

The Hythe 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 well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Following an announced comprehensive inspection of The Hythe Medical Centre in December 2015 the practice was given an overall rating of requires improvement.

The practice was rated as requires improvement for providing safe and well-led services, and good for providing caring, effective and responsive services. In addition, all six population groups were rated as requires improvement. At our inspection we identified concerns relating to building and equipment safety checks, the provision of emergency equipment, recruitment and appraisal of staff. We also had concerns in respect of the recording, analysis, and sharing of learning from significant events.

After the comprehensive inspection, the practice wrote and provided an action plan to tell us what they would do in respect of our inspection report findings and to meet legal requirements. We undertook this focused inspection on 9 June 2016 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. Overall the practice is rated as good following this inspection.

Our previous inspection in December 2015 found the following areas where the practice must improve:

- Improve staff understanding and the subsequent recording of significant events and the communication of any learning points to appropriate staff.
- Ensure that oxygen is available to deal with medical emergencies.
- Ensure that building safety checks are completed, including electricity safety checks, legionella risk assessments and the routine testing of fire alarms and fire drills.
- Ensure that portable electrical safety testing is carried out and that clinical equipment is calibrated.
- Ensure that infection control audits are completed regularly and any subsequent concerns actioned.
- Ensure the annual appraisal process is robust and that all staff have annual appraisals.
- Ensure that recruitment checks are completed in line with practice policies.
- Implement a schedule of clinical audit to support improvement.

Summary of findings

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at www.cqc.org.uk

Our key findings across the areas we inspected for this focused inspection were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting, recording, investigating and sharing learning from significant events.
- Risks to patients were assessed and well managed including building and equipment safety checks and infection control audits.
- The practice had good facilities and was well equipped to treat patients and meet their needs including the management of patient confidentiality in the waiting area and provision of oxygen to deal with medical emergencies.
- There was a system in place for annual appraisals and all staff had an appraisal within the last twelve months.
- Recruitment checks for new staff were completed in line with practice policy.
- There was a clear schedule of clinical audit used to drive quality improvement.

As a result of this inspection, the areas where the provider should make improvement are:

- Review the results of the national GP survey and consider ways that the practices performance could be improved, specifically in areas where the survey results are below average.

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 now rated good for delivering safe services, as the practice had made significant improvements since our previous inspection in December 2015.

- There was an effective system in place for reporting and recording significant events
- Communications had been improved to ensure that 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 had undertaken appropriate recruitment checks in line with practice policy when employing new staff.
- Risks to patients were assessed and well managed.

Good



Are services well-led?

The practice is now rated as good for being well-led, as the practice had made significant improvements since our previous inspection in December 2015.

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held practice and clinical meetings.
- There was evidence of appraisals and induction programmes for staff.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.

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 practice is now rated as good for the care of older people.

Our previous inspection in December 2015 rated this practice as requires improvement for the care of older people, as the issues identified as requiring improvement for providing safe and well-led services affected all patients including this population group. The practice has made significant improvement and is now rated as good for providing safe and well-led services and overall.

- 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. Longer appointments and appointments outside of surgery times were available when needed.
- The percentage of people aged 65 or over who received a seasonal flu vaccine was 72% which was comparable to the national average 73%.

Good



People with long term conditions

The practice is now rated as good for the care of people with long term conditions.

Our previous inspection in December 2015 rated this practice as requires improvement for the care of people with long term conditions, as the issues identified as requiring improvement for providing safe and well-led services affected all patients including this population group. The practice has made significant improvement and is now rated as good for providing safe and well-led services and overall.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Diabetic indicators were comparable to other practices, for example the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was comparable with national average (practice 81%, national average 78 %).
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines 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 now rated as good for the care of families, children and young people.

Our previous inspection in December 2015 rated this practice as requires improvement for the care of families, children and young people, as the issues identified as requiring improvement for providing safe and well-led services affected all patients including this population group. The practice has made significant improvement and is now rated as good for providing safe and well-led services and overall.

- There were systems in place 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months was 85% which was comparable with the national average 75%.
- 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 percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 80% which was comparable with the national average 81%.
- 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.

Good



Working age people (including those recently retired and students)

The practice is now rated as good for the care of working age people (including those recently retired and students).

Our previous inspection in December 2015 rated this practice as requires improvement for the care of working age people, as the

Good



Summary of findings

issues identified as requiring improvement for providing safe and well-led services affected all patients including this population group. The practice has made significant improvement and is now rated as good for providing safe and well-led services and overall.

- 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 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.
- The practice offers appointments between 7:30 and 8am on a Thursday morning and 6:30 to 8:15pm on a Tuesday evening for patients who find it difficult to attend during normal surgery hours.
- The practice also offers telephone appointments.

People whose circumstances may make them vulnerable

The practice is now rated as good for the care of people whose circumstances may make them vulnerable.

Our previous inspection in December 2015 rated this practice as requires improvement for the care of people whose circumstances may make them vulnerable, as the issues identified as requiring improvement for providing safe and well-led services affected all patients including this population group. The practice has made significant improvement and is now rated as good for providing safe and well-led services and overall.

