

Blackthorn Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Blackthorn Medical Centre on 27 July 2016. The overall rating for the practice was requires improvement. The practice was rated as inadequate for providing safe services, requires improvement for effective and well-led services and rated as good for providing caring and responsive services. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Blackthorn Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 25 May 2017, to confirm that the practice had carried out their plan to meet the legal requirements, in relation to the breaches in regulations that we identified in our previous inspection on 27 July 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- All staff including nurses were trained to the appropriate level in safeguarding children.

- The practice had systems and processes to assess and manage risks of infection, to ensure that equipment was in good working order and to ensure the safe storage of medicines.
- The practice carried out the necessary recruitment checks prior to employing staff.
- The practice had adequate equipment and medicines to respond to medical emergencies.
- There was an induction programme for newly appointed staff and an overall training schedule that ensured staff received training appropriate to their roles. There was a system that ensured all staff received annual appraisals.
- The practice had an active patient participation group and had sought feedback from patients through a patient survey which it acted on. The survey showed that patients' awareness of online services had improved.
- An overarching governance framework supported good quality care. There were arrangements to monitor and improve quality and identify risk.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Since our inspection in July 2016 the practice had ensured that all staff including nurses were trained to the appropriate level in safeguarding children.
- The practice had systems and processes to assess and manage risks of infection, including infection control audit and training for staff, and measures to control the risk of legionella. The practice had plans to upgrade clinical hand wash basins to comply with Department of Health guidelines.
- The practice had implemented systems to ensure that equipment was in good working order.
- They had implemented effective systems and processes to ensure the safe storage of medicines.
- The practice carried out the necessary recruitment checks prior to employing staff.
- The practice had adequate equipment and medicines to respond to medical emergencies.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Since our inspection in July 2016 the practice had implemented an induction programme for newly appointed staff.
- There was an overall training schedule for the practice that ensured staff received training appropriate to their roles.
- The practice had implemented a system that ensured all staff received annual appraisals.

Are services well-led?

The practice is rated as good for being well-led.

Good



- Since our inspection in July 2016 the practice had ensured there was an overarching governance framework which supported good quality care. There were arrangements, including regular audits and structured meetings, to monitor and improve quality and identify risk.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for providing safe, effective and well-led care identified at our inspection on 27 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- 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 and urgent appointments for those with enhanced needs.
- The practice worked closely with the district nursing team.

Good



People with long term conditions

The provider had resolved the concerns for providing safe, effective and well-led care identified at our inspection on 27 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding twelve months was 92% compared to the clinical commissioning group (CCG) and national average of 88%.
- The practice was leading an innovative project to support patients with diabetes.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines 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.

Good



Families, children and young people

The provider had resolved the concerns for providing safe, effective and well-led care identified at our inspection on 27 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

- 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 department (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The practice had close links with a local charity that offered support to families in crisis.

Working age people (including those recently retired and students)

The provider had resolved the concerns for providing safe, effective and well-led care identified at our inspection on 27 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to help ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group. Feedback from patients had been sought through a patient survey which it acted on. The survey showed that patients' awareness of online services had improved.
- The practice offered telephone triage as well as early, late and weekend appointments for patients who found it difficult to attend the practice during core working hours.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for providing safe, effective and well-led care identified at our inspection on 27 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- 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.

Good



Summary of findings

- 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. The practice was able to provide evidence to show that all staff had received safeguarding training appropriate to their roles and staff we spoke with were aware of the correct action to be taken in the event that they suspected a patient was suffering from abuse.

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for providing safe, effective and well-led care identified at our inspection on 27 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- 86% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is similar to the clinical commissioning group (CCG) average of 85% and the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record was 94% compared to the CCG and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had close links to the organisation which provided rehabilitation through training or work placements.

Good



Blackthorn Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC lead inspector.

Background to Blackthorn Medical Centre

Blackthorn Medical Centre is situated in Barming, near Maidstone, Kent. The practice has a general medical services contract with NHS England for delivering primary care services to the local community. The practice has a patient population of 7,320. The proportion of patients who were aged 20 to 39 is lower than national averages and the proportion of patients aged 40 to 49 is higher than the national average. The practice is in an area with a low deprivation score and lower than average levels of unemployment.

There are four GPs (two male, two female) who are partners, who are supported by two salaried GPs (one male, one female). All GPs at the practice work part-time. There are two nurses and three health care assistants (all female). In addition there are two management staff, one secretary, thirteen reception/administrative staff and four therapists.

Services are also offered in anthroposophic therapies (a system of therapies using mainly natural means to optimise physical and mental health and well-being). Therapies include biographical counselling (counselling aimed at supporting an individual to self-understanding), eurhythmy therapy (graceful body movements to the

rhythm of spoken words or music), rhythmical massage, colour light and art therapy. These services are provided in addition to the practice's NHS Contract and are free of charge to patients.

The practice is a training practice (training practices have GP trainees and Foundation Year Two trainee doctors). It also provides placements for registrars whose need for additional training has been recognised.

Patient areas are accessible to patients with mobility issues, as well as parents with children and babies. All consultation and treatment rooms are located on the ground floor. Therapy rooms are located on the first floor; there is a lift for access. There is a small car park with a dedicated disabled parking space. There is also parking for bicycles.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered on one Saturday morning each month as well as evening telephone appointments from 6.30pm to 7pm on Monday and Tuesday, early morning GP appointments from 7.30am to 8am on Wednesday, Thursday and Friday, and early morning nursing appointments from 7.30am to 8am on Tuesday and Thursday.

