

Red Suite

Inspection report

Healthy Living Centre
Balmoral gardens
Gillingham
Kent
ME7 4PN

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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?

Requires improvement



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? – Requires Improvement

Are services well-led? - Requires Improvement

We carried out an announced comprehensive inspection at Red Suite on 19 November 2018 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.

At this inspection we found:

- There was an effective system for reporting and recording significant events.
- There was an effective system to manage infection prevention and control.
- The arrangements for managing medicines in the practice kept patients safe.
- Staff did not always have the information they needed to deliver safe care and treatment to patients.
- The practice ensured that care and treatment was delivered according to evidence- based guidelines. However, it did not make effective use of the clinical system to identify patients with long term conditions, such as diabetes, and offer them the best treatment for their condition.

- Performance for diabetes, asthma and most other long-term conditions for 2017 / 2018 was below local and national averages.
- The practice's uptake for cervical, breast and bowel screening cancer was below local and national averages.
- Staff treated patients with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. Patients were not satisfied with the ease with which they could contact the practice by phone. Patients were not able to book appointments or order repeat prescriptions on line.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The practice's processes for managing risks, issues and performance were not always effective.

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

- 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 review telephone access for patients
- Continue with the process of introducing a system of online services to patients in line with the practice's contract with NHS England.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

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

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Red Suite

- The registered provider is Red Suite and is located at Red Suite, Balmoral Gardens, Gillingham, Kent ME7 4PN.
- The practice has a general medical services contract with NHS England for delivering primary care services to the local community. The practice has no website.
- As part of our inspection we visited Red Suite only, where the provider delivers regulated activities.
- Red Suite has a registered patient population of approximately 5,250 patients. The practice is in an area of more than average deprivation.
- There are arrangements with another provider (MedOCC) to deliver services to patients outside of the practice's working hours.
- This practice is part of a larger practice. In July 2018 the larger practice, the Churchill Clinic, Chatham took over the management of Red Suite. A GP from the Churchill Clinic became the lead GP at Red Suite and new managers were brought in to Red Suite. The practice staff consists of 2.3 full time equivalent GPs there are male and female GPs, one practice manager, one clinical nurse lead (female), two nurses who are employed on a sessional basis. There is a physician associate (this role supports doctors in the diagnosis and management of patients. There are reception and administration staff.
- Red Suite is registered with the Care Quality Commission to deliver the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures; treatment of disease, disorder or injury.

Are services safe?

We rated the practice as requires improvement for providing safe services.

Safety systems and processes

The practice had systems, processes and practices to help keep people safe and safeguarded from abuse.

- There was a system for reporting and recording significant events.
- The practice's systems to safeguard children and vulnerable adults from abuse were not always effective.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice maintained appropriate staff checks.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- There was a system to manage infection prevention and control.
- The practice had an effective system for notifiable safety incidents.

Risks to patients

Risks to patients, staff and visitors were assessed and managed in a timely manner.

- There were arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- The practice had arrangements to respond to emergencies. Staff understood their responsibilities to manage emergencies on the premises and knew how to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. There had been staff training, for both clinical and non-clinical staff for identifying and reacting to patients with the symptoms of sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- There were risk assessments in relation to safety issues.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was not always available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice, and all of the population groups, as requires improvement for providing effective services overall.

Effective needs assessment, care and treatment

The practice assessed needs and delivered care and treatment 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.
- We saw no evidence of discrimination when making care and treatment decisions.

Older people:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice followed up on older patients discharged from hospital and ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice provided services at two local nursing homes for patients who were residents. There was a weekly ward round at each home. The practice had engaged with a local geriatric service and together provided a multi-disciplinary approach to patient care.

People with long-term conditions:

We rated the practice as requires improvement for providing services to people with long term conditions. The data in respect of patients with long-term conditions concerned the period 1 April 2017 to 31 March 2018.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Local results showed that uptake rates for the vaccines given were lower than the target percentage of 90% or above in all four indicators. The practice had instigated additional childhood vaccination clinics to help address this issue.

- There were systems to help ensure results were received for all samples sent for the cervical screening programme and that the practice had followed up women who were referred as a result of abnormal results.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was below the 80% coverage target for the national screening programme.
- The number of new cancer cases treated which resulted from a two week wait referral was in line with local and national averages.
- At the time of the inspection the practice did not online services. However the practice was introducing on-line services.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practices' uptake for breast and bowel cancer screening was below the national average.

People whose circumstances make them vulnerable:

- The practice had a register of patients living in vulnerable circumstances including homeless people.
- The practice had a register of patients with a learning disability. The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice held regular clinical meetings at which the needs of such patients were discussed and acted on.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

Are services effective?

People experiencing poor mental health (including people with dementia):

- Performance mental health related indicators for 2017 / 2018 was significantly below local and national averages.
- Performance for dementia related indicators for 2017 / 2018 was comparable with local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had identified that most of the patients referred by them to the local mental health services were rejected by the local services as being unsuitable referrals. They had recorded this as a significant event and had raised at Clinical Commissioning Group level. GPs were following up on individual patients whose referral had been deemed inappropriate to try and ensure those patients were safe from harm.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example:

- QOF results from 2017/2018 were lower than local and national averages
- As a result of a significant event the practice had begun an audit of certain prescribing practices. Repeats of the audit, to monitor the intended changes, were planned.
- The practice used information about care and treatment to make improvements. The practice used the patients' record to identify patients who had not been offered particular interventions and had written to them inviting them to an appointment.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

The practice provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment.

- The learning and development needs of staff were assessed and the provider had a programme of learning and development to meet their needs.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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 multidisciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated. Records confirmed this.

