

Staplehurst Health 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.

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Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Staplehurst Health Centre on 22 November 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.

A breach of the legal requirements was found as the practice did not have systems or processes established and operating effectively to assess, monitor and improve the quality and safety of the services provided.

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, a Warning Notice was served in relation to Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

- Regulation 17 Good Governance.

Key findings

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 Notice.

We undertook this announced focused inspection on the 4 April 2018, 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 22 November 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 November 2017 inspection can be found by selecting the 'all reports' link for Staplehurst Health Centre on our website at www.cqc.org.uk

Our key findings were as follows:

- The system for recording, analysing, acting on and learning from significant events had not significantly improved since our November 2017 inspection.
- The systems and processes to manage infection prevention and control had improved. However, not all these improvements were being effectively implemented.
- Systems and processes had improved for the safe management of prescriptions.
- The practice had made some improvements regarding patient access to services.
- The arrangements for planning and monitoring the number and mix of staff had improved.

The system for recording, analysing, acting on and learning from complaints had not significantly improved since our November 2017 inspection. Importantly, the provider **must:**

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards.

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

Staplehurst Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and a practice manager specialist adviser.

Background to Staplehurst Health Centre

Staplehurst Health Centre is a GP practice based Staplehurst, Kent and has a registered patient population of approximately of 5300.

The practice is similar across the board to the national averages for population groups. The practice is in one of the least deprived areas of Kent and has a majority white British population.

The practice holds an Alternative Provider Medical Service contract with NHS England for delivering primary care services to the local community and is part of the IMH (Malling Health UK Ltd) group. The practice consists of four salaried GPs (one male and three female). The GPs are supported by a practice manager, two practice nurses (male and female) and an administrative team.

The practice is accessible to patients with mobility issues, as well as parents with children and babies.

The practice is open between 8am to 6.30pm on Monday to Friday. There are extended hours on Tuesday mornings 7.30am to 8am with GPs, Wednesdays 6.30pm to 7.30pm with GPs and nurses and one Saturday per month 9am to

11am. In addition, appointments that could be booked up to four weeks in advance for GPs and up to 12 weeks in advance for nurses, urgent appointments were also available for people that needed them. 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:

Staplehurst Health Centre, Offens Drive, Tonbridge, Kent, TN12 0LB

Why we carried out this inspection

We undertook a comprehensive inspection of Staplehurst Health Centre on 22 November 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 November 2017 can be found by selecting the 'all reports' link for 22 November 2017 on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Staplehurst Health Centre, on 4 April 2018. 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

Are services safe?

Our findings

At our previous inspection on 22 November 2017, we rated the practice as inadequate for providing safe services because:

- Staff told us they knew how to report significant events and gave examples of doing so. However, we found the practice was unable to demonstrate that trends and issues were identified and that appropriate mitigating action was taken.
- The practice had a system to manage infection prevention and control (IPC). However, this was not always effectively implemented.
- There were arrangements for planning and monitoring the number and mix of staff needed. However, there was not always enough cover for the medical secretary role.
- The practice did not have an effective system for the management of blank prescription forms and pads. Not all prescription forms were held securely.

We issued a Warning Notice in respect of these issues. When we undertook a follow up inspection of the service on 4 April 2018, the practice provided records and information to demonstrate that the requirements of the Warning Notice had been partially met.

Safe track record and learning

The system for recording, analysing, acting on and learning from significant events had not significantly improved since our November 2017 inspection.

- The practice had made some changes to their significant event system. For example, implementing a learning outcome document for significant events and complaints, which allowed them to identify trends and actions. We reviewed the significant events as detailed in the Warning Notice and found they were recorded on this document. We saw this had been shared with staff on 8 March 2018. There were actions including customer training for all staff, as well as notes about improving prescription processes. For example, one action was for staff to ensure they were up to date with practice policy. However, actions did not contain timescales or details of

how these would be completed or monitored, meaning there were no measurable aims to determine whether learning was embedded or had an impact for patient safety, as well as changes in practice.

