

# Albion Place Medical Practice

## Quality Report

23-29 Albion Place  
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Date of inspection visit: 29 November 2017  
Date of publication: 16/01/2018

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.

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Albion Place Medical Practice on 26 July 2017. Overall the practice was rated as inadequate and was placed into special measures. Practices placed in special measures are inspected again within six months of publication of the last inspection report.

Additionally, a breach of the legal requirements was found because systems and processes had not been

established and operated effectively and recruitment processes were not always safe. As a result, the provider was not assessing, monitoring and improving the quality and safety of the services provided and mitigating the risks related to the health, safety and welfare of service users and others. Therefore, Warning Notices were served in relation to Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

- Regulation 17 Good Governance.

# Summary of findings

- Regulation 19

Following the comprehensive inspection, we discussed with the practice what they would do to meet the legal requirements in relation to the breach and how they would comply with the legal requirements, as set out in the Warning Notices.

We undertook this announced focused inspection on the 29 November 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 26 July 2017. The practice was not rated as a consequence of this inspection, as the practice is in special measures. It will be inspected again, with a view to assessing the practice's rating when the timescale for being placed into special measures has passed.

This report only covers our findings in relation to those requirements. The full comprehensive report on the July 2017 inspection can be found by selecting the 'all reports' link for Albion Place Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Our key findings were as follows:

- The practice was able to demonstrate there was now a consistent process for all significant events recording.
- The system to process The Medicines and Healthcare Products Regulatory Agency (MHRA) and National Patient Safety (NPS) alerts had improved. However, there were two historic alerts which had not been processed.
- The practice's systems, processes and practices to help keep patients safe and safeguarded from abuse had improved.
- All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- Systems and process to monitor effective infection prevention and control (IPC) had been significantly improved.
- The arrangements for managing medicines in the practice kept patients safe.
- All appropriate recruitment checks had been undertaken prior to the employment of newly appointed staff but further improvements were required for the files of long standing staff of the practice.
- The practice group indemnity insurance now covered the practice of the advanced nurse practitioners and paramedic practitioners.
- The procedures for assessing, monitoring and managing risks to patient and staff safety had been improved.
- The practice had a comprehensive business continuity plan for major incidents and all staff were now aware of this.
- The practice could demonstrate that staff had the skills and knowledge to deliver effective care and treatment. The learning and training needs of staff had improved.
- The practice was able to demonstrate a more consistent approach when managing complaints. However, improvements were still required in order to help ensure complaint procedures were further enhanced.
- Governance arrangements had been improved in order to ensure they were effectively implemented.
- The practice was able to demonstrate they had an action plan to address performance issues and patient satisfaction results.
- Practice specific policies were implemented and were available to all staff.
- The systems and processes to underpin the services provided had been improved. For example; significant events, national patient safety alerts, complaints, infection prevention and control.

The practice had also taken appropriate action to address areas where they should make improvements:

- Action had been taken to ensure they identified and kept a record of patients who are carers to help ensure they are offered appropriate support.
- Accurate records were maintained in respect of how staff feedback is acted upon.

# Summary of findings

- The patient participation group were active in supporting improvement.

Importantly, the provider must:

- Ensure that systems and processes are further embedded and improved, to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are further embedded and improved to ensure only fit and proper persons are employed.

- Ensure that systems and processes are further embedded and improved, to ensure an effective and accessible system for responding to complaints by service users and other persons.

In addition the provider should:

- Continue to improve the staff appraisal systems to help ensure that nurse appraisals include more detailed evidence of clinical matters discussed.
- Continue with their plan to ensure all staff have access to the online staff portal.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure that systems and processes are further embedded and improved, to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are further embedded and improved to ensure only fit and proper persons are employed.

- Ensure that systems and processes are further embedded and improved, to ensure an effective and accessible system for responding to complaints by service users and other persons.

### Action the service **SHOULD** take to improve

- Continue to improve the staff appraisal systems to help ensure that nurse appraisals include more detailed evidence of clinical matters discussed.
- Continue with their plan to ensure all staff have access to the online staff portal.

# Albion Place 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.

## Background to Albion Place Medical Practice

Albion Place Medical Practice is a GP practice based in Maidstone, Kent with a patient population of approximately 12,800. The practice has a mix of white British, Nepalese and Eastern European population, with some pockets of deprivation, as well as average levels of unemployment and alcohol and drug misuse.

The practice holds a General Medical Service contract and consists of two partners (one female and one male). The GPs are supported by a salaried GP (female), a practice manager, an assistant practice manager, three nurse practitioners (female), three practice nurses (female), a healthcare assistant (female), two paramedic practitioners (one female and one male) and a team of administrative staff. The practice is on the first floor of a large building that is shared with other healthcare providers. All patient areas are accessible to patients with mobility issues, as well as parents with children and babies.

