

Dr Marianne Ford

Inspection 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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as requires improvement overall. (Previous inspection 3 June 2015 – Good)

The key questions are rated as:

Are services safe? – requires improvement

Are services effective? – requires improvement

Are services caring? – good

Are services responsive? – good

Are services well-led? - requires improvement

We carried out an announced comprehensive at Dr Marianne Ford on 12 June 2018 as part of our inspection programme.

At this inspection we found:

- The practice did not always have clear systems to identify and manage risk so that safety incidents were less likely to happen.
- The practice did not have a systematic approach to review the effectiveness and appropriateness of the care it provided.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they could access care when they needed it.
- Staff were encouraged to develop through the organisation including from administration in to clinical roles.

We saw one area of outstanding practice:

There was a strong, visible, patient-centered culture across the practice. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff were caring and supportive. These relationships were highly valued by all staff and the GP. This was evident by the high number of carers identified and supported by the all members of the team. People's emotional and social needs were as important as their physical needs and all members of the team took an active role in referring patients and their carers to the local care navigator when necessary to help ensure necessary and timely support was given.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review and improve how patients' pain is recorded in their notes.
- Review and improve security of patients notes when the premises are not staffed.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice manager adviser. A member of staff from the local clinical commissioning group (CCG) also attended the inspection.

Background to Dr Marianne Ford

Dr Marianne Ford is situated in the coastal town of Deal near Dover in Kent and provides a service to approximately 2200 patients in the locality. The practice population is close to the national averages. However, there are slightly more older patients (aged over 64 years).

The practice has a General Medical Services contract with NHS England to deliver primary medical services to the local community. The practice staff consists of one GP (female), one regular locum GP (male) and two practice nurses (female). A member of staff from the administration team is training to be a health care assistant and has plans to join the nursing team on completion of this training. The GP and nurses are supported by a practice manager and a team of administration and reception staff.

The practice does not provide out of hours services to its patients and there are arrangements with another provider (NHS 111/IC24) to deliver services to patients when the practice is closed

As part of our inspection we visited 38 Manor Road, Deal, CT14 9BX where services are delivered.

The practice is registered to carry on the following regulated activities:

- treatment of disease, disorder or injury
- diagnostic and screening procedures
- maternity and midwifery service
- surgical procedures.

Are services safe?

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

The practice was rated as requires improvement for providing safe services because:

- The practice did not have clear systems to keep people safe and safeguarded from abuse.
- The practice was significantly higher than local and national averages for prescribing antibacterial medicines.
- The practice did not have an effective system for when things went wrong.

Safety systems and processes

The practice did not have clear systems to keep people safe and safeguarded from abuse.

- All staff received up-to-date safeguarding and safety training appropriate to their role. However, not all safeguarding records or reports contained sufficient details. Staff who acted as chaperones were trained for their role and had received a DBS check. (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.)
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There were adequate arrangements for infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety in most areas of the practice.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

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. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to help them to deliver safe care and treatment.

Appropriate and safe use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. However, the practice was significantly higher than local and national averages for prescribing some antibacterial medicines.

Track record on safety

Are services safe?

The practice did not always have a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues. However, the practice had not taken action to help ensure patient records were secure when the building was empty.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements, except for patient record security.

Lessons learned and improvements made

The practice did not have an effective system for when things went wrong.

- The practice did not always have clear systems to identify and manage risk so that safety incidents were less likely to happen.
- When incidents did happen, the practice was not always able to demonstrate that their analysis identified all risks or that their subsequent action and learning was effective.
- The practice acted on and learned from medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as requires improvement for providing effective services overall and across all population groups.

