

# Malling Health @ Blue Suite

## Inspection report

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

## Ratings

### Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

# Overall summary

We carried out an announced comprehensive inspection at Malling Health @ Blue Suite on 24 July 2018. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. Three Warning Notices were served in relation to breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 Safe care and treatment; Regulation 17 Good governance; Regulation 18 Staffing, found at this inspection. The full comprehensive report on the July 2018 inspection can be found by selecting the 'all reports' link for Malling Health @ Blue Suite on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

After our inspection in July 2018 the practice wrote to us with an action plan outlining how they would make the necessary improvements to comply with the Warning Notices served.

This inspection was an announced focussed follow-up inspection carried out on 18 September 2018 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 24 July 2018. This report only covers findings in relation to those requirements. The practice was not rated as a consequence of this inspection.

At this inspection we found:

- The practice had made improvements to the systems, processes and practices that helped keep people safe and safeguarded from abuse.
- The practice had revised and improved their assessment and management of risks to patients, staff and visitors.
- There had been improvements to the arrangements for managing medicines in the practice to help keep patients safe.

- The practice was able to demonstrate that they learned from and made improvements when things went wrong.
- The practice had an action plan to improve quality and was in the process of reviewing the effectiveness and appropriateness of the care provided.
- There had been improvements to governance arrangements.
- The practice had revised and improved their systems and processes for learning, continuous improvement and innovation.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- 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 service will be kept under review and if needed could be escalated to urgent enforcement action. Another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service.

Special measures will give people who use the service the reassurance that the care they get should improve.

**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

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

## Our inspection team

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

## Background to Malling Health @ Blue Suite

- The registered provider is Malling Health (UK) Limited which is a subsidiary of Integral Medical Holdings (IMH) Limited.
- Malling Health @ Blue Suite is located at 103-107 High Street, Rainham, Gillingham, Kent, ME8 8AA. The practice has an alternative provider 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 103-107 High Street, Rainham, Gillingham, Kent, ME8 8AA only, where the provider delivers regulated activities. The provider also delivers regulated activities at Parkwood Surgery, Long Catlis Road, Parkwood, Rainham, Kent, ME8 9PR.
- At the time of our inspection Malling Health @ Blue Suite did not have a registered manager in post and had not done so since 7 September 2017.
- Malling Health @ Blue Suite has a registered patient population of approximately 7,400 patients. The practice is located in an area with a lower than average deprivation score.
- There are arrangements with other providers (MedOCC) to deliver services to patients outside of the practice's working hours.
- Malling Health @ Blue Suite is operated by Malling Health (UK) Limited. The practice staff consists of three salaried GPs (two male and one female), one practice manager, one assistant practice manager, three advanced nurse practitioners (all female), two practice nurses (both female), one diabetic nurse specialist (female), one healthcare assistant (female), one clinical pharmacist as well as reception and administration staff.
- Malling Health @ Blue Suite 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?

At our inspection on 24 July 2018, we rated the practice as inadequate for providing safe services.

- The practice's system for reporting and recording significant events was not always effective.
- The practice was unable to demonstrate that all clinical equipment was checked and / or calibrated to ensure it was safe to use.
- The practice's system for managing infection prevention and control was not always effective.
- Not all substances hazardous to health were being stored securely and safely.
- Staff did not always follow the practice's systems for the safe prescribing of high risk medicines.
- Medicines requiring refrigeration were not always stored in line with national guidance.
- The practice did not always learn and share lessons, identify themes and take action to improve safety.
- The practice was unable to demonstrate that they acted on and learned from national patient safety alerts.

The practice had responded to these issues when we undertook a focussed follow up inspection on 18 September 2018. However, some improvements were still ongoing.

## Safety systems and processes

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

- The practice had made improvements to their system for reporting and recording significant events.
- All staff were now up to date with safeguarding children training.
- The practice had revised their arrangements to ensure that facilities and equipment were safe and in good working order.
- The system to manage infection prevention and control had been revised. However, the practice was in the process of implementing actions to address all issues identified by the infection prevention and control audit.

- The practice had made improvements to their systems for notifiable safety incidents.