The practice is open between 8am to 6.30pm Monday to Friday. There was a duty doctor system for patients to access the practice between 1pm to 2pm. The reception opening times were between 8am to 1pm and 2pm to 6.30pm Monday to Friday. GP appointments were from 8.30am to 11.20am every morning and 3.30pm to 6pm daily, practitioner appointments were from 8.20am to

12.30pm every morning and 2pm to 6pm daily and nurse appointments were from 8am to 12.30pm every morning and 2pm to 5pm daily. In addition appointments could be pre-booked up to six weeks in advance; urgent appointments were also available for patients that needed them. Extended hours were offered on Monday and Wednesday mornings from 7am to 8am and Monday evening from 6.30pm to 7.30pm.

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 (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

Services are provided from:

Albion Place Medical Practice, 23-29 Albion Place, Maidstone, Kent, ME14 5DY.

## Why we carried out this inspection

We undertook a comprehensive inspection of Albion Place Medical Practice on 26 July 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate. The full comprehensive report following the inspection on July 2017 can be found by selecting the 'all reports' link for 26 July 2017 on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Albion Place Medical Practice on 29 November 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.

# Are services safe?

## Our findings

At our previous inspection on 26 July 2016, we rated the practice as inadequate for providing safe services because:

- The practice's system for reporting and recording significant events was not always effectively managed and implemented.
- Patients were at risk of harm because the systems and processes to help keep them safe and safeguarded from abuse were not always implemented effectively.
- The practice was unable to demonstrate they always followed national guidance on infection prevention and control.
- The arrangements for managing medicines in the practice did not always keep patients safe.
- The practice was unable to demonstrate that all appropriate recruitment checks had been undertaken prior to employment.
- Risks to patients, staff and visitors were not always assessed and managed in an effective and timely manner.
- There was a business continuity plan for unforeseen circumstances that may affect the practice. However, not all staff were aware of this or where the plan could be accessed if needed.

We issued a Warning Notice in respect of these issues and arrangements had significantly improved when we undertook a follow up inspection on 29 November 2017.

### Safe track record and learning

The practice's system for reporting and recording significant events had been improved in order to ensure they were effectively managed and implemented.

- The incident recording form had been updated to help ensure it 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 looked at the records of four significant events. Improvements had been made to ensure these demonstrated that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings and found that significant events were now being routinely discussed. The practice was able to demonstrate that they now carried out a thorough analysis of the significant events.
- We saw evidence that following significant events, lessons were shared and action was taken to improve safety in the practice. The practice was able to demonstrate that this approach was now consistent for all significant events recorded.
- The practice were monitoring trends in significant events and evaluating any action taken.
- Whilst the system for reporting and recording significant events had been improved

Whilst improvements had been made when we reviewed the system to process The Medicines and Healthcare Products Regulatory Agency (MHRA) and National Patient Safety (NPS) alerts further improvement was required.

Staff told us that all alerts (either MHRA or NPS) were processed by the practice manager and then cascaded to the GPs who acted on them accordingly. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to help ensure appropriate action was taken. The practice now kept records of action taken or if no action was necessary, in response to receipt of all notifiable safety incidents. However, we viewed one alert which the practice had responded to but it was deemed inappropriate for the practice to have responded to. The Alert related to recalls of batches of certain medicines. This alert would have been processed and responded to by pharmacies. Additionally, there were two historic alerts which had not been processed.

### Overview of safety systems and processes

The practice's systems, processes and practices to help keep patients safe and safeguarded from abuse had improved.

# Are services safe?

- The practice were now able to provide documentary evidence to demonstrate that all staff had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice were now able to demonstrate that 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).
- Staff told us there were cleaning schedules and monitoring systems had been established. Schedules of domestic cleaning were available to guide staff. The practice was now able to demonstrate they kept records of domestic cleaning that was carried out or records of audits of domestic cleaning as these had not been conducted. All relevant staff were now up to date with infection prevention and control training, records viewed confirmed this. An infection prevention and control (IPC) audit had been undertaken. The audit covered all aspects of IPC. For example, hand washing and decontamination of equipment audits. There was evidence to show that action had been taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The systems to monitor the use of blank prescription forms and pads had been improved. These were now securely stored and there were records maintained to track who had been allocated blank prescriptions and when they had been returned to storage facilities at the end of the practice day.

- We reviewed five personnel files and found that all appropriate recruitment checks had been undertaken prior to employment of newly appointed staff. We saw that registration with the appropriate professional body and the appropriate checks through the DBS had been obtained and recorded on file. Improvements were still required in order to ensure files contained proof of identification for long standing staff. The practice staff reported an issue of staff not having current proof of identity. However, there was no documentary evidence to support this. The practice group indemnity insurance now covered the practice of the advanced nurse practitioners and paramedic practitioners.

## Monitoring risks to patients

The procedures for assessing, monitoring and managing risks to patient and staff safety had been improved in order to help ensure they were effective.