The practice was rated as requires improvement for providing effective services because:

- We reviewed 12 sets of patients notes and found not all contained enough detail to justify subsequent treatment or prescribing.
- Staff did not use appropriate pain tools to assess the level of pain in patients.
- The practice did not have a comprehensive programme of quality improvement activity and did not routinely review the effectiveness and appropriateness of the care provided.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. However, we reviewed 12 sets of patients' notes and found not all contained enough detail to justify subsequent treatment or prescribing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff did not always record what pain tools had been used or conversations had taken place to ascertain patients' perception of pain and subsequent impact.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Staff worked together and with other health and social care professionals to deliver effective care and treatment. However, minutes from multidisciplinary meetings did not contain enough detail.

Older people:

This population group was rated requires improvement for effective because:

Concerns found in the effective domain affected all population groups.

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services. However, one set of notes we reviewed for an elderly patient did not contain a care plan.
- The practice followed up on older patients discharged from hospital.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice provided step up/ step down care support at a nearby rehabilitation unit. These patients were temporarily registered at the practice to help ensure they got effective support when needed. The GP visited the rehabilitation unit every week and told us a multidisciplinary meeting was held. We did not see the minutes from these meetings as the practice told us as they were retained at the rehabilitation unit where the patients lived and the meetings took place.

People with long-term conditions:

This population group was rated requires improvement for effective because:

Concerns found in the effective domain affected all population groups.

- 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.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice recognised they had a high prevalence of asthma patients and told us that they routinely offer these patients a spirometry test to help ensure the patients had the correct diagnosis.

Families, children and young people:

Are services effective?

This population group was rated requires improvement for effective because:

Concerns found in the effective domain affected all population groups.

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were higher than the target percentage of 90% in three of the four indicators and in line with the fourth.
- The practice had effective arrangements for following up failed attendance of children's appointments for immunisation.
- The practice kept a register of newly pregnant women to help ensure all areas of their care was met and promote the immunisation programme.

Working age people (including those recently retired and students):

This population group was rated requires improvement for effective because:

Concerns found in the effective domain affected all population groups

- The practice's uptake for cervical screening was 75%, which was below the 80% coverage target for the national screening programme but comparable with local and national practices. The practice had a system to target non-attendees.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. Twenty three patients had been invited and six had attended.
- 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 with suspected hypertension were offered ambulatory blood pressure monitoring.

People whose circumstances make them vulnerable:

This population group was rated requires improvement for effective because:

Concerns found in the effective domain affected all population groups

- 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 held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice had a proactive approach for following up vulnerable patients who did not attend their appointments. We saw an example where staff had made repeated attempts to contact a patient through letters and telephone calls which helped ensure this patient received vital medicines.
- The practice had access to the paramedic home visiting service so that patients unable to get to the practice could be seen at home.

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

This population group was rated requires improvement for effective because:

Concerns found in the effective domain affected all population groups

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- 73% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average.
- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average.

Are services effective?

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 91% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the national average.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice did not have a comprehensive programme of quality improvement activity and did not routinely review the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives. For example, step up/step down care provided at a local rehabilitation unit.

- There was evidence of audit activity. However, none of the audits we reviewed were consistently driving improvement.
- The practice did not consider the needs of its patient population when selecting audits, nor was there a systematic approach for quality improvement.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example, a member of the administration team was being supported to complete training as a health care assistant
- The practice provided staff with ongoing support. This included an induction process and appraisals.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment. However, minutes from multidisciplinary meetings did not contain enough detail.

- Records did not show which staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The records shared with other organisations were not always comprehensive, for example, safeguarding reports.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. The practice had access to the local care navigator and we saw that all members of the team were actively referring patients to this 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, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice had identified a high level of carers in their patient population and provided support for them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- 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 .

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

This population group was rated as good for responsive care because:

- The GP supported patients from this population group in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. Patients had access to the paramedic home visiting service through a local GP collaboration. The paramedic practitioner from this service had direct access for GP support via a dedicated telephone line.
- The GP visited a local rehabilitation unit every week to help ensure that all the needs of patients living there were met.
- We saw that the practice referred patients from this population group to the local healthcare navigator to help ensure that all health and social care needs were given equal consideration.

