pm in order to speak with a secretary. These actions aimed to free up

Good

Are services responsive to people's needs?

(for example, to feedback?)

the practice's telephone lines in order that patients could get through more easily. Records showed the effect of this action was due to be evaluated nine months after implementation.

All patients we spoke with on the day of inspection stated that they were able 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.

The practice had received five complaints during the period July 2015 to July 2016. Records demonstrated that the complaints were investigated, the complainants had received a response, the practice had learned from the complaints and had implemented appropriate changes. For example, the practice had revised the system used to refer patients to other providers following a patient identity error.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 25 November 2014, we rated the practice as requires improvement for providing well-led services.

- The practice clinical governance meetings were attended only by the GP partners and the practice manager. Other GPs and nurses, who carried out more than half the clinical work between them, did not attend. The practice was unable to demonstrate how the results of learning from the meetings were being disseminated to other clinical staff.
- Records showed that there was a lack of continuity in the management of clinical governance. For example, clinical governance meeting minutes did not demonstrate agenda items were always resolved or carried forward to future meetings.
- Systems for governance were unclear. For example, there was little control over the process of patient referrals by the practice. The practice was unable to demonstrate there were systems to help ensure that all patients' referrals to other providers were sent or systems to follow up on referrals to help ensure that appointments had been offered to patients.

The practice demonstrated they had addressed these issues when we undertook a follow up inspection on 25 January 2017. However, we found evidence of other breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice is now rated as requires improvement for providing well-led services.

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

Improvements to governance arrangements at the practice had taken place. However, we found evidence of other governance arrangements that were not always effectively implemented.

- Records showed that clinical governance meetings were now being attended by all clinical staff in the practice. Staff told us that the role of meeting chair was rotated between all clinical staff to help ensure one member of staff did not control or dominate meeting discussions. Any member of clinical staff was able to access and add to the agenda of these meetings via the practice's computer system. Minutes of meetings were disseminated to all clinical staff including those who were not able to attend every meeting.
- Records showed that the practice had made improvements to their continuity in the management of clinical governance. Records showed that clinical governance agenda items were now either being resolved or carried forward to future meetings.
- Staff told us that the practice had introduced a system to help ensure that all patient referrals to other providers were sent and such referrals were followed up to help ensure appointments had been offered to patients in a timely manner. Records sent to us by the practice after the inspection confirmed this.
- 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. However, we looked at 23 such policies and guidance documents and found that nine did not contain a planned review date to help ensure they were kept up to date. One was not dated so it was not clear when it was written or when it came into force. Two had not been reviewed since 2009. The practice's whistleblowing policy did not contain contact details of organisations staff could contact if they wanted to report suspicions of abuse. The practice was therefore unable to demonstrate they had an effective system to help ensure all governance documents were kept up to date.
- A comprehensive 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 medicines. The practice had failed to assess and manage in an effective and timely manner

Are services well-led?

Requires improvement

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

all identified risks to patients, staff and visitors. For example, health and safety risks from worn, damaged and non-intact carpets, fire safety risks and the potential risk of legionella in the building's water system.

Leadership and culture

On the day of inspection the partners told us they prioritised high quality and compassionate care. Staff told us the partners were 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 partners encouraged a culture of openness and honesty. The practice had systems that identified 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 partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by 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.
- Staff told us that patient opinion was incorporated into practice recruitment of staff. For example, The practice invited a member of the PPG to be present at an interview for a receptionist post in February 2016, to represent patient opinions. The opinion of the PPG member was included in the decision-making process for the appointment.
- The practice had also gathered feedback from staff through staff meetings, surveys, 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 partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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 as well as from complaints received.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for service users. The registered person was not: 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; ensuring the proper and safe management of medicines. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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; 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). This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.