## Risks to patients

The practice had revised and improved their assessment and management of risks to patients, staff and visitors.

- All staff were now up to date with training in recognising patients with deteriorating conditions such as sepsis.
- All substances hazardous to health were now being stored securely and safely.

## Appropriate and safe use of medicines

There had been improvements to the arrangements for managing medicines in the practice to help keep patients safe.

- Records showed that the practice had made good progress with improvements to the systems that managed the prescribing of high risk medicines. However, these improvements were still ongoing.
- The practice had revised and improved the system to help ensure medicines requiring refrigeration were stored in line with national guidance.

## Lessons learned and improvements made

The practice had made changes to learning and improvements in response to when things went wrong.

- All significant events that had taken place since our last inspection had been reported.
- Records showed that the practice had a system that reported significant events that were reportable to the National Reporting and Learning System (NRLS).
- The practice demonstrated that they were learning and sharing lessons, identifying themes and taking action to improve safety in the practice.
- The practice was now able to show that they acted on and learned from national patient safety alerts.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

At our inspection on 24 July 2018, we rated the practice, and all of the population groups, as inadequate for providing effective services.

- Staff did not always follow national guidelines to deliver care and treatment to meet patients' needs.
- Uptake rates for childhood immunisations were below the 90% target in three out of the four indicators.
- Not all staff were up to date with essential training.
- Multidisciplinary meetings were no longer taking place on a regular basis.

The practice had responded to these issues when we undertook a focussed follow up inspection on 18 September 2018. However, some improvements were still ongoing.

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

- The practice had systems to help keep all clinical staff up to date.
- Staff had access to guidelines from National Institute for Health and Care Excellence (NICE). Records showed that they followed this information to deliver care and treatment that met patients' needs. For example, the prescribing of high risk medicines now followed latest guidelines.

Families, children and young people:

- At our inspection on 24 July 2018 we established that childhood immunisations were carried out in line with the national childhood vaccination programme. However, uptake rates were below the 90% target in

three out of the four indicators. At our inspection on 18 September 2018 we found that the practice had taken action and was in the process of identifying children on their patient list who still needed to be offered relevant immunisation(s).

## **Effective staffing**

Staff had the skills and experience to deliver effective care, support and treatment.

- The learning and development needs of staff had been re-assessed and the provider had a programme of learning and development to meet their needs. However, some essential training was scheduled but had not yet been delivered.

## **Coordinating care and treatment**

At our inspection on 24 July 2018 we established that 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. However, multidisciplinary team meetings were no longer taking place on a regular basis. At our inspection on 18 September 2018 we established that multidisciplinary team meetings had been reinstated.

**Please refer to the Evidence Tables for further information.**

# Are services caring?

At our inspection on 24 July 2018, we rated the practice as requires improvement for providing caring services.

- Results from the national GP patient survey published in July 2018 were mixed for the practice's satisfaction scores on consultations with healthcare professionals.

The practice had responded to these issues when we undertook a focussed follow up inspection on 18 September 2018. However, improvements were still ongoing.

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Results from the national GP patient survey published in July 2017 showed that the practice was comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses.
- Results from the national GP patient survey published in July 2018 were mixed for the practice's 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 published in July 2017 showed that the practice was comparable with local and national averages for its satisfaction scores on GPs and nurses involving them in planning and making decisions about their care and treatment.
- Results from the national GP patient survey published in July 2018 showed that the practice remained comparable with local and national averages for its satisfaction scores on healthcare professionals involving them in planning and making decisions about their care and treatment.

**Please refer to the Evidence Tables for further information.**

# Are services responsive to people's needs?

At our inspection on 24 July 2018, we rated the practice, and all of the population groups, as inadequate for providing responsive services.

- Patients were not able to book appointments or order repeat prescriptions on line.
- Chronic disease reviews for housebound patients were not currently being provided as a result of staff shortages.

The practice had responded to these issues when we undertook a focussed follow up inspection on 18 September 2018. However, improvements were still ongoing.

## 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.

- Patients were now able to book appointments or order repeat prescriptions on line.