Helping 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 support service.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health. However, the percentage of patients with long-term conditions whose smoking status was recorded was below the national average.

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.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- The practice gave patients timely support and information.
- Results from the most recent national GP patient survey showed that the practice was in line with local and national averages for its satisfaction scores on consultations with nurses and GPs.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Results from the national GP patient survey showed that the practice was in line with local and national averages for its satisfaction scores on nurses involving them in planning and making decisions about their care and treatment.

- Results from the national GP patient survey showed that the practice was in line with local and national averages for its satisfaction scores on GPs involving them in planning and making decisions about their care and treatment.
- The practice provided facilities to help patients be involved in decisions about their care.
- The practice proactively identified carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- Private conversations between patients and staff at the reception desk could be overheard by others. There were three desks in the reception area servicing three different practices and it was not possible to keep conversations entirely private. Reception staff were very alert to the risks and tried to keep confidential information private.
- Staff recognised the importance of people's dignity and respect.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as requires improvement for providing responsive services.

Responding to and meeting people's needs

The practice did not always organise and deliver services to meet patients' needs.

- The practice understood the needs of its patient population and tailored services in response to those needs.
- 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 patients with serious medical conditions.
- Patients were not able to book appointments or order repeat prescriptions on line. The practice had applied for the facilities to provide electronic prescribing.
- The facilities were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access 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 admission to hospital.
- There was a range of clinical appointments for all age groups as well as the availability of specialist nursing treatment and support.

Older people:

- The practice was responsive to the needs of older people, and offered longer appointments 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.
- The practice provided support through referral to Medway Care Navigator Service (IMAGO). This provided patients with access to a care navigator giving support to high risk patients to help them to better navigate through health, social care and voluntary sector support services.

- The practice was reviewing the seating in its part of the reception area, and consultation rooms, and had already provided some designated seats for older patients.

People with long-term conditions:

- There were longer appointments available for patients with some long-term conditions.
- 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:

- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments were available outside of normal working hours.

People whose circumstances make them vulnerable:

- The practice offered longer appointments for patients with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Are services responsive to people's needs?

- The practice 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.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Results from the national GP patient survey showed that patient's satisfaction about how easy it was to get through to this GP practice by phone was below the national average.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The practice learned lessons from individual concerns and complaints. As part of handling any complaint, once the complaints process was completed, the patients were asked if they would like to join the patient participation group.
- The practice acted because of complaints received to improve the quality of care provided.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

Leadership capacity and capability

On the day of inspection, the practice management told us they prioritised high quality and compassionate care.

- The lead GP and practice management were knowledgeable about issues and priorities relating to the quality of services. They understood the challenges and were addressing them.
- There was a clear leadership structure and staff felt supported by the lead GP and practice management.
- Staff told us the lead GP and practice management were approachable and always took time to listen to all members of staff. They said that leadership at the practice was open, transparent and inclusive.

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 their vision.
- Staff we spoke with were aware of the practice's vision or mission statement.
- The practice planned its services to meet the needs of the practice patient population.

Culture

The practice had a culture of high-quality, sustainable care.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They said they felt confident and supported in doing so.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- 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).
- There were processes for providing all staff with the development they need.
- Staff we spoke with told us they felt respected, valued and supported by managers in the practice.

Governance arrangements

- Governance arrangements were not always effective. There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Structures, processes and systems to support good governance and management were clearly set out and understood. However, they were not always effective.
- Practice specific policies were implemented and were available to all staff.

Managing risks, issues and performance

The practice's processes for managing risks, issues and performance were not always effective.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. On taking over management of the practice the leaders had completed a risk assessment and action plan. The identified risks such as the lack of an up to date health and safety assessment. Many of the actions identified had been completed. However, the leaders acknowledged that there was still much to be done.
- The practice had processes to manage current and future performance. However, this was in the process of being implemented.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- 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.

Appropriate and accurate information

The practice acted on appropriately on information although some information was not up to date.

- Quality and operational information was used to ensure and improve performance.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. On taking over the management of the practice, staff identified weaknesses in the how patients who were on medicines that needed regular monitoring, such as blood tests, were managed. A new system was brought in and at inspection we found that these patients were being safely managed. However, the practice child safeguarding register was not up to date.

Are services well-led?

- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was a no effective patient participation group (PPG). The practice had conducted a survey of patients' views in relation to the ease of getting through to the practice on the telephone

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- Since the introduction of practice management from another local GP practice in July 2018 the need for improvement across a wide range of practise had been identified. Improvements had taken place but further action was still required.
- There was a focus on continuous learning and improvement at all levels within the practice.
- The practice made use of reviews of incidents and complaints.

Please refer to the Evidence Tables for further information.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance
Maternity and midwifery services	How the regulation was not being met: Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. In particular, to;
Surgical procedures	• Doing all that was reasonably practical to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).
Treatment of disease, disorder or injury	• not all patients with long-term conditions had received a structured annual review to check their health and medicine needs were being met; performance for diabetes, asthma, blood pressure and mental health indicators for 2017 /2018 was below local and national averages; local child immunisation results showed that uptake rates for the vaccines given were lower than the target of 90% or above for all four indicators; the practice's uptake for cervical screening was below the 80% coverage target for the national screening programme; the practice's uptake for breast and bowel cancer screening was below local and national averages; results from the national GP patient survey published in July 2018 showed that patients' satisfaction with how they could access care and treatment was below local and national averages.
	• Assess, monitor and mitigate the risks relating to health, safety and welfare of service users and other who may be at risk which arise from the carrying on of the regulated activity. In particular; the register of children within the practice who were subject to safeguarding was not up to date. Consequently, records system did not provide staff with up to date alerts of children who were patients that were subject to safeguarding.