

Rusthall Medical Centre

Quality Report

Nellington Road
Tunbridge Wells
Kent

TN4 8UW

Tel: 01892 515142

Website: www.rusthallmedicalcentre.co.uk

Date of inspection visit: 4 May 2017

Date of publication: 31/05/2017

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 well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	5

Detailed findings from this inspection

Our inspection team	9
Background to Rusthall Medical Centre	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rusthall Medical Centre on 7 July 2016. The overall rating for the practice was requires improvement (rated as Requires improvement for providing safe and well-led service and Good for providing effective, caring and responsive services). The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Rusthall Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 4 May 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 7 July 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:

- Since our inspection in July 2016 the practice had improved its systems and processes for the monitoring and recording of investigations into significant events.
- Staff had received relevant training for safeguarding children and adults, infection control and Health and Safety.
- A system for the recording, secure storage of and auditing of prescription pads and printer compatible prescription forms had been implemented.
- Recruitment procedures had been updated to help ensure that all appropriate recruitment checks were undertaken prior to employment of staff.
- The practice had improved its governance processes in order to help ensure that all governance documents including policies, protocols and minutes of meetings were up to date and accessible to all staff.
- The provider was able to fully demonstrate compliance with the requirements of the duty of candour.

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

Summary of findings

- Appropriate action had been taken to ensure staff were aware of the vision and strategy and their responsibilities in relation to them.
- The staff induction programme had been updated to incorporate a record and audit trail of the training received by newly employed staff.
- The communication of information and change to all staff had been improved in order to ensure it was effective and auditable.

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.

Good



- Since our inspection in 2016 the practice had improved its systems and processes in order to help ensure there was an effective system for reporting and recording significant events.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Infection control and prescription management issues had been improved to further ensure patients safety.
- Recruitment procedures had been updated to help ensure that all appropriate recruitment checks were undertaken prior to employment of staff.

Are services well-led?

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

Good



- Since our inspection in 2016 the practice had improved its governance processes in order to help ensure that all governance documents including policies, protocols and minutes of meetings were up to date and accessible to all staff.
- The provider was aware of the requirements of the duty of candour. In examples of records we reviewed, we saw evidence the practice complied with these requirements.

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 safety and well-led identified at our inspection on 7 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The practice offered proactive, personalised care to meet the needs of the older people in its patient population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice cared for approximately 67 patients residing in an adjacent nursing home. Weekly visits were conducted with additional visits as required. Staff from the care home attended the practice's multidisciplinary team meetings. The practice was proactive in ensuring relevant vaccinations were offered. Staff at the care home told us that they were well supported by the practice.

Good



People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 7 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 94% compared to the clinical commissioning group (CCG) average of 88% and the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and each GP conducted structured annual reviews on their own patients to check that health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 7 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 86% compared to the clinical commissioning Group (CCG) average of 84% and the national average of 81%.
- Appointments were available outside of school hours.
- Baby changing facilities were available.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice was proactive in its efforts to encourage eligible patients to receive the Meningitis ACWY vaccine
- The practice offered child flu vaccination clinics.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on 7 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The needs of the working age population, those recently retired and students had been identified and the practice offered pre-bookable extended hour appointments on three mornings per week between 7.30am and 8am and telephone consultations at pre-arranged times.
- The practice was proactive in offering online services, electronic prescribing services as well as health promotion and screening as appropriate for this age group.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 7 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

- The practice held a register of patients living with a learning disability. There were 25 patients on the register.
- The practice offered longer appointments for vulnerable patients as required
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware that concerns should be reported and all staff were aware of the formal process for doing this and had access to relevant policies. Staff had received specific training in relation to both child and adult safeguarding.

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on 7 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- 88% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the clinical commissioning group (CCG) average of 85% and the national average of 84%.
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 97% compared to the CCG average of 89% and the national average of 90%
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 97% compared to the CCG average of 88% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice had a system to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- The practice provided accommodation for consultations with the Community Psychiatric Nurse where this best met the needs of individual patients.
- We saw evidence that the GPs worked closely with patients and their families to provide a holistic approach to care.

Rusthall Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Rusthall Medical Centre

Rusthall Medical Centre is a GP practice based in Rusthall, Tunbridge Wells, Kent with approximately 6200 patients registered with the practice.

35% of patients are 65 years and over, 64% are in paid work or full time education and 1% are unemployed.

The practice has a General Medical Services contract with NHS England for delivering primary care services to the local community. There are four GP partners (two male and two female). The GP partners are supported by a salaried GP (female), a practice manager, two part-time practice nurses and two part-time health care assistants (all female) and an administrative team. A wide range of services and clinics are offered by the practice including asthma and diabetes.

The practice is a training practice, currently providing training for two part-time GP registrars (female). (Training practices have GP trainees and F2 doctors).

There is full access for wheelchair users and car-parking facilities are available on site. The practice registers patients who live in the Rusthall and Langdon Green areas of Tunbridge Wells, Kent.

The practice is open between the hours of 8am to 6.30pm Monday the Friday. Appointment times are as follows:-

- Monday 9.10am to 11.30am and 2.30pm to 5.30pm

- Tuesday 8.30am to 11.30am and 3pm to 5pm
- Wednesday 8am to 11.30am and 2.30pm to 5pm
- Thursday 8am to 11.30am and 2.30pm to 5pm
- Friday 8.30am to 11.30am and 2pm to 5pm

Extended hours and pre-bookable appointments are offered on a flexible basis for those patients who are unable to attend during the usual opening hours. They are between 7.30am and 8am on Tuesdays, Wednesdays and Thursdays. 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:

- Rusthall Medical Centre, Nellington Road, Tunbridge Wells, Kent, TN4 8UW

Why we carried out this inspection

We undertook a comprehensive inspection of Rusthall Medical Centre on 7 July 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 overall (rated as Requires improvement for providing safe and well-led service and Good for providing effective, caring and responsive services). The full comprehensive report following the inspection in July 2016 can be found by selecting the 'all reports' link on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Rusthall Medical Centre on 4 May 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.

