

Hadlow Medical Centre

Quality 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 service

Good



Are services safe?

Good



Are services effective?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hadlow Medical Centre on 26 May 2016. The overall rating for the practice was requires improvement. The practice was rated as requires improvement for providing safe, effective and well-led services and rated as good for providing caring and responsive services. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Hadlow Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused visit carried out on 20 April 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 26 May 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had systems and processes to assess and manage the risks of infection, including infection control audit and training, and the control of legionella.
- The practice had effective systems and processes to ensure the safe management of medicines.
- The practice had a programme of clinical audit and ensured that results of audits led to improvements for patients.
- There was an induction programme for newly appointed staff and staff had received mandatory training, including safeguarding, appropriate to their roles.
- There was an overarching governance framework which included regular audits, to monitor and improve quality and identify risk.
- There was a clear leadership structure and staff felt supported by management. However, there was no formal, documented business plan for the practice. The practice had identified a registered manager and were in the process of making applications through the CQC registration process.

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

The provider should:

Summary of findings

- Continue with their plans for refurbishment of the practice including upgrading the clinical hand wash basins to comply with Department of Health guidelines.
- Consider developing a formal documented business plan for the practice.
- Complete the CQC process to register a manager for the practice.

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.

- All staff including nurses were trained, or had arranged training, to the appropriate level in safeguarding children.
- The practice had systems and processes to assess and manage risks of infection, including infection control audit and training for staff, and measures to control the risk of legionella. The practice had plans to upgrade clinical hand wash basins to comply with Department of Health guidelines.
- The practice had effective systems and processes to ensure the safe management of medicines.

Good



Are services effective?

The practice is rated as good for providing effective services.

- The practice had a programme of clinical audit and ensured that results of audits led to improvements for patients.
- There was an induction programme for newly appointed staff and staff received mandatory training appropriate to their roles.

Good



Are services well-led?

The practice is rated as good for being well-led.

- There was a clear leadership structure and staff felt supported by management. However, there was no formal, documented business plan for the practice.
- An overarching governance framework supported good quality care. There were arrangements, including regular audits, to monitor and improve quality and identify risk. The practice had identified a registered manager and were in the process of making applications through the CQC registration process.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for providing safe, effective and well-led care identified at our inspection on 26 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for providing safe, effective and well-led care identified at our inspection on 26 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for providing safe, effective and well-led care identified at our inspection on 26 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for providing safe, effective and well-led care identified at our inspection on 26 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for providing safe, effective and well-led care identified at our inspection on 26 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for providing safe, effective and well-led care identified at our inspection on 26 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Hadlow Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC lead inspector. The team included a second CQC inspector.

Background to Hadlow Medical Centre

Hadlow Medical Centre is situated in Hadlow, Kent and has a registered patient population of approximately 3,653. The practice population includes a larger than average proportion of people aged 15-19 who are students at the local college. There is also a larger than average proportion of people aged 45-55. The practice is located in an area with a lower than average deprivation score.

The practice staff consists of two part-time GP partners, one male and one female, and one part-time salaried GP (male). There is one practice manager and two part-time practice nurses (both female), as well as administration and reception staff.

The practice is situated in the centre of Hadlow, adjacent to the Parish Council offices, village hall and library, and close to the primary and nursery schools. All patient areas are on the ground floor and are accessible to patients with mobility issues, as well as parents with children and babies. There is limited parking for patients at the practice, including dedicated disabled parking. The practice is within easy access of public transport.

The practice is not a teaching or a training practice (teaching practices take medical students and training practices have GP trainees and F2 doctors).

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

The practice is open Monday to Friday between the hours of 8am and 6.30pm. Extended hours surgeries are not available at the practice.

There is a range of clinics for all age groups. There are arrangements with other providers (On Call Care) to deliver services to patients outside of the practice's working hours.

The practice is a dispensing practice, providing pharmaceutical services to approximately 7% of its registered patients.

The practice did not have a registered manager. The inspection team had informed the practice that there had been no registered manager in post since April 2015 at the previous inspection on 26 May 2016. At the time of our visit, the practice was in the process of registering a manager in accordance with the CQC (Registration) Regulations 2009.

Services are provided from:

- Hadlow Medical Centre, School Lane, Hadlow, Tonbridge, TN11 0ET.

Why we carried out this inspection

We undertook a comprehensive inspection of Hadlow Medical Centre on 26 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 26 May 2016 can be found by selecting the 'all reports' link for Hadlow Medical Centre on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up focused inspection of Hadlow Medical Centre on 20 April 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the comprehensive inspection had been addressed. We carried out a focused inspection of Hadlow Medical Centre on 20 April 2017. During our visit we:

- Spoke with a range of staff (a GP, the practice manager and a receptionist).
- Reviewed documentation to ensure steps had been taken to improve safety systems and processes and that risks were assessed and managed.
- Looked at staff files to review evidence that relevant staff had completed their required training.
- Reviewed governance arrangements including the practice's clinical audit plan.

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 26 May 2016, we rated the practice as requires improvement for providing safe services because:

- The practice was unable to provide evidence that nursing staff had completed training in child safeguarding, or that GPs had been trained in infection control.
- The practice was unable to show that infection control audits identified all relevant risks or that action was taken to address any improvements identified through audit.
- The clinical wash-hand basins at the practice did not comply with Department of Health guidance.
- The arrangements for managing medicines, including vaccines, in the practice (including obtaining, prescribing, recording, handling, dispensing, storing, security and disposal) did not always keep patients safe.
- The practice had not adequately assessed and managed the risks associated with legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a focused inspection of the service on 20 April 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.

- The practice provided evidence to show that nursing staff had arranged training in child safeguarding to the appropriate level and that GPs had been trained in infection control.
- An infection control audit had been undertaken in September 2016 and no requirements for actions had been noted. The practice manager told us that if actions had been identified, there was a system to ensure that actions were carried out and that improvements were made.
- The practice had plans to refurbish clinical rooms including the upgrading of clinical hand wash basins in order to comply with Department of Health guidance.

The practice showed us evidence that they had applied for funding for these refurbishments and were awaiting the outcome of their application. The practice manager told us that cleaning staff paid particular attention to the hand wash basins while carrying out their duties and this was reflected in the cleaning schedules.

- The practice had reviewed their processes with regard to the management of medicines. Staff monitored and recorded temperatures of the refrigerator used to store vaccines. On occasions when the temperature of the fridge had gone above the required range, there were written explanations for this. For example, when staff were restocking the fridge. We looked at the Patient Group Directions (PGDs) that allow nurses to administer medicines in line with legislation. We observed that these had now been signed by one of the GPs and the nurses who were administering the medicines. Staff told us that any medicines incidents or 'near misses' were recorded for learning and we saw evidence that three errors had been recorded and that appropriate actions had been taken to reduce the risk of recurrence. We saw that standard operating procedures which covered most aspects of the dispensing process (these are written instructions about how to safely dispense medicines) had been signed and dated by the GP responsible for the dispensary. The practice had amended its procedure for dispensing medicines and this now ensured that two members of staff always checked medicines before they were dispensed to patients.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. The practice had carried out a risk assessment and analysis of the water systems to detect the legionella bacterium in April 2017. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice carried out regular flushing of all pipes and regular water temperature monitoring. We saw records that confirmed this.
- At most times there was still only one member of staff on duty in reception. However, the practice had implemented a system to ensure that reception staff only carried out dispensary duties when a second member of staff was available to cover the reception.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 26 May 2016, we rated the practice as requires improvement for providing effective services because:

- Clinical audits undertaken by the practice were limited and none were completed audits where the improvements made were implemented and monitored through a second audit.
- The practice's induction programme for new staff was not comprehensive and did not include a check to ensure that all mandatory training was completed.
- Staff had not received fire safety awareness and, with the exception of the practice manager, staff had not received information governance training.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 20 April 2017. The practice is now rated as good for being effective.

Management, monitoring and improving outcomes for people

- The practice had undertaken four clinical audits in the last twelve months. One was a completed audit where the improvements made were implemented and monitored through a second audit. For example, the practice told us that they now undertook closer scrutiny of records to identify patients who might be suffering from depression and encourage them to attend for appointments. We saw that second audits were planned for the remaining three audits, which had been undertaken recently.

Effective staffing

- The practice had revised its induction programme for new staff and we saw that this was comprehensive and included all mandatory training. Since our previous inspection the practice had not employed any new members of staff.
- The practice showed us evidence that all staff had completed or arranged mandatory training appropriate to their roles including fire safety awareness and information governance training.

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 26 May 2016, we rated the practice as requires improvement for providing well-led services because:

- The practice did not have a robust, written strategy or supporting documented business plans. The partners had limited time available to focus on the vision and strategy for the practice.
- There had been no registered manager in post since April 2015.
- Governance arrangements had not ensured that clinical audit cycles were complete or that all risks had been formally assessed. For example, those relating to infection prevention and control and medicines management.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 20 April 2017. The practice is now rated as good for being well-led.

Vision and strategy

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

- The GP and practice manager told us that they had devoted more time to their leadership roles, but had not developed a formal, written strategy for the practice. Staff we spoke with knew and understood the vision and values of the practice.

Governance arrangements

- Governance arrangements had improved. Clinical audit was comprehensive and some cycles were complete, and risks had been formally assessed. For example, those relating to infection prevention and control, legionella and medicines management.
- The practice still did not have a registered manager. Since the previous inspection on 26 May 2016, the practice had been making ongoing and concerted efforts to ensure that a manager was registered with CQC. The practice provided evidence to show that the registration process was ongoing.