- Records viewed confirmed that all electrical and clinical equipment was checked and calibrated in December 2016 to help ensure it was safe to use and was in good working order.

## Arrangements to deal with emergencies and major incidents

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

- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. All staff were aware of the plan and where to locate it and we saw that a discussion regarding the plan had been added to the next staff meeting agenda.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 26 July 2016, we rated the practice as requires improvement for providing effective services because the arrangements in respect of alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA), staff appraisals and training needed improving.

We issued a Warning Notice in respect of these issues and arrangements had significantly improved when we undertook a follow up inspection on 29 November 2017.

### **Effective staffing**

The practice could now demonstrate that staff had the skills and knowledge to deliver effective care and treatment.

- There was documentary evidence to support that the learning needs of staff had been identified through a system of appraisals and meetings. Staff told us that training had been undertaken, as well as appraisals. However, improvements were still required in order to help ensure that nurse appraisals included more detailed evidence of clinical matters discussed.
- Staff had received training which now included: basic life support, safeguarding children and vulnerable adults training, chaperone training as well as infection prevention and control training and information governance. Records viewed and staff spoken with confirmed this.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 26 July 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving.

We issued a Warning Notice in respect of these issues and arrangements had significantly improved when we undertook a follow up inspection on 29 November 2017.

### **Listening and learning from concerns and complaints**

The practice had a system for handling complaints and concerns.

The practice was able to demonstrate a more consistent approach when managing complaints. We looked at four complaints received since the last inspection. Records showed that all complaints had been recorded, investigations commenced or concluded and that learning from complaints was routinely disseminated to all relevant staff. However, improvements were still required in order to help ensure that acknowledgement of receipt letters were sent to complainants and that there was an audit of patients being referred to other bodies if they remained dissatisfied with the complaint investigation. For example, the Parliamentary Health Service Ombudsman.

# Are services well-led?

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

## Our findings

At our previous inspection on 26 July 2016, we rated the practice inadequate for providing well-led services as governance arrangements were not always sufficient or effectively implemented.

We issued a Warning Notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 29 November 2017.

### Governance arrangements

Governance arrangements were had been improved in order to help ensure they were effectively implemented.

A comprehensive understanding of the performance of the practice was being provided to staff by the GPs. The practice was able to demonstrate they had an action plan to address performance issues and patient satisfaction results.

Practice specific policies were implemented and were available to all staff at the practice in paper format as well as on the computer system. We saw that a new staff portal had been implemented, which allowed staff to access policies, procedures and minutes of all meetings held at the practice. We saw that the practice was in the process of rolling out staff access and passwords to the portal.

The systems and processes to underpin the services provided required further improvement. For example; significant events, as well as national patient safety alerts, were now being monitored and recorded appropriately but required further embedding to ensure they were effective. As well as records of complaint investigations and processing and appropriate recruitment checks.

Infection control audits, systems and processes had been significantly improved. The routine checking of equipment had been implemented. Staff training had been made more structured and staff had received appropriate training. Practice specific policies and procedures had been improved. Minutes of staff meetings also showed that policies and procedures had been discussed at these meetings.

### Leadership and culture

The GP partners had made some improvements to help ensure they were providing a well-led oversight of the practice, in order to help ensure high quality care.

- Staff told us the practice now held regular team meetings and that they were involved in discussions about how to run and develop the practice. We were told that the GPs and management team encouraged them to identify opportunities to improve the service delivered by the practice.
- We saw that minutes of meetings were available for staff to read at any time and contained sufficient detail and evidence to demonstrate that significant events, safety alerts, updates to guidance, performance and survey data were being discussed at these meetings.

The provider was aware of 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 practice was able to demonstrate the systems to ensure compliance with the Duty of Candour, which included communicating with patients about notifiable safety incidents, had been improved.

## 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<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not operate effective and accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.</p> <p>In that:</p> <ul style="list-style-type: none"><li>Acknowledgements of receipt letters were not always being sent to complainants and there was no audit trail showing that complainants were being referred to other bodies if they remained dissatisfied with the complaint investigation.</li></ul> <p>This was in breach of regulation 16(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person was failing to operate an effective system or process established to ensure compliance with the requirements of regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations.</p> <p>In that:</p> <ul style="list-style-type: none"><li>The system for reporting and recording significant events was not always effectively managed and implemented.</li></ul>  |

This section is primarily information for the provider

## Requirement notices

- The system to process to govern how The Medicines and Healthcare Products Regulatory Agency (MHRA) and national patient safety (NPS) alerts should be managed and monitored appropriately were not always safe.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

#### **How the regulation was not being met:**

The registered person did not have an established and effective recruitment procedure.

#### **In that:**

- Personnel files did not contain evidence of proof of identification for long standing staff employed nor was there evidence to show when this had been requested but had not been made available.

This was in breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.