

# Eastcliff Medical Practice

## Inspection report

The Montefiore Medical Centre  
Dumpton Park Drive  
Ramsgate  
CT11 8AD  
Tel: 01227284300

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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		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Overall summary

**This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at the location Eastcliff Medical Practice, which is operated by the provider Whitstable Medical Practice, on 7 September 2022 as part of our inspection programme.

Whitstable Medical Practice provides dermatology clinics at the location Eastcliff Medical Practice, run by a GP (with a specialist interest in dermatology) and a consultant dermatologist, for adults and children referred to them by GPs in the area.

## **Our key findings were:**

- The service had clear systems to help keep people safe and safeguarded from abuse.
- There were systems to assess, monitor and manage risks to patient safety.
- The service had systems to learn and make improvements when things went wrong.
- Patients' needs were assessed and care as well as treatment were delivered in line with current legislation, standards and guidance (relevant to this service).
- The service was involved in quality improvement activity.
- Staff had the skills, knowledge and experience to carry out their roles.
- Staff treated patients with kindness, respect as well as compassion and helped patients to be involved in decisions about care and treatment.
- The service organised and delivered services to meet patients' needs as well as preferences.
- Patients were able to access care and treatment from the service within an appropriate time frame.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

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

- Continue the process to add the regulated activity of treatment of disease, disorder or injury as well as update partnership changes to the provider registration with CQC in a timely manner.
- Continue with plans to carry out annual fire drills.
- Continue to complete the annual infection prevention and control audit as well as develop an action plan to address issues identified.
- Continue with plans to repeat the annual health and safety risk assessment on 4 October 2022 as well as develop action plans to address any issues identified.

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

# Overall summary

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector who had access to advice from a specialist advisor.

## Background to Eastcliff Medical Practice

The registered provider is Whitstable Medical Practice who delivers regulated activities at the location Eastcliff Medical Practice at The Montefiore Medical Centre, Dumpton Park Drive, Ramsgate, Kent, CT11 8AD.

Whitstable Medical Practice provides dermatology clinics at the location Eastcliff Medical Practice, run by a GP (with a specialist interest in dermatology) and a consultant dermatologist, for adults and children referred to them by GPs in the area. These staff are supported by the management team located at Whitstable Medical Practice. Clinics are usually delivered on the first, third and fourth Friday of each month from 8am to 5pm. Additional clinics are provided if needed to help meet patients' needs in a timely manner.

Whitstable Medical Practice is registered with the Care Quality Commission to deliver the following regulated activities at the location Eastcliff Medical Practice: diagnostic and screening procedures; surgical procedures. The provider is in the process of updating their registration with CQC to include the regulated activity of treatment of disease, disorder or injury as well as make changes to the registered partnership (following two GP partners retiring and five new GP partners joining).

As part of our inspection we visited: Eastcliff Medical Practice, The Montefiore Medical Centre, Dumpton Park Drive, Ramsgate, Kent, CT11 8AD only where the provider delivers registered activities.

The website is [www.whitstablemedicalpractice.co.uk](http://www.whitstablemedicalpractice.co.uk).

### **How we carried out the inspection:**

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was in line with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Requesting evidence from the provider.
- A short site visit.

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

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

**We rated safe as Good because:**

## **Safety systems and processes**

**The service had clear systems to help keep people safe and safeguarded from abuse.**

- The provider had systems to safeguard children and vulnerable adults from abuse.
- There were lead members of staff for safeguarding processes and procedures.
- Policies and other documents covering adult and child safeguarding were accessible to all staff including locums. They clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The service had systems to assure that an adult accompanying a child had parental authority. We saw that this was recorded in patients' records when appropriate.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.

## **Risks to patients**

**There were systems to assess, monitor and manage risks to patient safety.**

- There were up to date fire risk assessments that incorporated an action plan to address issues identified. Records showed there was a fire evacuation plan, fire extinguishers were maintained in working order, the fire alarm system was tested regularly, and staff were up to date with fire safety training.
- Fire drills had not been carried out annually. Records showed the last fire drill had taken place on 27 July 2021. However, staff told us that the fire alarm system had sounded twice on 1 March 2022 due to a faulty sensor. They told us the building was evacuated successfully on both occasions on the 1 March 2022 and records confirmed this. They also told us they were aware that the annual fire drill was now overdue and there were plans to carry this out in the near future.
- All electrical equipment was checked to help ensure it was safe to use.
- All clinical equipment was checked and where necessary calibrated to help ensure it was working properly.
- There was an up to date infection prevention and control (IPC) policy and records showed staff were up to date with IPC training.
- There was an IPC audit that incorporated an action plan to address issues identified. This was dated April 2021. Staff told us the audit was in the process of being repeated but the results were not yet available.
- There were systems for safely managing healthcare waste.
- Staff told us that the last legionella risk assessment had been carried out in 2011. However, after our inspection the provider wrote to us with evidence showing that an up to date legionella risk assessment had been carried out on 13 September 2022. This incorporated an action plan to address issues identified.

