

The Elms Medical Practice

Inspection report

Tilley Close
Main Road, Hoo St Werburgh
Rochester
ME3 9AE
Tel: 01634250142
www.elmsmedicalkent.nhs.uk

Date of inspection visit: 6 and 7 December 2022
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires Improvement	
Are services safe?	Requires Improvement	
Are services effective?	Requires Improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires Improvement	

Overall summary

This practice is rated as Requires Improvement overall.

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

The full comprehensive report can be found by selecting the ‘all reports’ link for The Elms Medical Practice on our website at www.cqc.org.uk.

Why we carried out this inspection:

We carried out an announced inspection at The Elms Medical Practice on 6 and 7 December 2022 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 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.

How we carried out the inspection:

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was in line with all data protection and information governance requirements.

This included:

- Completing clinical searches on the practice’s patient records system and discussing findings with the provider
- Requesting evidence from the provider
- A short site visit

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

Our findings:

We have rated this practice as Requires Improvement overall.

Overall summary

- The practice's systems, practices and processes helped keep people safe and safeguarded from abuse.
- Some improvements were required to infection prevention and control systems and processes.
- The provider did not have all emergency equipment that was required to be kept.
- The arrangements for managing medicines did not always keep patients safe.
- The practice learned and made improvement when things went wrong.
- Improvements were required to some types of patient reviews.
- Staff had the skills, knowledge and experience to carry out their roles.
- Staff treated patients with kindness, respect and compassion.
- Staff helped patient to be involved in decisions about care and treatment.
- People were able to access care and treatment in a timely way.
- Processes for managing risks, issues and performance required improvement.
- The practice involved the public, staff and external partners to help ensure they delivered high-quality and sustainable care.

The areas where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Continue to ensure the practice's computer system alerts staff of children on the risk register as well as all family and other household members of those children.
- Continue with planned improvements to the documentation of referrals made under the two week wait system and monitor results.
- Consider updating reference links in Standard Operating Procedures (SOPs) that are out of date.
- Continue to ensure patient returned controlled drugs are disposed of in line with legislation.
- Consider improving staff knowledge of the accessible information standard.
- Consider formally recording the sharing of learning from all significant events being shared with relevant staff.
- Continue with ongoing action to improve and / or monitor performance relating to some childhood immunisations and some cancer screening.
- Continue to implement action plans and monitor improvements to patient satisfaction scores regarding access.
- Continue to make relevant changes to their registration with the Care Quality Commission in a timely manner.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Please refer to the detailed report and the evidence tables for further information.

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP Specialist Advisor and a CQC Medicines Inspector.

Background to The Elms Medical Practice

The registered provider is The Elms Medical Practice.

The Elms Medical Practice is located at Tilley Close, Hoo St Werburgh, Rochester, Kent, ME3 9AE. The practice is situated within the NHS Kent and Medway Integrated Care Board (ICB) and has a general medical services contract with NHS England for delivering primary care services to the local community.

As part of our inspection we visited The Elms Medical Practice, Tilley Close, Hoo St Werburgh, Rochester, Kent, ME3 9AE and Allhallows branch surgery, Avery Way, Allhallows, Rochester, Kent, ME3 9NY, where the provider delivers registered activities. The provider also delivers regulated activities at Grain branch surgery, Village Hall, Chapel Road, Grain, Rochester, Kent, ME3 0BY and High Halstow branch surgery, Recreation Hall, The Street, High Halstow, Rochester, Kent, ME3 8SF.

The Elms Medical Practice has a registered patient population of approximately 11,541 patients. The practice is located in an area with an average deprivation score.

There are arrangements with other providers to deliver services to patients outside of the practice's working hours.

The practice staff consists of two GP partners, one salaried GP, two advanced nurse practitioners, two practice nurses, one healthcare assistant, one practice manager, one deputy practice manager, one human resources manager, one finance manager, one dispensary manager, one clinical pharmacist as well as reception and other administration staff. The practice also employs locum paramedic practitioners via an agency when required.

The Elms Medical Practice is a training practice: they are involved in the supervision and training of GP registrars as well as host medical students.

The Elms Medical Practice is registered with the Care Quality Commission (CQC) to deliver the following regulated activities: diagnostic and screening procedures; maternity and midwifery services; and treatment of disease, disorder or injury. At the time of our inspection the provider was in the process of updating their registration with CQC as one of the previous GP partners was now employed as a salaried GP.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Where equipment or medicines were supplied by the service provider, they were not ensuring that there were sufficient quantities of these to ensure the safety of service users and to meet their needs. In particular:</p> <ul style="list-style-type: none">• The practice did not have a second set of adult defibrillator pads for use in an emergency. The provider had also not carried out a risk assessment of not keeping this equipment for use in an emergency. <p>The service provider was not ensuring the proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• Blank prescription forms were not tracked through the practice when taken from storage.• Not all Patient Group Directions (PGDs) were completed correctly.• The prescribing of some high-risk medicines required improvement.• Improvements were required to the monitoring of some patients who were prescribed angiotensin converting enzyme inhibitor medicine or angiotensin II receptor blocker medicine. <p>The provider was not assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</p> <ul style="list-style-type: none">• The infection prevention and control (IPC) audit did not capture all identifiable IPC risks and the action plan did not contain planned completion dates for all actions listed. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person to;

Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. In particular:

- Improvements to care and treatment were required for some types of patient reviews as well as subsequent follow-up activities.
- Improvements to care and treatment were also required for some patients who were prescribed angiotensin converting enzyme inhibitor medicine or angiotensin II receptor blocker medicine.

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. In particular:

- The provider was unable to demonstrate their processes and systems were effective in the management of risks from: all identifiable infection prevention and control risks; not having all emergency equipment that was required to be kept; the lack of tracking blank prescription forms through the practice when taken from storage; the lack of some Patient Group Directions not being completed correctly; management of the prescribing of some high-risk medicines.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.