

Riverside 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Riverside Medical Practice on 10 and 16 May 2016. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- The practice's systems, processes and practices did not always keep patients safe and safeguarded from abuse.
 - Risks to patients were not always assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Governance arrangements were not always effectively implemented.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

Summary of findings

- Ensure national guidance on infection prevention and control are followed.
- Revise medicines management to ensure that blank prescription forms and pads are tracked through the practice, Department of Health guidance is followed when storing vaccines and blood thinning medicines are dispensed safely.
- Revise risk assessment and management to include all infection control, control of substances hazardous to health and fire risks.
- Revise governance processes and ensure that all documents used to govern activity are up to date.

In addition the provider should:

- Consider recording dispensary near misses to help reduce the risk of repeating errors in the future.

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 requires improvement for providing safe services.

- There was an effective system for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice's systems, processes and practices did not always keep patients safe and safeguarded from abuse. National guidance on infection control and medicines management was not always being followed.
- Risks to patients were not always assessed and well managed. The practice was unable to demonstrate that infection control or control of substances hazardous to health risk assessments had been carried out and their fire risk assessment was incomplete.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. All staff we spoke with were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- The governance arrangements were not always effectively implemented.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, the practice did not have an effective system to keep these up to date.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to help ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.

Requires improvement



Summary of findings

- There was a focus on continuous learning and improvement at all levels within the practice.

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 practice is rated as requires improvement for the care of older people. The provider is rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits 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.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider is rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 77%. The local clinical commissioning group (CCG) average was 76% and national average 78%. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 77%. The local CCG average was 80% and national average was 81%.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- All these patients had a named GP and 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.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider is rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- 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.
- Childhood immunisation rates for the vaccinations given were comparable to local clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 86% to 96% compared to local CCG averages which ranged from 84% to 95%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the local CCG average of 83% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider is rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Requires improvement



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to help ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider is rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider is rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the local clinical commissioning group (CCG) average of 82% and national average of 84%.
- Performance for mental health related indicators was better than the national average. For example, 92% of the practice's

Requires improvement



Summary of findings

patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months. The local CCG average was 87% and national average 88%. 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months. The local CCG average was 90% and national average 90%.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. 255 survey forms were distributed and 110 were returned. This represented 2% of the practice's patient list.

- 83% of respondents found it easy to get through to this practice by telephone compared to the local clinical commissioning group (CCG) average of 64% and national average of 73%.
- 67% of respondents were able to get an appointment to see or speak with someone the last time they tried compared to the local CCG average of 67% and national average of 76%.
- 87% of respondents described the overall experience of this GP practice as good compared to the local CCG average of 76% and national average of 85%.

- 77% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 69% and national average of 79%.

We received 40 patient comment cards all of which were positive about the service patients experienced at Medway Medical Centre. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy.

We spoke with two patients during the inspection who both said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Riverside Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, a practice manager specialist adviser and a CQC Pharmacy Inspector.

Background to Riverside Medical Practice

Riverside Medical Practice is situated in Halling, Rochester, Kent and has a registered patient population of approximately 4,982. The practice has more patients registered between the ages of five year to 14 years, 40 years to 54 years and 65 years to 69 years than the national average.

The practice staff consists of two GP partners (both male), one GP trainee (female), one practice manager, one practice nurse, one healthcare assistant, one cleaner as well as administration, reception and dispensary staff. There are reception and waiting areas on the ground floor. The practice also employs locum GPs directly and via an agency. All patient areas on the ground floor are accessible to patients with mobility issues, as well as parents with children and babies.

The practice is a training practice (training practices have GP trainees and FY2 doctors) and dispenses 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;

- Halling Medical Centre, Ferry Road, Halling, Rochester, Kent, ME2 1NP.
- Cuxton Medical Centre, 19A Wood Street, Cuxton, Rochester, Kent, ME2 1LT.

We did not visit Cuxton Medical Centre during this inspection.