- We reviewed the three significant events and near misses that the practice had recorded since our last inspection. These had been included on the learning outcome document for general discussion and immediate action was taken to correct the errors. However, two of the events did not contain sufficient details, in order to understand whether any further investigations had taken place. For example, to ascertain cause, including discussions with staff and whether other agencies or health care providers were involved.
- The third significant event had identified that action was necessary, which was to implement a severe weather policy. However, this had not been put in place, meaning that learning may not be applied if the situation reoccurred.
- We reviewed minutes from meetings and found some issues had been identified as significant events but not recorded or analysed as such. For example, minutes from a staff meeting dated 16 January 2018 indicated there was a power cut on 11 January 2018. The management team noted at the meeting this should have been recorded as a significant event but there were no records to show that any further action had been undertaken.

Overview of safety systems and processes

The systems and processes to manage infection prevention and control (IPC) had improved. However, not all these improvements were being effectively implemented.

- We found the practice was clean and tidy. The practice manager and the manager from the cleaning company were now conducting monthly spot checks.
- The practice had created a clinical room where staff could undertake invasive procedures rather than use carpeted rooms.
- Daily, weekly and monthly cleaning logs were available in clinical rooms. However, we found two out of date sharps containers and a used purple lidded bin (used for the disposal of , that was undated.

Are services safe?

- The practice had carried out an IPC audit and now had an action plan with timescales. We saw that some timescales had been extended. For example, the deep cleaning for soft furnishing, which we saw had been booked for a future date. However, some actions remained outstanding. For example, the cleaning of blinds in consulting and treatment rooms. Additionally, we saw that one of the blinds was broken. This had not been noted in the IPC audit.

Risks to patients

The arrangements for planning and monitoring the number and mix of staff had improved.

- The practice had recruited a new member of staff and the medical secretary role was now covered during times of absence. This helped ensure that referrals were sent out in a timely manner.

Safe and appropriate use of medicines

Systems and processes had been improved for the safe management of prescriptions.

- The practice had a system for recording and tracking prescriptions through the practice and these were now held securely.
- The practice told us they no longer held any prescription pads for controlled drugs.

The prescription box in the reception area had now been secured.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 22 November 2017 we rated the practice as requires improvement for providing responsive services because;

- Patients were not always able to access initial assessment, test results, diagnosis and treatment due to ongoing issues with the telephone lines.
- Patients we spoke with on the day told us the appointment system was not easy to use. For example, they told us that booking appointments on the telephone was difficult, with the telephone ringing and then cutting off after a few minutes.
- The practice could not demonstrate that they had taken sufficient action to significantly improve the patient experience since the previous inspection on the 21 November 2016.
- The practice had a system for recording and analysing verbal and written complaints. However, the practice was not able to demonstrate that significant improvement had been made to the systems and processes, for learning from individual complaints and concerns raised by patients from 21 November 2016 inspection.

We issued a Warning Notice in respect of these issues. When we undertook a follow up inspection of the service on 4 April 2018, the practice provided records and information to demonstrate that the requirements of the Warning Notice had been partially met.

Access to the service

The practice had made some improvements regarding patient access to services.

- One hundred patients completed the annual national GP patient survey in July 2017. Results showed 60% of patients who responded said they could get through easily to the practice by phone compared to the clinical commissioning group (CCG) average of 74% and the national average of 71%. The patient participation group (PPG) had conducted a survey during February and March 2018 asking the same questions as the national GP survey. Two hundred and fifty patients who attended the practice completed the survey. When

patients were asked the same question about telephone access 77% responded they could get through easily to the practice by phone. These results have not been verified.

- The practice had introduced the iPlato system 10 days before our inspection (iPlato is a text messaging system). The practice had used the system to ask patients about their recent experience of the practice. They told us initial results from this were good but no formal results or analysis had been conducted due to the infancy of its introduction.
- The practice had 45% of patients registered for online services and we saw evidence that this was actively being used by patients. For example, 206 appointments were made online from 1 March 2018 to 26 April 2018.
- The practice had made some efforts to improve the phone lines and had obtained quotes for a new system. However, they told us they were unable to get funding for this and that the current system was now obsolete. As a consequence of this, the issues regarding the telephone system remained unresolved.

