

Red Suite

Quality Report

Healthy Living Centre Balmoral Gardens
Gillingham Kent ME7 4PN
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Date of inspection visit: 2 February 2017
Date of publication: 23/03/2017

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Red Suite on 3 May 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Red Suite on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 2 February 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 3 May 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- Blank prescription forms and pads were stored securely and the practice had introduced a system that monitored their use.
- Significant improvements had been achieved in patient outcomes. The practice had continued to implement as well as further develop action plans to achieve and continue these improvements.
- The practice had revised the system that helped to ensure all governance documents were kept up to date.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Continue to implement and monitor the effectiveness of the action plans to help ensure continued improvements to the quality of care provided for all patient population groups.

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.

- Blank prescription forms and pads were stored securely and the practice had introduced a system that monitored their use.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Significant improvements had been achieved in patient outcomes. The practice had continued to implement as well as further develop action plans to achieve and continue these improvements.

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 provider had resolved the concerns for the provision of safe and effective care identified at our inspection on 3 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for the provision of safe and effective care identified at our inspection on 3 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for the provision of safe and effective care identified at our inspection on 3 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for the provision of safe and effective care identified at our inspection on 3 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for the provision of safe and effective care identified at our inspection on 3 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for the provision of safe and effective care identified at our inspection on 3 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Red Suite

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Red Suite

Red Suite is situated in Gillingham, Kent and has a registered patient population of 4,961. The practice has more patients registered under the age of four years than both the local and national averages. There are more patients registered between the ages of 20 and 30 years than the national average. The number of patients recognised as suffering from deprivation for this practice, including income deprivation, is higher than the local and national averages.

The practice staff consists of three GP partners (male), one practice manager, one specialist nurse practitioner, one practice nurse, one healthcare assistant as well as administration and reception staff. The practice is supported by lead staff from Malling Health (UK) Limited. There are reception and waiting areas on the first floor. The practice also employs locum GPs via an agency. The practice has a lift and all patient areas on the first floor are accessible to patients with mobility issues, as well as parents with children and babies.

The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

Services are provided from Healthy Living Centre, Balmoral Gardens, Gillingham, Kent, ME7 4PN only.

Red Suite is open Monday to Friday between the hours of 8.30am to 6pm. 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 (Medway On Call Care) to deliver services to patients outside of the practice's working hours.

Why we carried out this inspection

We undertook a comprehensive inspection of Red Suite on 3 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on May 2016 can be found by selecting the 'all reports' link for Red Suite on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Red Suite on 2 February 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the comprehensive and focussed inspections had been addressed. During our visit we spoke with the practice manager and the healthcare assistant as well as reviewed information, documents and records kept at the practice.

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

Are services safe?

Our findings

At our previous inspection on 3 May 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of medicines management were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 2 February 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

Staff told us a system that monitored the use of blank prescription forms and pads throughout the practice had been introduced. We saw records that confirmed this.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 3 May 2016, we rated the practice as requires improvement for providing effective services as data showed that patient outcomes were low compared to national averages.

These arrangements had significantly improved when we undertook a follow up inspection on 2 February 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 72% of the total number of points available. Although these results were lower than the local clinical commissioning group (CCG) average and national average of 95%, they demonstrated continued and consistent improvement over the results of 60% published at the time of our last inspection in May 2016 and 40% published at the time of our previous inspection in June 2015. Exception reporting was significantly lower than the local CCG and national averages for all clinical domains. (Exception reporting is the removal of patients from the QOF calculations where, for example, the patients are unable to attend review meetings or certain medicines cannot be prescribed because of side effects).

The practice had continued to implement their action plan to address the QOF results which had resulted in measured improvements to patient care. The practice had ongoing and further developed plans to address QOF results that still required further improvement. For example, there were arrangements with the local CCG's clinical variance manager to review the practice's data quality as well as carry out audits to identify patients, such as diabetic patients, who had been missed on activity lists used to call them in for regular reviews. The practice was continuing to send recall letters and telephone patients who failed to attend for their regular physical and / or medicine reviews.

Data from 2015 / 2016 showed:

- Performance for diabetes related indicators was lower than the national averages. For example, 55% of the practice's patients, on the register, whose last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less compared with the national average of 78%. However, this demonstrated continued improvement over results of 46% published at the time of our last inspection in May 2016.
- Performance for physical and mental health related indicators was comparable with national averages. For example, 84% of patients with physical and / or mental health conditions had their smoking status recorded in their medical records compared with the national average of 95%.
- Performance for mental health related indicators was higher than the national averages. For example, 95% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the national average of 89%. This demonstrated significant improvement over results of 7% published at the time of our last inspection. 100% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months compared to the national average of 89%. This also demonstrated significant improvement over results of 39% published at the time of our last inspection.

Supporting patients to live healthier lives

The results of Public Health England Cancer Data 2014/ 2015, available at the time of our last inspection, showed that the practice's uptake for the cervical screening programme was 64%, which was lower than the CCG average of 76% and the national average of 74%. Up to date data was not available at the time of our follow up inspection. However, the practice had developed and implemented an action plan to help improve uptake for the cervical screening programme. Actions included;

- Sending recall letters and telephoning patients who failed to attend appointments for cervical smear tests.
- Some appointments in each practice nurse's session had been reserved in order to carry out cervical smear tests.

Are services effective?

(for example, treatment is effective)

- Nursing staff were working later on Thursday in order to provide additional appointments for cervical smear testing outside of normal working hours.
- Records showed the practice was due to commence providing additional appointments for cervical smear tests on some Saturdays starting on 18 February 2017.

The practice had achieved improvements in childhood immunisation rates for vaccinations given. For example, rates for the vaccinations given to five year old children ranged from 71% to 85%. This was lower than the local CCG average which ranged from 82% to 94%. However, the practice's results demonstrated an improvement over

results ranging from 59% to 96% published at the time of our last inspection. The practice was continuing to work with their local CCG to help identify and contact all patients, including children, who required immunisations. The practice had appointed a designated member of staff to coordinate and oversee the system that recalled patients who required childhood immunisations. Recall letters were sent and telephone calls were made to patients who failed to attend for childhood immunisations. Opportunistic invitations for childhood immunisations were offered when parents brought children with them to adult consultations, treatments or investigations.