Halling Medical Centre is open Monday, Tuesday and Thursday 8.30am to 1.30pm and 3.30pm to 6.30pm, as well as Wednesday and Friday 8.30am to 1.30pm. Extended opening hours are offered Tuesday 6.30pm to 8pm as well as Thursday 7.15am to 8.30am. Halling Medical Centre is also open Saturday 9am to 10.15am for the collection of prescriptions.

Cuxton Medical Centre is open Monday, Wednesday and Friday 8.30am to 1.30pm and 3.30pm to 6.30pm as well as Tuesday and Thursday 8.30am to 1.30pm. Cuxton Medical Centre is also open Saturday 10.30am to 11.45am for the collection of prescriptions.

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

Why we carried out this inspection

We carried out a comprehensive inspection of this service 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 is meeting the legal

Detailed findings

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 and 16 May 2016. During our visit we:

- Spoke with a range of staff (one GP partner, the practice manager, one practice nurse, one receptionist and the dispensary staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Safe track record and learning

There was an effective system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, only computers supported by the local clinical commissioning group (CCG) were now used at the practice to help ensure anti-virus software was kept up to date.

Overview of safety systems and processes

The practice's systems, processes and practices did not always keep patients safe and safeguard them from abuse.

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Practice staff attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and tidy. There were several members of staff in lead roles for infection control. However, the practice was unable to demonstrate they liaised with the local infection prevention teams to keep up to date with best practice. The practice was unable to demonstrate they had infection control policies that contained comprehensive procedures for staff to refer to in order to help them follow the Code of Practice for the Prevention and Control of Health Care Associated Infections. The code sets out the standards and criteria to guide NHS organisations in planning and implementing control of infection. Domestic cleaning schedules were used. However, the practice was unable to demonstrate staff were recording domestic cleaning that was being carried out. Colour coded cleaning equipment was not available. Cleaning equipment that was available was not stored correctly in line with standard infection control practices. Records showed that clinical staff had received up to date infection control training. The practice was unable to demonstrate that infection control audits were undertaken to monitor the quality and effectiveness of infection control activity.
- The arrangements for managing medicines, including emergency medicines and vaccines in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. However, the practice did not have a system to monitor their use. Temperature checks for refrigerators used to store medicines and vaccines had been carried out and records of those checks were made. We looked at records of those checks carried out between 19 April 2015 and 10 May

Are services safe?

2016. There were 126 records made and of those 118 showed that the maximum temperature of the vaccines refrigerator was outside of the recommended storage range of between two and eight degrees centigrade. The practice was unable to demonstrate the action taken for any of the occasions when the temperature of the vaccines refrigerator was recorded as being outside of recommended limits. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents were recorded for learning and the practice had a system to monitor the quality of the dispensing process. However, formal recording of 'near misses' (dispensing errors that did not reach a patient) was not undertaken. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). However, staff did not check patients' records (yellow books) before dispensing medicine used to thin people's blood.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the secretary's office which identified the local health and safety representative. All electrical equipment was checked to help ensure the equipment was safe to use and clinical equipment was checked to help ensure it was working properly.

- The practice had a system for the routine management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). There was a legionella risk assessment dated 16 June 2015 which included an action plan that detailed remedial measures required to help reduce the risk of infection to staff and patients from legionella. Records showed that the practice had carried out the remedial actions required.
- With the exception of the legionella risk assessment the practice was unable to demonstrate that infection control or control of substances hazardous to health risk assessments had been carried out.
- A fire risk assessment had been undertaken in December 2014 that included actions required in order to maintain fire safety. However, this was incomplete. For example, the risk assessment did not contain a plan drawing of the premises. The action plan indicated that, in the event of a fire, if the nurse was present and in their consulting room at the time of the fire, they were required to take the medical oxygen cylinder with them on exiting the building. However, the action plan did not indicate the action regarding the medical oxygen cylinder that should be taken in the event that the nurse was not present and / or not in her consulting room at the time of a fire evacuation. It failed to identify the medical oxygen cylinder as a potential hazard that could place firefighters in any extra danger in the event of a fire. Staff told us that fire drills were not carried out regularly and there were no records to demonstrate that fire drills were being carried out on a regular basis in line with the action plan.
- Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- Staff had received annual basic life support training.