People with long-term conditions:

- At our inspection on 24 July 2018 we established that patients with a long-term condition were offered a structured annual review to check their health and medicine needs were being met. However, these were only conducted at the practice. Staff told us that chronic disease reviews for housebound patients were not being provided due to staff shortages.
- The practice had developed an action plan to improve how the needs of housebound patients were being met. This included an advanced nurse practitioner from the

practice carrying out chronic disease reviews for housebound patients in their own homes on every third Thursday of each month. The plan also included provision for a GP from the practice to visit housebound patients in their own home if they subsequently required routine intervention by a GP. Staff told us that the action plan was about to be implemented.

## Timely access to care and treatment

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 published in July 2017 showed that patient's satisfaction with how they could access care and treatment was below local and national averages.
- Results from the national GP patient survey published in July 2018 showed that patient's satisfaction with how they could access care and treatment remained below local and national averages.

Where national GP patient survey results were below average the practice had developed and implemented an action plan to address some of the findings and improve patient satisfaction. For example, the practice planned to consider providing additional appointments outside of normal working hours after conducting a patient survey to ascertain the time of day when these appointments were most likely to be taken up. Records showed this was due to be completed by January 2019.

**Please refer to the Evidence Tables for further information.**

# Are services well-led?

At our inspection on 24 July 2018, we rated the practice as inadequate for a well-led service.

- The practice's processes for providing staff with the development they need did not ensure all staff were up to date with essential training.
- Not all staff had an up to date written job description to ensure they were aware of their own roles and responsibilities.
- The practice's processes and systems to support good governance and management were not always effective.
- The practice's processes for managing risks, issues and performance were not always effective.
- The systems and processes for learning, continuous improvement and innovation were not always effective.

The practice had responded to these issues when we undertook a focussed follow up inspection on 18 September 2018. However, further improvements were still required.

## Leadership capacity and capability

- The practice manager and clinical pharmacist demonstrated they were knowledgeable about issues and priorities relating to the quality of services. They understood the challenges and were in the process of addressing them.

## Culture

- There were processes for providing all staff with the development they need. However, some essential training that had been arranged for staff had not yet been delivered.

## Governance arrangements

There had been improvements to governance arrangements.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. All staff had an up to date written job description.
- The practice had made improvements to the processes and systems that supported good governance and management. However, further improvement was still required.

## Managing risks, issues and performance

The practice had made improvements to their processes for managing risks, issues and performance.

- Improvements had been made to the arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice was still in the process of implementing parts of their action plans to address all issues identified.
- The practice had developed their plan of clinical audit activity to help make improvements to the quality of patient care.
- At the time of our inspection Malling Health @ Blue Suite did not have a registered manager and had not done so since 7 September 2017. We wrote to the provider on 18 April 2018, requesting that they advise us as to what action they were taking to resolve this deficit and the date by which a registered manager would be appointed at Malling Health @ Blue Suite. We received a notification on 3 July 2018 indicating that a member of staff from Malling Health @ Blue Suite would be applying to be their registered manager. However, to date CQC has not received any such application.

## Continuous improvement and innovation

The practice had revised and improved their systems and processes for learning, continuous improvement and innovation.

- The practice demonstrated that they were now learning and sharing lessons, identifying themes or taking action to improve safety as a result of all reported significant events.
- All significant events that had taken place since our inspection on 24 July 2018 had been reported by staff.
- The practice was able to demonstrate that they acted on and learned from national patient safety agency alerts.

**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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  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 were in the process of improving the practice's systems to manage the prescribing of high risk medicines. Assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular: the practice was in the process of implementing their action plan to address issues identified by infection prevention and control audits. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  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, in particular, to; Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. In particular: the uptake of childhood immunisations was below the 90% target in three out of the four indicators. Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may have been at risk which arose from the carrying on of the regulated activity. In particular: infection prevention and control risks identified by audit; risks from inadequate medicines management; the risks

This section is primarily information for the provider

## Requirement notices

from not all staff being up to date with essential training. 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 sufficient staff numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. In particular: the practice had not yet implemented their plans to offer chronic disease reviews for housebound patients. 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; all scheduled essential training had not yet been delivered. This was in breach of Regulation 18(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.