

St Werburgh Medical Practice

Inspection report

98 Bells Lane
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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.

The key questions at this inspection 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? – Good

We carried out an announced comprehensive inspection at St Werburgh Medical Practice on 20 November 2018 under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- The practice had systems, processes and practices to help keep people safe and safeguarded from abuse.
- Staff had the information they needed to deliver safe care and treatment to patients.
- The arrangements for managing medicines in the practice did not always keep patients safe.
- The practice learned and made improvements when things went wrong.
- Performance for one of the diabetes related indicators for 2017 / 2018 was below local and national averages.
- Exception reporting for some QOF indicators relating to patients with long-term conditions and people experiencing poor mental health was much higher than local and national averages.
- Not all staff had received an appraisal within the last 12 months.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care

and treatment was in line with local and national averages. However, we received seven comments cards that indicated patients were not always able to book a routine appointment at a time that suited their needs.

- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- Governance arrangements were not always effective.
- The practice's processes for managing risks, issues and performance were not always effective.
- The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The areas where the provider **must** make improvements 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.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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

- Continue to implement and monitor the effectiveness of fire safety and legionella management action plans to reduce identified risks.
- Continue with planned basic life support training for the member of staff who was not up to date.
- Consider revising the appointments system to increase availability to further meet patients' needs.
- Continue with plans to set up a patient participation group.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to St Werburgh Medical Practice

- The registered provider is St Werburgh Medical Practice.
- St Werburgh Medical Practice is located at 98 Bells Lane, Hoo, Rochester, Kent, ME3 9HU. The practice has a general medical services contract with NHS England for delivering primary care services to the local community. The practice website address is .
- As part of our inspection we visited St Werburgh medical Practice, 98 Bells Lane, Hoo, Rochester, Kent, ME3 9HU only, where the provider delivers registered activities. The provider also delivers registered activities at The Healthy Living Centre, Balmoral Gardens, Gillingham, Kent, ME7 4PN and Stoke Village Hall, Mallard Way, Lower Stoke, Rochester, Kent, ME3 9ST.
- At the time of our inspection the three partners currently registered with the Care Quality Commission (CQC) to carry on regulated activities at the practice were no longer running the service. Two new partners were running the service and had submitted applications to CQC in order to become the registered provider. Also, the Registered Manager currently registered with CQC was no longer working for the practice in this capacity but had not yet de-registered. A new Registered Manager was in the process of registering with CQC.
- St Werburgh Medical Practice has a registered patient population of approximately 11,000 patients. The practice is located in an area with an average deprivation score.
- There are arrangements with other providers (MedOCC) to deliver services to patients outside of the practice's working hours.
- The practice staff consists of one GP partner (male), one Chief Executive Officer Partner, two salaried GPs (both female), two regular locum GPs employed directly by the practice (both male), one practice manager, one assistant practice manager, one primary care lead, one advanced nurse practitioner (female), three practice nurses (all female), two healthcare assistants / phlebotomists (both female) as well as reception and administration staff. The practice also employs other locum GPs via an agency.
- St Werburgh Medical Practice is registered with the Care Quality Commission to deliver the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures; treatment of disease, disorder or injury.

Are services safe?

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

Safety systems and processes

The practice had systems, processes and practices to help keep people safe and safeguarded from abuse.

- There was a system for reporting and recording significant events.
- The practice had appropriate systems to safeguard children and vulnerable adults from abuse.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- There was a system to manage infection prevention and control.
- The practice had systems for notifiable safety incidents.

Risks to patients

Risks to patients, staff and visitors were assessed and managed in a timely manner.

- There were arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- The practice had arrangements to respond to emergencies. Staff understood their responsibilities to manage emergencies on the premises and knew how to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- There were risk assessments in relation to safety issues.

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.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The arrangements for managing medicines in the practice did not always keep patients safe.

- The practice had systems to manage the prescribing of high risk medicines. However, records showed that staff did not always follow these systems.
- Clinical staff did not always have the appropriate authorisations to administer medicines.
- Records showed that medicines requiring refrigeration were not always stored in line with national guidance.
- Staff administered or supplied medicines to patients in line with current national guidance.
- Patients were involved in regular reviews of their medicines.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong.
- The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from national patient 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 as well as for the patient population groups of people with long-term conditions and people experiencing poor mental health (including people with dementia). We rated all remaining patient population groups as good.

Effective needs assessment, care and treatment

The practice assessed needs and delivered care and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to help keep all clinical staff up to date.
- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- We saw no evidence of discrimination when making care and treatment decisions.

Older people:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice followed up on older patients discharged from hospital and ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- 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.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for asthma related indicators for 2017 / 2018 was higher than local and national averages.
- Performance for one of the diabetes related indicators for 2017 / 2018 was below local and national averages. The practice was aware of this and had plans to implement action to make improvements. For example, the introduction of a 'one stop' diabetic clinic to address diabetic patients' needs in relation to all diabetic QOF indicators.

- Exception reporting for some QOF indicators relating to patients with long-term conditions was much higher than local and national averages. For example, patients with asthma and coronary obstructive pulmonary disease (COPD).

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. NHS England published results showed that uptake rates for the vaccines given were higher than the target percentage of 90% or above in three out of the four indicators.
- There were systems to help ensure results were received for all samples sent for the cervical screening programme and that the practice had followed up women who were referred as a result of abnormal results.

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

- The practice's uptake for cervical screening was below the 80% coverage target for the national screening programme. However, the practice provided us with unverified data after our inspection to show that they had improved and achieved an 100% uptake to March 2018.
- The practices' uptake for breast and bowel cancer screening was in line with the national average.
- The number of new cancer cases treated which resulted from a two week wait referral was in line with local and national averages.
- The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs for this age group.
- 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 whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability to help ensure they received the care they needed.

Are services effective?

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- 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 had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- Performance for dementia and mental health related indicators for 2017 / 2018 was in line with local and national averages.
- Exception reporting for some QOF indicators relating to patients experiencing poor mental health was much higher than local and national averages. For example, patients with schizophrenia, bipolar affective disorder and other psychoses.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example:

- QOF results from 2017 / 2018 for St Werburgh Medical Practice were almost all in line with local and national averages. However, their exception reporting was high for many of the QOF indicators.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

The practice provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment.

- The learning and development needs of staff were assessed and the provider had a programme of learning and development to meet their needs. However, records showed that one member of non-clinical staff had not received an appraisal within the last 12 months.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Staff told us that multidisciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated. Records confirmed this.

Helping patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant support 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 and tackling obesity.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- The practice gave patients timely support and information.
- Results from the national GP patient survey showed that the practice was in line with local and national averages for its satisfaction scores on consultations with healthcare professionals.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Results from the national GP patient survey showed that the practice was in line with local and national averages for its satisfaction scores on healthcare professionals involving them in planning and making decisions about their care and treatment.

- The practice provided facilities to help patients be involved in decisions about their care.
- The practice proactively identified carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- Private conversations between patients and staff at the reception desk could be overheard by others. However, when discussing patients' treatment staff were careful to keep confidential information private.
- 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 services.

Responding to and meeting people's needs

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

- The practice understood the needs of its patient population and tailored services in response to those needs.
- Telephone consultations and home visits were available for patients from all population groups who were not able to visit the practice.
- Urgent access appointments were available for children and those patients with serious medical conditions.
- The practice had a website and patients were able to book appointments or order repeat prescriptions on line.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- There was a system for flagging vulnerability in individual patient records.
- Records showed the practice had systems that identified patients at high risk of admission to hospital and implemented care plans to reduce the risk and where possible avoid unplanned admission to hospital.
- There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.

Older people:

- The practice was responsive to the needs of older people, and offered longer appointments and urgent appointments for those with enhanced needs.
- Patients over the age of 75 years had been allocated to a designated GP to oversee their care and treatment requirements.
- Designated seating was available in the practice's waiting area for older people.