Are services safe?

- Emergency equipment and emergency medicines were available in the practice. The practice had access to medical oxygen and an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency).
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- Staff told us emergency equipment and emergency medicines were checked regularly and records confirmed this. Emergency equipment and emergency medicines that we checked were within their expiry date.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care 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.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available.

Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 77%. The local clinical commissioning group (CCG) average was 76% and national average 78%. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 77%. The local CCG average was 80% and national average was 81%.
- Performance for mental health related indicators was better than the national average. For example, 92% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months. The local CCG average was 87% and national average 88%. 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months. The local CCG average was 90% and national average 90%.

There was evidence of quality improvement including clinical audit.

- Staff told us the practice had a system for completing clinical audits. For example, a medicine audit. Records demonstrated analysis of its results and an action plan to address its findings. Records showed this audit was due to be repeated to complete the cycle of clinical audit.
- Other clinical audits had been carried out. For example, an audit of the management of uncomplicated urinary tract infection. The practice had analysed the results and produced an action plan to address its findings. Records showed this audit was due to be repeated to complete the cycle of clinical audit.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety awareness, health and safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigations and test results.
- The practice shared relevant information with other services in a timely way. For example, when referring patients to other services.

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 meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

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.
- 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.

Supporting 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 service.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the local CCG average of 83% and national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems to help ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to local CCG averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 86% to 96% compared to local CCG averages which ranged from 84% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Incoming telephone calls and 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 told us that a private room was available near the reception desk should a patient wish a more private area in which to discuss any issues.

We received 40 patient comment cards all of which were positive about the service patients experienced at Riverside Medical Practice. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy.

We spoke with two patients during the inspection who both said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was around average for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of respondents said the GP was good at listening to them compared to the local clinical commissioning group (CCG) average of 82% and national average of 89%.
- 90% of respondents said the nurse was good at listening to them compared to the local CCG average of 92% and national average of 91%.
- 84% of respondents said the GP gave them enough time (local CCG average 81%, national average 87%).

- 94% of respondents said the nurse gave them enough time (local CCG average 92%, national average 92%).
- 90% of respondents said they had confidence and trust in the last GP they saw (local CCG average 92%, national average 95%).
- 93% of respondents said the last nurse they spoke with was good at treating them with care and concern (local CCG average 90%, national average 91%).
- 96% of respondents said they found the receptionists at the practice helpful (local CCG average 84%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received indicated they felt involved in decision making about the care and treatment they received. They also felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 76% of respondents said the last GP they saw was good at explaining tests and treatments compared to the local CCG average of 79% and national average of 86%.
- 86% of respondents said the last nurse they saw or spoke with was good at explaining tests and treatment (local CCG average 90%, national average 90%).
- 74% of respondents said the last GP they saw was good at involving them in decisions about their care (local CCG average 73%, national average 82%).
- 81% of respondents said the last nurse they saw was good at involving them in decisions about their care (local CCG average 84%, national average 85%).

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Timely support and information was provided to patients and their carers to help them cope emotionally with their care, treatment or condition. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified patients on the practice list who were carers. Written information was available to direct carers to the various avenues of support available to them.

The comment cards we received were positive about the emotional support provided by the practice. For example, these highlighted that staff responded compassionately when patients needed help and provided support when required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care. For example;

- Appointments were available outside of school hours and outside of normal working hours.
- There were longer appointments available for patients with a learning disability.
- 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 with serious medical conditions.
- The practice had a website and patients were able to book appointments or order repeat prescriptions online.
- The premises and services had been designed to meet the needs of patients with disabilities.
- The practice provided patients with the choice of seeing a female GP.
- The practice maintained registers of patients with learning disabilities, dementia and those with mental health conditions that assisted staff to identify them to help ensure their access to relevant 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 admissions to hospital.
- There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.

