

Bexley Medical Group

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 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 of the practice on 30 July 2015. Breaches of legal requirements were found such that the practice was rated as RI in the safe and well-led domains. After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breaches of regulation 12 (2) (f) (h)) and regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focussed inspection on 8 March 2016 to check that they had followed their plan and to confirm that they now met the legal requirements. This inspection did not include a visit to the practice. This report covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Bexley Medical Centre on our website at www.cqc.org.uk.

Overall the practice is rated as Good. Specifically, following the focussed inspection we found the practice to be good for providing safe and well led services. As the practice was now found to be providing good services for

safe and well led, this effected the ratings for the population groups we inspect against. Therefore, it was also good for providing services for older people; people with long-term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia).

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

- Systems and processes were in place to keep people safe. The practice had taken steps to ensure risks to patients were assessed and well managed, specifically in relation to staff recruitment, infection control, the management of emergency medicines, and dealing with medical emergencies.
- The practice had installed an additional software programme to facilitate staff access to policies and procedures, meeting minutes, staff feedback and the outcomes and learning from clinical audits.

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.

Improvements had been made in the way the practice ensured risks to patients were assessed and well managed, specifically in relation to staff recruitment, infection control, the management of emergency medicines, and dealing with medical emergencies.

Good



Are services well-led?

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

Improvements had been made to facilitate staff access to policies and procedures, meeting minutes, staff feedback and the outcomes and learning from clinical audits.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. As the practice was now found to be providing good services for safe and well led, this affected the ratings for the population groups we inspect against.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. As the practice was now found to be providing good services for safe and well led, this affected the ratings for the population groups we inspect against.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. As the practice was now found to be providing good services for safe and well led, this affected the ratings for the population groups we inspect against.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students). As the practice was now found to be providing good services for safe and well led, this affected the ratings for the population groups we inspect against.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. As the practice was now found to be providing good services for safe and well led, this affected the ratings for the population groups we inspect against.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). As the practice was now found to be providing good services for safe and well led, this affected the ratings for the population groups we inspect against.

Good



Bexley Medical Group

Detailed findings

Why we carried out this inspection

We undertook a focussed desk-based inspection of Bexley Medical Group on 8 March 2016. This is because the service had been identified as not meeting some of the legal requirements and regulations associated with the Health and Social Care Act 2008 at a previous inspection in July 2015. Specifically, breaches of regulation 12 (2) (f) (h) Safe Care and Treatment and regulation 19 (2) Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified.

We found that patients were at risk of harm because there were gaps in recruitment checks undertaken prior to employing staff. Infection prevention and control practices could be improved as annual infection prevention and control (IPC) audits were not undertaken across the three practice sites (consisting of the main surgery and two branch surgeries). Emergency equipment, in the form of oxygen cylinders and defibrillators, were not routinely made available across all the practice sites. The practice had not responded to the risks identified in their most recent legionella risk assessments, and disability discrimination audits. Emergency medicines were easily accessible to staff in secure areas of the practice sites and all staff knew of their location. Most of the emergency medicines we checked were in date and fit for use, with the exception of one pack at Erith Health centre.

We found the practice required improvement for well led because it had a vision and a strategy but not all staff was aware of this and their responsibilities in relation to it. There was a documented

leadership structure and most staff felt supported by management but at times they weren't sure who to approach with issues. The practice had a number of policies and procedures to govern activity, but not all staff were aware of them and had to access them. A range of staff meetings were held, but these were not routinely attended by staff across all the practice sites. All staff had received inductions but not all staff attended staff meetings and events.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 30 July 2015 had been made. We inspected the practice against two of the five questions we ask about services: is the service safe and is it well led. We inspected the practice against all six of the population groups: older people; people with long-term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia). This was because any changes in the rating for safe and well led would affect the rating for all the population groups we inspected against.

Are services safe?

Our findings

Overview of safety systems and processes

The practice had taken steps to mitigate the risks to patients in relation to infection control, the management of medicines, and recruitment. The practice sent us copies of the monthly checks that were being carried out on medicines kept within the practice. The records indicated that medicines that had reached their use by date had been replaced.

We saw that the infection prevention and control policy had been updated and a new specimen handling procedure had been produced. New equipment had been purchased and the cleaner had undergone training in infection control. An action plan had been put into place following an infection prevention and control audit and we were provided with evidence that steps had been taken to address the issues that had been identified. This included regular checks of the water outlets as indicated in their Legionella risk assessment.

The practice's recruitment policy and procedure had been reviewed. It now clearly stated that references must be provided. The missing DBS check for one of the GPs had been obtained. We were told no administrative staff would act as chaperones until a DBS had been obtained for them.

In line with issues identified in the practice's disability discrimination audit, a loop induction system had been installed.

Arrangements to deal with emergencies and major incidents

The practice had assessed the risks associated with not having a defibrillator at its three sites and had purchased one for each site. It had also purchased portable oxygen equipment for the two sites that had been without it at the time of the July inspection. Emergency medicines were being checked monthly and we saw evidence to support this.

Are services well-led?

Good 

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

Our findings

Governance arrangements

We found the practice had taken steps to improve access for staff to policies and procedures; to share learning, to share minutes of meetings and to illustrate governance arrangements.

A new software programme made it easier for the practice to communicate with all staff. This improved access to the

practice's policies and procedures. Staff could also use the programme to document their feedback and determine which of the named partners were responsible for individual policies, procedures and tasks, thereby indicating who they needed to talk to if they had any queries or issues.

The programme could be used to disseminate the outcome and learning from audits, to share the outcome of meetings and to demonstrate the governance arrangements that were in place and how they operated.