People with long-term conditions:

This population group was rated good for responsive care because:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.

- The practice offered regular reviews for patient with long-term conditions and these could be booked up to six months in advance with the nursing team or the GP.

Families, children and young people:

This population group was rated good for responsive because:

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice kept a register for pregnant women to help ensure they were being offered all support they needed.
- There were alerts on the computer system for children identified as being in need.

Working age people (including those recently retired and students):

This population group was rated good for responsive because:

- 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. For example, extended opening hours every Tuesday.
- The nursing team were available until 6pm to help ensure that this population group had access to appointments outside of working hours for medical checks. This helped ensure they had support for disease prevention. For example, diabetes.
- Patients had access to a physiotherapist at the practice.

People whose circumstances make them vulnerable:

This population group was rated as good for responsive because:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Staff had completed training on how to support patients with learning disabilities.
- Staff were aware of the Accessible Information Standards for patients with sensory loss and we saw they were proactive in delivering this.

Are services responsive to people's needs?

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

This population group was rated good for responsive because:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice hosted two dementia clinics a year and signposted patients and their carers to other dementia events during the year in the local area.
- Longer appointments were available for patients who needed extra support.
- We saw that the practice referred patients from this population group to the local healthcare navigator to help ensure that all health and social care needs were given equal consideration.

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.
- Patients reported that the appointment system was easy to use.

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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. However, the practice did not always keep detailed records for complaints.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

The practice was rated as requires improvement for well-led because:

- Leaders were not always knowledgeable about issues and priorities relating to the quality and future of services
- The practice had a range of governance documents. However, we found that governance arrangements were not always effectively implemented.
- The practice did not have a comprehensive programme of activity including audit to drive quality improvement.
- There were systems and processes for learning, continuous improvement and innovation. However, these were not always effectively implemented.

The practice had a vision to deliver caring services as a priority.

Leadership capacity and capability

Leaders did not always have the capacity and skills to deliver high-quality, sustainable care.

- Leaders were not always knowledgeable about issues and priorities relating to the quality and future of services. For example, not all patient records or referrals contained sufficient details.
- The GP and practice manager were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills. For example, administration staff had undertaken training to develop in to clinical roles.

Vision and strategy

The practice had a vision to deliver caring services as a priority.

- Staff were aware of the practice vision and values and this translated into action. This was demonstrated through positive patient comments that we received about the care provided by the practice.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. However, records did not always contain sufficient details.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals.
- Clinical staff were considered valued members of the practice team.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff.

Governance arrangements

The practice had a range of governance documents. However, we found that governance arrangements were not always effectively implemented.

- Structures, processes and systems to support good governance and management were not always clearly set out, understood or effective across the practice. For example, significant events.
- The practice did not have a systematic or structured approach to meetings across internal or external teams

Managing risks, issues and performance

- The practice did not have a comprehensive programme of activity including audit to drive quality improvement. Practice leaders had oversight of national safety alerts.
- There was not a systematic approach to audit or evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Are services well-led?

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The practice used Quality Outcomes (QOF) to measure effectiveness across the practice (QOF is a system intended to improve the quality of general practice and reward good practice).
- The practice could not demonstrate that there were regular meetings to discuss quality and sustainability so that all staff had sufficient access to information.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems, except for risks to the security of patient notes when the practice was unoccupied.

Engagement with patients, the public, staff and external partners

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. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

The systems and processes for learning, continuous improvement and innovation were not always effectively implemented.

- There was a focus on continuous learning and improvement. For example, progression through the practice from administration to clinical roles.
- The systems for complaints and significant events were not always effectively implemented.
- The GP and practice manager encouraged staff to take time out for training and professional development.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not done all that was reasonably practicable in assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks. In Particular: The registered persons failed demonstrate there was an effective system for managing medicines. For example, antibiotic prescribing. The registered person failed to demonstrate that all risks were being effectively managed. For example, significant events. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance