

The Elms Medical Practice

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 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 The Elms Medical Practice on 25 January 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for The Elms Medical Practice on our website at www.cqc.org.uk.

This inspection was an announced focussed inspection carried out on 5 September 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 25 January 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The overall rating for the practice is now good.

Our key findings were as follows:

- The practice had revised medicines management and introduced a system to help ensure that all prescriptions were signed by a GP before the transfer of the medicine to the patient.

- High risk substances found in the practice during our last inspection had been disposed of in line with guidance from appropriate bodies.
- Improvements to risk management had been made and risks to patients were now being assessed and well managed.
- Records showed the practice was now keeping a record of the photographic identification of all employed staff.
- The practice had introduced an inventory of the emergency equipment for staff to refer to when carrying out the regular checks.
- Records showed that all staff had received an appraisal within the last 12 months.
- The practice had recruited one additional practice nurse who was due to commence employment in November 2017.
- The practice had identified an additional 21 patients on the practice list who were also carers. The total number of identified patients on the practice list who were also carers was now 100. This represented 1% of the practice list.

Summary of findings

- The practice had continued to implement and evaluate their action plan to improve patient satisfaction with services.

However, there was also one area of practice where the provider needs to make improvements.

The provider should:

- Implement and evaluate the continuing action plan to improve patient satisfaction with services.

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 good for providing safe services.

- The practice had revised medicines management and introduced a system to help ensure that all prescriptions were signed by a GP before the transfer of the medicine to the patient.
- High risk substances found in the practice during our last inspection had been disposed of in line with guidance from appropriate bodies.
- Improvements to risk management had been made and health and safety risks, fire safety risks and risks from legionella (a germ found in the environment which can contaminate water systems in buildings) were now being assessed and well managed.
- Records showed the practice was now keeping a record of the photographic identification of all employed staff.
- The practice had introduced an inventory of the emergency equipment for staff to refer to when carrying out the regular checks.

Good



Are services well-led?

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

- Improvements to governance arrangements at the practice had taken place.
- The practice had introduced a system to help ensure all governance documents were kept up to date.
- Improvements to risk management had been made and risks to patients were now being assessed and well managed.
- The practice had continued to implement and evaluate their action plan to improve patient satisfaction with services. However, further improvements were still required.

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 safety and well-led identified at our inspection on 25 January 2017 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 safety and well-led identified at our inspection on 25 January 2017 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 safety and well-led identified at our inspection on 25 January 2017 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 safety and well-led identified at our inspection on 25 January 2017 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 safety and well-led identified at our inspection on 25 January 2017 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 safety and well-led identified at our inspection on 25 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



The Elms Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to The Elms Medical Practice

The Elms Medical Practice is situated in Hoo St Werburgh, Rochester, Kent and has a registered patient population of approximately 9,600. There are more patients registered aged 54 years and above than the national average. There are fewer patients registered between the ages of 0 and 4 years as well as between the ages of 20 and 49 years than the national average. The practice is located in an area with a lower than average deprivation score.

The practice staff consists of five GP partners (three male and two female), one practice manager, one dispensary manager, two practice nurses (all female), one clinical pharmacist as well as administration, reception, cleaning and dispensary staff. The practice also employs locum GPs directly. There are reception and waiting areas on the ground floor. Patient areas are accessible to patients with mobility issues, as well as parents with children and babies.

The practice is not currently teaching medical students or training GP trainees and FY2 doctors but does dispense medicines.

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

Services are provided from:

- The Elms Medical Practice, Tiley Close, Main Road, Hoo St Werburgh, Rochester, Kent, ME3 9AE, and
- Allhallows Surgery, Avery Way, Allhallows, Rochester, Kent, ME3 9NY, and
- Grain Surgery, Village Hall, Chapel Road, Grain, Rochester, Kent, ME3 0BY, and
- High Halstow Surgery, Recreation Hall, The Street, High Halstow, Rochester, Kent, ME3 8TW.

The Elms Medical Practice is open Monday to Friday 8.30am to 12noon and 2pm to 6pm. Extended hours appointments are offered Wednesday 6.30pm to 8pm and alternate Saturdays 9am to 12noon.

Allhallows Surgery is open Monday, Wednesday and Friday 9am to 11am as well as Tuesday and Thursday 3.30pm to 5.30pm.

Grain Surgery is open Monday, Wednesday and Friday 9am to 11am.

High Halstow Surgery is open Monday 2pm to 2.50pm, Thursday 9am to 9.40am and Friday 9am to 9.50am.

Primary medical services are available to patients via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with other providers (Medway Doctors On Call Care) to deliver services to patients outside of the practice's working hours.

During this inspection we visited The Elms Medical Practice, Tiley Close, Main Road, Hoo St Werburgh, Rochester, Kent, ME3 9AE only.

Why we carried out this inspection

We undertook an announced comprehensive inspection of The Elms Medical Practice on 25 January 2017 under

Detailed findings

Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well led services.

We undertook an announced comprehensive follow up inspection on 5 September 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for The Elms Medical Practice on our website at www.cqc.org.uk.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as the local clinical commissioning group, to share what they knew. We carried out an announced visit on 5 September 2017. During our visit we:

- Spoke with the senior GP partner and the dispensary manager.
- Looked at personnel and management records.

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 25 January 2017, we rated the practice as requires improvement for providing safe services.

- The arrangements for managing medicines in the practice did not always keep patients safe.
- Risks to patients were not always assessed and managed in an effective and timely manner.

The practice demonstrated they had addressed these issues when we undertook a follow up inspection on 5 September 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and processes

- The practice had revised their standard operating procedures to help ensure that prescriptions were signed by a GP before transfer of the medicines to the patient. New written guidance had been introduced to guide staff. For example, the medicines management procedures to ensure only signed prescriptions are dispensed document. A check was carried out twice daily and regular signed script audits were carried out to help ensure staff were following written guidance when dispensing medicines. Where errors were identified by these audits, relevant action was taken to help ensure they were not repeated. For example, staff involved in dispensing errors were given additional training. None of the errors identified related to controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Records showed that dispensing errors were shared with relevant staff to facilitate learning.
- At our inspection on 25 January 2017 we found some high risk substances stored in the controlled drugs cabinet that the practice was not registered to hold. At the inspection on 5 September 2017 records showed that the practice had sought guidance from appropriate bodies and safely disposed of the high risk substances.
- Records showed that the practice was now keeping a record of the photographic identification of all staff.

Monitoring risks to patients

Improvements to risk management had been made and risks to patients were now being assessed and well managed.

- The practice had revised and implemented their action plan to address the health and safety issues identified at our previous inspection on 25 January 2017. For example, furniture in the main office as well as flooring in the main office and dispensary had been replaced.
- The practice had developed and implemented an action plan to address all recommendations made by the fire risk assessment dated 18 October 2016. Records showed that urgent actions recommended by the fire risk assessment had been carried out and there was a stipulated time frame for other actions to be carried out. For example, the doors to the office at the end of the left hand corridor and the adjacent kitchen had been replaced with fire doors.
- The practice had a system for the routine management of legionella (a germ found in the environment which can contaminate water systems in buildings). The practice had developed and implemented an action plan to address the issues and recommendations identified by the legionella risk assessment that had been carried out in August 2016. For example, records showed that regular flushing of little used water outlets and regular descaling of taps was now taking place. The temperature of water from hot and cold outlets was also being monitored and recorded on a regular basis. Records showed that the temperature of the water from hot outlets did not always reach the required temperature in order to reduce the risk of legionella. However, the practice had identified this issue and had a written plan to address it in a timely manner.

Arrangements to deal with emergencies and major incidents

- The practice had introduced an inventory of the emergency equipment for staff to refer to when carrying out the regular checks.

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 25 January 2017, we rated the practice as requires improvement for providing well-led services.

- Governance arrangements were not always effectively implemented.
- The practice was unable to demonstrate they had an effective system to help ensure all governance documents were kept up to date.

The practice demonstrated they had addressed these issues when we undertook a follow up inspection on 5 September 2017. The practice is now rated as good for providing well-led services.

Governance arrangements

Improvements to governance arrangements at the practice had taken place.

- The practice had introduced a system to help ensure all governance documents were kept up to date. We looked at seven such policies and guidance documents and found that all were dated and contain a planned review date.
- The practice had reviewed their whistleblowing policy which now contained contact details of organisations staff could contact if they wanted to report suspicions of abuse.
- Improvements to risk management had been made and risks to patients were now being assessed and well managed. For example, the practice had introduced an effective system for the routine management of medicines, health and safety, fire safety and legionella (a germ found in the environment which can contaminate water systems in buildings).

Seeking and acting on feedback from patients, the public and staff

At our previous inspection on 25 January 2017 results from the national GP patient survey showed that some patient satisfaction scores were lower than local clinical commissioning group (CCG) and national averages. The practice had developed and implemented an action plan to address the results and improve patient satisfaction. Results published in July 2017 showed there had been improvements in some areas. For example;

- 88% of respondents said the last GP they saw or spoke with was good at giving them enough time compared to the CCG average of 81% and national average of 86%. This was an improvement over the last result of 75% in the previous GP patient survey published in July 2016.
- 80% of respondents were able to get an appointment to see or speak with someone the last time they tried compared to the CCG average of 79% and national average of 84%. This was an improvement over the last result of 68% in the previous GP patient survey published in July 2016.
- 86% of respondents said the last GP they saw or spoke with was good at listening to them compared to the CCG average of 83% and national average of 89%. This was an improvement over the last result of 83% in the previous GP patient survey published in July 2016.
- 92% of respondents had confidence and trust in the last GP they saw or spoke with compared to the CCG average of 93% and national average of 95%. This was an improvement over the last result of 87% in the previous GP patient survey published in July 2016.

However, there had been no improvement in other areas. For example;

- 23% of respondents found it easy to get through to this practice by telephone compared to the CCG average of 59% and national average of 71%.
- 47% of respondents described their experience of making an appointment as good compared to the CCG average of 63% and national average of 73%.
- 44% of respondents were satisfied with the practice's opening hours compared to the CCG average of 67% and national average of 76%.
- 70% of respondents described their overall experience of this practice as good compared to the CCG average of 76% and national average of 85%.

Staff told us that the practice had plans to continue to improve patient satisfaction. For example, records showed that the practice planned to replace the telephone system to help improve access to the practice. The practice had carried out a satisfaction survey of patients who used the dispensary and was currently developing a questionnaire to use in a wider general patient satisfaction survey. Results of the dispensary survey had not been collated at the time of this inspection. There were also other plans to indirectly improve patient satisfaction. For example, the practice had employed an additional practice nurse who was due to

Are services well-led?

Good 

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

commence working at the practice in November 2017. Staff told us that this would increase the availability of clinical

appointments for patients and therefore, indirectly, improve patients' experience of making an appointment. These activities were monitored and discussed weekly at practice project meetings.