Listening and learning from concerns and complaints

The system for recording, analysing, acting on and learning from complaints had not significantly improved since our November 2017 inspection.

- The practice told us they had not received any complaints since our inspection in November 2017. However, records including emails, minutes from meetings and a messaging book used by reception staff indicated that patients had been making verbal complaints. For example, there was a notation made on the 24 February 2018 in the book at reception about a verbal complaint regarding prescriptions. We also saw that from emails dated 26 March 2018 that patients continued to complain about telephone access.
- The practice was unable to demonstrate that they had recorded any of these complaints formally. This did not align with the practice complaints policy which stated that verbal complaints should always be recorded on the RADAR system (RADAR is an online system that organisations can use to record their significant events).

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 22 November 2017, we rated the practice as inadequate for providing well-led services because:

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. However, the practice was not able to demonstrate the learning from these events was being effectively shared through the practice. Nor were they able to demonstrate that analysis was effective enough to identify all the issues connected with some significant events.
- The practice had a range of governance documents to support the delivery of the strategy and good quality care. However, we found that governance arrangements were not always effectively implemented.
- The processes for managing risks, issues and performance were not always effectively implemented.
- The practice did not always have a proactive approach to taking action on information.
- Not all opportunities for improvement were recognised or acted upon. For example, prescribing errors, infection prevention and control, medicines management and patients' experience of accessing services.

We issued a Warning Notice in respect of these issues. When we undertook a follow up inspection of the service on 4 April 2018, the practice provided records and information to demonstrate that the requirements of the Warning Notice had been partially met.

Governance arrangements

The practice had introduced a range of governance documents. However, not all of these had been implemented effectively:

- The practice had introduced a system for reviewing significant events and complaints. However, the practice was not always following their own policy and procedures. For example, not all verbal complaints, significant events or near misses were being formally recorded as indicated in their policy. Additionally, we saw that not all significant events contained enough detail or information regarding any investigation undertaken.
- The practice had reviewed and put in place a range of audits and checks for infection prevention and control. However, these were not always effectively implemented in that we found out of date sharps containers.
- The practice had reviewed and introduced effective new governance arrangements for the management of prescriptions through the practice.
- The practice had a system to monitor the number and mix of staff needed and were providing cover for the medical secretary role during times of absence.

Engagement with patients, the public, staff and external partners

- The practice had introduced systems and processes to gain regular patient views and feedback and improve patient access. However, whilst the practice had made some efforts to improve the phone lines and obtained quotes for a new system; they told us they were unable to get funding for this and that the current system was now obsolete. As a consequence of this, the issues regarding the telephone system remained unresolved.

Enforcement actions

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Regulations 2014: Good governance.</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services and the patient experience. In particular:</p> <ul style="list-style-type: none">• We looked at what action the practice had taken to make improvements to the current telephone system. Although the practice had obtained quotes, the telephone issues remained unresolved.• The practice had a system for recording and analysing verbal and written complaints. However, we found evidence that some verbal complaints had not been recorded. The practice had assessed the importance of complaints as a learning tool and written in their complaints policy that [staff] should always record verbal complaints on the RADAR system. The registered person had failed to monitor that policy to ensure it was being followed each time a complaint was made. <p>The registered person had systems or processes in place that were not operating effectively in that they failed to</p>

Enforcement actions

enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk, throughout the governance process. In particular:

- The practice had a system for recording and analysing significant events. However, the practice was not able to demonstrate that any significant improvements had been made to the systems and processes for recording significant events. For example, not all records contained enough detail to analyse cause.
- The practice had systems and processes for assessing, monitoring and improving the risks associated with preventing, detecting and controlling the spread of, infections, including those that are health care related. However, we found two out of date sharps containers and a used purple lidded bin that was undated. Additionally, the cleaning and repairing of the blinds in consulting and treatment rooms remained incomplete.

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