Access to the service

Services were provided from;

- Halling Medical Centre, Ferry Road, Halling, Rochester, Kent, ME2 1NP.
- Cuxton Medical Centre, 19A Wood Street, Cuxton, Rochester, Kent, ME2 1LT.

We did not visit Cuxton Medical Centre during this inspection.

Halling Medical Centre was open Monday, Tuesday and Thursday 8.30am to 1.30pm and 3.30pm to 6.30pm, as well as Wednesday and Friday 8.30am to 1.30pm. Extended opening hours were offered Tuesday 6.30pm to 8pm as well as Thursday 7.15am to 8.30am. Halling Medical Centre was also open Saturday 9am to 10.15am for the collection of prescriptions.

Cuxton Medical Centre was open Monday, Wednesday and Friday 8.30am to 1.30pm and 3.30pm to 6.30pm as well as Tuesday and Thursday 8.30am to 1.30pm. Cuxton Medical Centre was also open Saturday 10.30am to 11.45am for the collection of prescriptions.

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

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 68% of patients were satisfied with the practice's opening hours compared to the local clinical commissioning group (CCG) average of 68% and national average of 78%.
- 83% of patients said they could get through easily to the practice by telephone compared to the local CCG average of 64% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, a complaints leaflet.

Are services responsive to people's needs? (for example, to feedback?)

The practice had received six complaints in the last 12 months. Records demonstrated that the complaints were investigated, the complainants had received a response, the practice had learned from the complaints and had implemented appropriate changes. For example, the way

the practice handled enquiries from patients about medicines had been revised. One member of staff was now designated to issue medicines information to help ensure only correct information was given to patients.

Are services well-led?

Requires improvement 

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

Our findings

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 the vision and values. All of the staff we spoke with were aware of the practice's vision or statement of purpose.

Governance arrangements

The governance arrangements were not always effectively implemented;

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. However, we looked at 20 such policies and guidance documents and found that two were not dated so it was not clear when they were written or when they came into use. Nineteen of the 20 documents did not contain a planned review date.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing some risks, issues and implementing mitigating actions. However, the practice was unable to demonstrate that control of substances hazardous to health and infection control risk assessments (with the exception of legionella) had been carried out. The fire risk assessment was incomplete and did not fully identify or address all potential risks. The practice was unable to demonstrate all activities to reduce risk detailed in the action plan were being carried out. For example, fire drills. Risk assessment activity had also failed to identify the risks associated with the use of vaccines that had not been stored within the correct temperatures in the designated refrigerator.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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). The practice partners encouraged a culture of openness and honesty. The practice had systems that identified notifiable safety incidents.

The practice had systems to help ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of correspondence.

There was a clear leadership structure and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice valued feedback from patients, the public and staff.

- They had gathered feedback from complaints received and by carrying out analysis of the results from the Friends and Family Test, the national GP patient survey as well as feedback left on the NHS Choices website.
- The practice was in the process of recruiting patients to form a patient participation group (PPG).
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss

Are services well-led?

Requires improvement 

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

any concerns or issues with colleagues and management. All staff were involved in discussions about how to run and develop the practice, and the GP partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice learned from incidents, accidents and significant events as well as from complaints received.

The practice was subject to scrutiny by Health Education Kent, Surrey and Sussex (called the Deanery) as the supervisor of training. Registrars were encouraged to provide feedback on the quality of their placement to the Deanery and this in turn was passed to the GP practice. GPs' communication and clinical skills were therefore regularly under review.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures 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.</p> <p>The registered person was not: assessing all risks to the health and safety of service users receiving the care and treatment; doing all that was reasonably practical to mitigate any such risks; managing medicines safely and properly; assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated.</p> <p>This was in breach of Regulation 12(1)(2)(a)(b)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures 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, in particular, to; assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).</p> <p>This was in breach of Regulation 17(1)(2)(a)(b)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>