People with long-term conditions:

- There were longer appointments available for patients with some long-term conditions.

- Patients with a long-term condition were offered a structured annual review to check their health and medicine 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.

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Families, children and young people:

- 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 attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

- 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.
- Appointments were available outside of normal working hours.

People whose circumstances make them vulnerable:

- The practice offered longer appointments for patients with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Are services responsive to people's needs?

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.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was in line with local and national averages.
- We received seven comment cards which all indicated that patients were not always able to book a routine appointment at a time that suited their needs.

- On the date of our inspection the next available pre-bookable appointment with a GP was 10 December 2018. There were eight GP 'on the day' appointments available on the date of our inspection.

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.
- The practice learned lessons from individual concerns and complaints.
- The practice acted as a result of complaints received to improve the quality of care provided.

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.

Leadership capacity and capability

On the day of inspection, the practice management told us they prioritised high quality and compassionate care.

- The part-time lead salaried GP and practice management were knowledgeable about issues and priorities relating to the quality of services. They understood the challenges and were addressing them.
- There was a clear leadership structure and staff felt supported by the part-time salaried lead GP and practice management.
- Staff told us the part-time lead salaried GP and practice management were approachable and always took time to listen to all members of staff. They said that leadership at the practice was open, transparent and inclusive. However, they also told us that the practice partners, including the lead GP partner, were not present at the practice on a regular basis.

Vision and strategy

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

- The practice had a statement of purpose which reflected their vision.
- Not all the staff we spoke with were aware of the practice's vision or mission statement.
- The practice planned its services to meet the needs of the practice patient population.

Culture

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They said they felt confident and supported in doing so.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- The provider was aware of and 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).

- There were processes for providing all staff with the development they need.
- Staff we spoke with told us they felt respected, valued and supported by managers in the practice.

Governance arrangements

Governance arrangements were not always effective.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- There were processes and systems to support good governance and management. However, they were not always effective.
- Policies were implemented and were available to all staff. However, the practice was unable to demonstrate there was an effective system to help ensure all governance documents were kept up to date.

Managing risks, issues and performance

The practice's processes for managing risks, issues and performance were not always effective.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had processes to manage current and future performance. However, planned action to improve performance had not yet been implemented. Other action to improve performance needed to be developed and implemented.
- The practice was unable to demonstrate that their clinical audit activity was effectively making improvements to the quality of patient care.
- The practice had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- At the time of our inspection the three partners currently registered with the Care Quality Commission (CQC) to carry on regulated activities at the practice were no longer running the service. Two new partners were running the service and had submitted applications to CQC in order to become the registered provider. Also, the Registered Manager currently registered with CQC was no longer working for the practice in this capacity but had not yet de-registered. A new Registered Manager was in the process of registering with CQC.

Appropriate and accurate information

Are services well-led?

The practice acted on appropriate and accurate information.

- Quality and operational information was in the process of being used to help improve performance.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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.
- The practice was in the process of setting up a patient participation group.
- 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.

- There was a focus on continuous learning and improvement at all levels within the practice.
- The practice made use of reviews of incidents and complaints. Learning was shared and used to make improvements.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way for service users. The service provider was not: Ensuring the proper and safe management of medicines. In particular: staff did not always follow the practice's systems to manage the prescribing of high risk medicines; clinical staff did not always have the appropriate authorisation to administer medicines; medicines requiring refrigeration were not always stored in line with national guidance. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person to; Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. In particular: performance for one of the diabetes related indicators for 2017 / 2018 was below local and national averages; exception reporting for some QOF indicators relating to patients with long-term conditions and people experiencing poor mental health was much higher than local and national averages; clinical audit activity was not effectively making improvements to the quality of patient care. Maintain securely such other records as are necessary to be kept in relation to – (ii) the management of the regulated activity. In particular; not all governance</p>

This section is primarily information for the provider

Requirement notices

documents were dated nor contained a planned review date. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular; not all staff had received an appraisal within the last 12 months. This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.