There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

Services are provided from:

- Blackthorn Medical Centre, St Andrews Road, Barming, Maidstone, Kent, ME16 9AN.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Blackthorn Medical Centre on 27 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement overall (rated as inadequate for providing safe services, requires improvement for effective and well-led services and rated as good for providing caring and responsive services). The full comprehensive report following the inspection on 27 July 2016 can be found by selecting the 'all reports' link for Blackthorn Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Blackthorn Medical Centre on 25 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the comprehensive inspection had been addressed. We carried out a focused inspection of Blackthorn Medical Centre on 25 May 2017. During our visit we:

- Spoke with a range of staff (two GP partners, the practice manager, a healthcare assistant and a member of administrative staff).
- Reviewed documentation to ensure steps had been taken to improve safety systems and processes and that risks were assessed and managed.
- Looked at staff files to review evidence that relevant staff had completed their required training.
- Reviewed governance arrangements.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 27 July 2016, we rated the practice as inadequate for providing safe services because:

- The practice was unable to provide evidence that nursing staff had completed training in child safeguarding.
- The practice was unable to show that infection control audits identified all relevant risks or that action was taken to address any improvements identified through audit. Not all staff had received up to date infection control training.
- Cleaning equipment, including hazardous cleaning fluids were not appropriately stored.
- The clinical wash-hand basins at the practice did not comply with Department of Health guidance
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe
- The practice was unable to provide evidence of disclosure and Barring Service (DBS) checks for all members of staff whose roles required them.
- Checks to help ensure that electrical and clinical equipment was safe to use and working properly were out of date.
- The practice had not adequately managed the risks associated with legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Patients had to wait up to four weeks for an appointment with a nurse.
- The practice's arrangements to respond to emergencies and major incidents were not adequate for all types of potential emergency.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a focused inspection of the service on 25 May 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.

- Staff had now received training on safeguarding children and vulnerable adults relevant to their role. We saw evidence that nurses were trained in child protection or child safeguarding to level two.

The practice maintained appropriate standards of cleanliness and hygiene.

- Annual infection prevention and control (IPC) audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Clinical staff had received training in infection prevention and control. Records viewed confirmed this.
- Cleaning equipment, including hazardous cleaning fluids were now stored appropriately in a locked cupboard.
- One of the clinical wash-hand basins at the practice had been upgraded in order to comply with Department of Health guidance. The practice had developed plans to upgrade the remaining wash-hand basins. We saw evidence that they had obtained quotes for this work to be carried out and had applied for funding. Cleaning schedules had been improved to ensure that cleaning staff paid particular attention to the wash-hand basins while carrying out their duties.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- The practice stored medicines safely in locked cupboards or refrigerators. Refrigerators that were not appropriate for the storage of medicines had been removed from the practice.

We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment; including appropriate checks through the Disclosure and Barring Service (DBS). The practice now held a log of staff members' DBS checks and had undertaken risk assessments for staff whose roles did not require them to have a DBS check.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

Are services safe?

- All electrical and clinical equipment had been checked and calibrated in July 2016 to ensure it was safe to use and was in good working order.
- We saw evidence that water samples had been tested for legionella in January and July 2017 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We also saw that the practice now carried out monthly flushing of all pipes and water temperature monitoring.
- The practice had recruited an additional healthcare assistant (HCA) who carried out basic nursing tasks. This ensured that the wait for routine nursing appointments had been reduced from four to two weeks.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was now an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice held a supply of medicines for the treatment of medical emergencies. Oxygen was available on the premises, along with adults' and children's masks.
- Emergency medicines for the treatment of anaphylaxis (a severe allergic reaction) were accessible in the treatment rooms where vaccines were given.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 27 July 2016, we rated the practice as requires improvement for providing effective services because:

- The practice's induction programme for all newly appointed staff did not include mandatory training such as safeguarding, infection prevention and control, fire safety, and health and safety.
- There was no overall training plan for staff at the practice and some staff told us that they were awaiting training that had not yet become available.
- The practice was unable to produce evidence of annual appraisals for staff.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 25 May 2017. The practice is now rated as good for being effective.

Effective staffing

- The practice had revised its induction programme for new staff and we saw that this was comprehensive and included all mandatory training.
- A log of all staff training had been implemented on a computer system. This alerted staff and managers when mandatory and other training was due. The practice was able to show us evidence that all staff had completed or arranged mandatory training appropriate to their roles including safeguarding, infection prevention and control, fire safety, and health and safety.
- The practice had a schedule of staff appraisals and we saw evidence that these were carried out annually for all staff.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 27 July 2016, we rated the practice as requires improvement for providing well-led services because:

- The provider did not do all that was reasonably practicable to assess, monitor and improve the quality and safety of the services provided. They had not done all that was reasonably practicable to identify and manage risks to patients and staff.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 25 May 2017. The practice is now rated as good for being well-led.

Governance arrangements

We noted that governance arrangements had significantly improved. The practice now had an overarching governance framework which supported the delivery of the strategy and good quality care.

- An active governance culture was embedded at the practice. One of the GPs was the lead for clinical governance. There were structured meetings involving staff throughout the practice. Minutes of meetings, which were cascaded to all relevant staff, showed evidence of effective management of risks and learning from mistakes.
- Clinical audits were carried out and risks had been formally assessed. For example, those relating to electrical and clinical equipment, legionella infection, safeguarding, clinical wash-hand basins, storage of medicines, staff pre-employment checks and arrangements to respond to emergencies.