# Are services safe?

- The temperature of water from hot and cold outlets was monitored and recorded regularly. Records showed that results were within acceptable limits. Records also showed that little used water outlets were flushed on a regular basis and that samples sent for testing demonstrated that the building's water system had not been colonised by legionella.
- The provider had systems to monitor and review staffing levels and skill mix.
- There was an effective induction system for staff including locums tailored to their role.
- Staff knew how to respond to emergency situations and were up to date with basic life support training, as well as recognition and management of patients with severe infections such as sepsis training.
- There was written guidance for staff to follow to help them identify and manage deteriorating or acutely unwell patients.
- Emergency equipment and emergency medicines were available in the service including medical oxygen and an automated external defibrillator (AED). Records showed that these were checked regularly.
- There was an up to date health and safety policy available with a poster in the service which identified local health and safety representatives.
- There was a document entitled 'statement of general (health and safety) policy and arrangements for Eastcliff Medical Practice' that incorporated a health and safety risk assessment as well as an action plan to address issues identified. However, this was dated 5 August 2021. The provider was aware this was now overdue to be repeated. Staff told us that an external company had been booked to carry out a further health and safety risk assessment on 4 October 2022.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements.
- There was up to date written guidance for staff to follow in the event of major incidents that contained emergency contact telephone numbers.

## Information to deliver safe care and treatment

### Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

### The service had reliable systems for appropriate and safe handling of medicines.

- Medicines were stored safely and securely with access restricted to authorised staff.
- Prescription stationery was kept securely, and its use monitored in line with national guidance.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

## Lessons learned and improvements made

# Are services safe?

## **The service learned and made improvements when things went wrong.**

- There was a system for recording and acting on significant events.
- There was written guidance available for staff to follow to help them identify, report and manage any significant events.
- There were adequate systems for reviewing and investigating when things went wrong.
- Although there had not been any significant events reported in this service within the last 12 months, we saw records that demonstrated learning from any significant events that did happen was a regular agenda item on all clinical governance meetings.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism to disseminate alerts to all members of the team. The service kept records of action taken (or if no action was necessary) in response to receipt of all safety alerts.

# Are services effective?

**We rated effective as Good because:**

## **Effective needs assessment, care and treatment**

**The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).**

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements.
- There were processes to manage performance.
- Clinical and internal audit was used to monitor quality and to make improvements.
- Records showed the provider had analysed all clinical audit results and implemented action plans to address findings.
- Records showed all clinical audits had been repeated or were due to be repeated to complete the cycle of clinical audit.
- Records showed the results of clinical audits were discussed regularly at clinical governance meetings.

## **Effective staffing**

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation
- The provider 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.

## **Coordinating patient care and information sharing**

**Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, letters were routinely sent to patients' registered GPs in line with GMC guidance after consultations took place at Eastcliff Medical Practice.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.



# Are services effective?

- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, carers, advocates and other patient representatives were involved in consultations in agreement with the patient when necessary.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

## **Supporting patients to live healthier lives**

### **Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, when some medicines were prescribed that carried specific risks to patients.

## **Consent to care and treatment**

### **The service obtained consent to care and treatment in line with legislation and guidance.**

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service 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.**

- Interpretation services were available for patients who did not have English as a first language.
- Sign language services were also available for patients who communicated by signing.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand. For example, communication aids were available.

## **Privacy and Dignity**

### **The service respected respect patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **Responding to and meeting people's needs**

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, additional clinics were provided to help meet patients' needs when capacity at routine clinics had been reached.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, longer appointments were available for patients with learning disabilities.

## **Timely access to the service**

**Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Patients had timely access to initial assessment, 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.
- Referrals and transfers to other services were undertaken in a timely way.

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

**The service 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 service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures. Although there had not been any complaints reported within the last 12 months, we saw records that demonstrated learning from any complaints received was a regular agenda item on all clinical governance meetings.

# Are services well-led?

**We rated well-led as Good because:**

## **Leadership capacity and capability;**

**Leaders had the capacity and skills to deliver high-quality, sustainable care.**

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## **Vision and strategy**

**The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

There was a clear vision and set of values. The service had a statement of purpose which reflected the visions.

- The service had a realistic strategy to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

## **Culture**

**The service had a culture of high-quality sustainable care.**

- Staff felt respected, supported and valued.
- The service focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff 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. Staff were supported to meet the requirements of professional revalidation where necessary. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams.

## **Governance arrangements**

**There were clear responsibilities, roles and systems of accountability to support good governance and management.**

# Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service 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.

## Managing risks, issues and performance

### **There were clear and effective processes for managing risks, issues and performance.**

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance.
- Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans and had trained staff for major incidents.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

## Engagement with patients, the public, staff and external partners

### **The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- All patients were asked to complete a patient satisfaction survey after each consultation. Records showed that results were collated and used to monitor patient satisfaction and service performance.
- Staff could describe to us the systems available to give feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

### **There were systems and processes for learning, continuous improvement and innovation.**

## Are services well-led?

- There was a focus on continuous learning and improvement.
- The service had systems to make use of internal and external reviews of incidents and complaints. The system ensured learning from incidents and complaints was shared and used to make improvements.