Detailed findings

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 inspection had been addressed. During our visit we spoke with the practice manager, two GP partners and three administrative staff 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 7 July 2016, we rated the practice as requires improvement for providing safe services as risks to patients who used services were not always assessed in order to keep patients safe.

- Records of investigations into significant events were not sufficiently thorough or compliant with practice policy and did not evidence a robust audit trail of investigation, actions, outcomes or compliance with the duty of candour.
- Not all staff had received relevant training for safeguarding children and adults, infection control and Health and Safety.
- There was no secure system in place for the recording, storing and auditing of prescription pads and printer compatible prescription forms.
- Personnel records were incomplete and the practice failed to ensure their recruitment checks were robust. Staff files did not contain proof of identification and residence, references and full employment history and registration with relevant professional bodies.

These arrangements had significantly improved when we undertook a follow up inspection on 4 May 2017. The practice is now rated as good for providing safe service.

Safe track record and learning

The practice demonstrated that since our inspection in July 2016 systems had improved.

There was an effective system for reporting and recording significant events.

- The practice manager was informed of any incidents that occurred and there was a recording form available on the practice's computer system which all staff were now aware of and utilised appropriately. The incident recording form 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).
- Staff told us they would inform the practice manager of any incidents and there was now one recording form available on the practice's computer system.

- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. A significant event log had been implemented and was used to track themes and trends identified, as well as for recording summaries of significant event meetings held at the practice. All staff had 'read access' to the event log, as well as the revised and newly implemented policy.

We reviewed the practices' system and process for monitoring and responding to patient significant events. We found that all 19 events recorded since February 2017 (both clinical and non-clinical) had been appropriately actioned. We saw minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, where issues regarding the triage system had been identified. The practice staff discussed what went well and had introduced a workflow poster for staff to reference. There were safety records and minutes of meetings to evidence these discussions and actions taken to reduce the risk of incidents of this nature reoccurring.

Overview of safety systems and processes

The practice had improved its systems, processes and practices to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Safeguarding policies were now accessible to all staff and those staff we spoke with, knew where and how to access them. There was a lead member of staff for safeguarding. All staff had received training in relation to the safeguarding of vulnerable adults and children. Records and schedules of training had been established and implemented, in order to help ensure that training had been completed and did not lapse.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had a nominated lead in relation to infection control. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep

Are services safe?

up to date with best practice. There was an IPC protocol and the lead had received up to date and appropriate training in order to conduct this role effectively. The practice was able to demonstrate that all staff were up to date with attending infection control training. Records viewed confirmed this.

- The arrangements for managing blank prescription forms had improved. The practice ensured that printers had locks fitted, for which staff held individual keys. Additionally, the practice was able to demonstrate they had established and implemented a system to routinely monitor and audit the use of blank prescription pads or forms.

No new staff had been recruited following our previous inspection. The practice manager had established a recruitment check list in order to help ensure that appropriate checks would be undertaken prior to employment. The list included; proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Services (DBS). A process had also been implemented in order to routinely monitor the registration of clinical staff with their professional bodies.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 7 July 2016, we rated the practice as requires improvement for providing well-led services as the governance arrangements were not always effectively implemented.

- The practice had a vision and a strategy to deliver high quality care and promote good outcomes for patients. There was a strong focus on continuity of care. However, not all staff were aware of the vision and strategy and their responsibilities in relation to them.
- There was a leadership structure and staff felt supported by management. However, staff were not always aware of who was responsible for key areas such as infection control for which there was no nominated lead.
- The practice had a number of policies and procedures to govern activity. However, these were not available for all staff to access.
- The provider was aware of but unable to fully demonstrate compliance with the requirements of the duty of candour.

These arrangements had significantly improved when we undertook a follow up inspection on 4 May 2017. The practice is now rated as good for providing well-led services.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was now displayed in the waiting area. Staff awareness of the statement had also been improved.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and those of their colleagues. GPs and nurses had lead roles in key areas. For example, safeguarding, infection control and prescription monitoring.
- Practice specific policies had been reviewed and amended to ensure these were available to staff in an electronic format. All paper copies of policies had been removed. We saw minutes of meetings which showed policies and how to access them were routinely discussed. Staff we spoke with also confirmed this.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice was able to demonstrate that all risks were now appropriately assessed and well managed. For example, significant event reporting, medicine management issues (in particular prescription safety) and recruitment checks.
- The communication of change or information had improved. There was a clear audit trail for the receipt and acknowledgement of information shared with staff. Minutes of meetings and discussions with staff on the day of our visit confirmed this.

Leadership and culture

The system to record significant events had improved in order to ensure that they were appropriately recorded and that there was an audit trail in relation to the investigation, actions taken and outcomes. Staff were aware of the correct process for recording significant events. The practice was able to demonstrate that affected people were given reasonable support, truthful information and a verbal and written apology. The practice was also able to demonstrate that they fully complied with 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 held significant event and multidisciplinary meetings. The discussion in relation to significant events was noted on the significant event form and a record was made of the fact that multidisciplinary team meetings were held. Minutes of these meetings were now routinely being recorded.