

# Halfway Surgery

## Inspection report

68a New Road  
Chatham  
ME4 4QR  
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[www.halfwaysurgery.co.uk](http://www.halfwaysurgery.co.uk)

Date of inspection visit: 21 August 2018  
Date of publication: 25/09/2018

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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

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

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Halfway Surgery on 21 August 2018 under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- There was an effective system for reporting and recording significant events.
- All electrical equipment had not been checked to help ensure it was safe to use.
- The system to manage infection prevention and control was not always effective.
- The practice's fire safety risk assessment failed to identify all potential risks.
- The arrangements for managing medicines in the practice did not always 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.

- 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.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The practice had systems and processes for learning, continuous improvement and innovation.
- There was a focus on continuous learning and improvement at all levels of the organisation.

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

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

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

- Continue to monitor and improve patient uptake for breast and bowel screening.
- Continue to implement and monitor the effectiveness of the action plan to carry out all remaining physical and medicine reviews for patients with learning difficulties.
- Consider the risks associated with using staff as chaperones who have not been trained for the role.
- Continue to monitor and improve national GP patient survey patient satisfaction scores.

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

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

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

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to Halfway Surgery

- The registered provider is The College Practice.
- Halfway Surgery is located at 68a New Road, Chatham, Kent, ME4 4QR. 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 68a New Road, Chatham, Kent, ME4 4QR only, where the provider delivers registered activities.
- Halfway Surgery has a registered patient population of approximately 4,000 patients. The practice is located in an area with a higher than average deprivation score.
- There are arrangements with other providers (MedOCC) to deliver services to patients outside of the practice's working hours.
- The practice staff consists of one GP partner (female) one long-term locum GP employed via an agency (male), one practice manager, one clinical nurse lead (female), one practice nurse (female), one practice nurse / end of life facilitator (female) as well as reception and administration staff. The practice also employs other locum GPs via an agency.
- Halfway Surgery is registered with the Care Quality Commission to deliver the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures; treatment of disease, disorder or injury.

# Are services safe?

## We rated the practice as requires improvement for providing safe services.

- All electrical equipment had not been checked to help ensure it was safe to use.
- The system to manage infection prevention and control was not always effective.
- All risks to patients, staff and visitors were not always assessed and managed in an effective and timely manner.
- The arrangements for managing medicines in the practice did not always keep patients safe.

## 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 carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. However, all electrical equipment had not been checked to help ensure it was safe to use.
- There was a system to manage infection prevention and control. However, this was not always effective.
- The practice had systems for notifiable safety incidents.

## Risks to patients

Risks to patients, staff and visitors were assessed and managed in a 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. Staff understood their responsibilities to manage emergencies on the premises and knew how to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- There were risk assessments in relation to safety issues. However, the practice's fire safety risk assessment failed to identify all potential risks.

## 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 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 did not always keep patients safe.

- Blank prescription forms and pads were not always stored securely and the practice did not effectively monitor their use.
- Records showed that medicines requiring refrigeration were not always stored in line with national guidance.
- Staff 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.

## Are services safe?

**Please refer to the Evidence Tables for further information.**

# Are services effective?

**We rated the practice, and all of the population groups, as good for providing effective services overall.**

## 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.
- The practice provided services at eight local nursing homes for patients who were residents.

### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes, asthma COPD (coronary obstructive pulmonary disease) and blood pressure related indicators for 2016 / 2017 was below local and national averages. However, the practice provided us with unverified data during our inspection to show that they had significantly improved by 31 March 2018.

### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Local results showed that uptake rates for the vaccines given were higher than the target percentage of 90% or above in three out of the four indicators.
- 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 below the 80% coverage target for the national screening programme. However, the practice provided us with unverified data after our inspection to show that they had improved and achieved an 81% uptake to date.
- The practices' uptake for breast and bowel cancer screening was below the national average. Staff told us that patients who failed to attend cancer screening were sent letters reminding and encouraging them to take up the screening opportunities available.
- The number of new cancer cases treated which resulted from a two week wait referral was in line with local and national averages.
- The practice was proactive in offering 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 homeless people and those with a learning disability to help ensure they received the care they needed. Records showed that the practice had an action plan to carry out all remaining physical and medicine reviews for patients with learning difficulties by December 2018.
- 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

# Are services effective?

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 employed a practice nurse / end of life facilitator who helped the practice deliver relevant and appropriate care and treatment for those patients who were approaching the end of their lives.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- Performance for dementia and mental health related indicators for 2016 / 2017 was below local and national averages. However, the practice provided us with unverified data during our inspection to show that they had significantly improved by 31 March 2018.
- 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 from 2016 / 2017 for Halfway Surgery were lower than local and national averages. However, the practice provided us with unverified data during our inspection to show that they had significantly improved by 31 March 2018.
- 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. However, one member of staff who acted as a chaperone had not received training for this role.
- 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.

## Are services effective?

**Please refer to the Evidence Tables for further information.**



# Are services caring?

**We rated the practice as good for providing caring services.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- The practice gave patients timely support and information.
- Results from the national GP patient survey showed that the practice was below local and national averages for its satisfaction scores on consultations with nurses.
- Results from the national GP patient survey showed that the practice was in line with local and national averages for its satisfaction scores on consultations with GPs.

## **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 that the practice was below local and national averages for its satisfaction scores on nurses involving them in planning and making decisions about their care and treatment.
- Results from the national GP patient survey showed that the practice was in line with local and national averages for its satisfaction scores on GPs involving them in planning and making decisions about their care and treatment.

- The practice provided facilities to help patients be involved in decisions about their care.
- The practice proactively identified carers and supported them.

Where national GP patient survey results were below average the practice had taken action to address some of the findings and improve patient satisfaction. For example, the practice had employed a clinical nurse lead to help improve patient satisfaction scores for consultations with nurses.

## **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.
- 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?

**We rated the practice, and all of the population groups, 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 employed a practice nurse / end of life facilitator who, along with other practice staff, liaised with nursing staff at eight care homes in order to help optimise the care of older patients who were residents.
- Designated seating was available in the practice's waiting area for older people.

### 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.
- 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.
- Designated seating was available in the practice's waiting area for people with long-term conditions. For example, a bariatric chair.

### 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.

### 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):

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

## Are services responsive to people's needs?

- 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?

**We rated the practice as good for providing a well-led service.**

## Leadership capacity and capability

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

- The lead GP 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 lead GP and practice management.
- Staff told us the lead GP and practice management were approachable and always took time to listen to all members of staff. They said that leadership at the practice was open, transparent and inclusive.

## 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.
- Staff we spoke with were aware of the practice's vision or mission statement.
- 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

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.
- Structures, processes and systems to support good governance and management were clearly set out and understood.
- Practice specific policies were implemented and were available to all staff.

## Managing risks, issues and performance

There were clear processes for managing risks, issues and performance.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had processes to manage current and future performance.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- 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.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

## Are services well-led?

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 practice was in the process of setting up a patient participation group.
- 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.
- The practice had worked with the local clinical commissioning group (CCG) and the care homes, where they provided services, to develop documentation to aid the registration of new patients who moved into care homes. For example, the care home proforma.

**Please refer to the Evidence Tables for further information.**

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way for service users. The service provider was not: Doing all that was reasonably practical to mitigate any such risks. In particular: the practice's fire risk assessment failed to identify all potential risks. Ensuring that the equipment used by the service provider for providing care or treatment to a service user was safe for such use and was used in a safe way. In particular: all electrical equipment had not been checked to help ensure it was safe to use. Ensuring the proper and safe management of medicines. In particular: blank prescription forms and pads were not always stored securely and the practice did not effectively monitor their use; medicines requiring refrigeration were not always stored in line with national guidance. Assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular: the infection prevention and control audit failed to identify rusty furniture and out of dated disposable equipment in the practice. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>