- 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 multi-disciplinary teams in the case management of vulnerable people.
- 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.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is now rated as good for the care of people experiencing poor mental health (including people with dementia).

Our previous inspection in December 2015 rated this practice as requires improvement for the care of people experiencing poor mental health, as the issues identified as requiring improvement for providing safe and well-led services affected all patients including this population group. The practice has made significant improvement and is now rated as good for providing safe and well-led services and overall.

- 85% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average (84%).
- The practice regularly worked with multi-disciplinary teams in the case management of people 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 in place 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.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Review the results of the national GP survey and consider ways that the practices performance could be improved, specifically in areas where the survey results are below average.

The Hythe Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to The Hythe Medical Centre

The Hythe Medical Centre is located in Staines. The main site is housed in a porta cabin which is located near a the community centre. The practice have been in ongoing discussions with the clinical commissioning group (CCG) and other local practices to try to relocate to a permanent building. The branch site is located in the Staines Health Centre which is a purpose built property. The building is sublet from a private landlord by NHS Estates. At the time of our inspection there were approximately 4,400 patients on the practice list.

The age profile of the practice population is comparable to the national average although the practice has a slightly lower number than average of younger male patients birth to 24 years and slightly higher number than average of female patients birth to four years and patients over 65 years. It also has a lower than average percentage of patients with long standing health conditions. The practice has a lower than national average number of patients affected by deprivation.

The practice is owned by a single GP who works with two salaried GPs. There were two male and one female GPs. There are also three nurses, a practice manager and deputy practice manager, reception and administration staff.

The practice is open between 8.30am and 6pm Monday, Tuesday, Thursday and Friday. On Wednesday the practice

closes early and is open from 8.30am to 1pm. Calls were answered by an external service between the hours of 8am to 8.30am, 6pm to 6:30pm and Wednesday afternoons between 1pm to 6.30pm where a GP from the practice is on call. Extended hours surgeries are offered 6.30pm to 8.15pm Tuesday and 7.30am to 8am Thursday mornings. Patients requiring a GP outside of normal hours are advised to call NHS 111 where they are redirected to an external out of hours service.

The practice has a General Medical Services contract and offers enhanced services for example; childhood immunisations, flu and pneumococcal immunisation schemes.

Services are provided from two locations:-

Hythe Medical Centre

Rochester Road

Staines

Middlesex

TW18 3HN

Staines Health Centre

Knowle Green

Staines-upon-Thames

Middlesex

TW18 1XD

We did not inspect the branch surgery during this inspection.

Detailed findings

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 on 17 December 2015 as part of our regulatory functions. This focussed, follow up inspection was undertaken to check

whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Breaches of legal requirements were found at the inspection conducted on 17 December 2015, and as a result we undertook this focused inspection on 9 June 2016 to follow up on whether action had been taken to address the breaches.

Are services safe?

Our findings

The practice is now rated good for delivering safe services.

At our last inspection, we found that building and equipment safety checks were not complete, significant events were not always recorded or learning from them shared, employment checks had not been completed for all recently employed staff in line with the practice policy, there was no oxygen available to deal with medical emergencies and a legionella inspection had not been carried out. The practice wrote to us with an action plan 18 May 2016 which showed that the actions required to remedy these concerns had been completed.

At this inspection, we found that the provider had taken steps to address the concerns found by us at their previous inspection. In line with the information given to us within the providers action plan we found that all recruitment checks had been completed for staff that had been employed since our last inspection in line with practice policy, there was now oxygen available on site. We also found that building and equipment safety checks, including a legionella risk assessment and associated safety works had been carried out.

Safe track record and learning

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

- Staff told us they would inform the practice manager or lead GP 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 saw evidence that lessons were shared and action was taken to improve safety in the practice and that significant events were a standing item on the practice meeting agenda.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe, which included:

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed one personnel file for a member of staff employed since our last inspection and found appropriate recruitment checks had been undertaken prior to employment in line with the practice policy. 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 assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

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

- All staff had received annual basic life support training.
- The practice had access to a defibrillator at the community centre next door at all times the surgery was open. Staff told us they knew where this was located and how to access it.

Are services safe?

- Oxygen was available on site with the required adult and children's masks.

Are services well-led?

Good 

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

Our findings

The practice is now rated good for delivering well-led services.

Governance arrangements

At our last inspection, we found that there were not robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

We found at this inspection that the practice had made significant improvements and implemented robust systems for identifying, recording and managing risks, issues and implementing mitigating actions.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. Planning of the future of the practice included potential options to move out of the porta cabin and into a permanent building.

The practice now had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- 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.
- An understanding of the performance of the practice was maintained
- We saw evidence that a programme of clinical and internal audit was in place to monitor quality and to make improvements. For example; an audit of how antenatal examinations were recorded showed not all data was recorded appropriately. This resulted in closer working between the GPs and midwives and an improvement in the data recorded from antenatal examinations.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- All staff had, had an appraisal of their performance within the last six months and the practice showed us evidence of a schedule for future appraisals. We spoke with two members of staff who told us their appraisals were useful and had identified training needs and clear objectives.
- Staff told us the practice held practice and clinical meetings, we saw evidence of these and agendas for future meetings.