

# St Mary's 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

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



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of St Mary's Medical Centre on 21 and 28 April 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to be good for providing caring and responsive services. It required improvement for providing safe, effective and well-led services which has led to this rating being applied to all patient population groups; 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 and people experiencing poor mental health (including people with dementia).

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded,

monitored and appropriately reviewed. However, the practice was unable to demonstrate that they always responded to identified risks or that there were systems to adequately identify and reduce risk.

- Patient's needs were assessed and care was planned and delivered following best practice guidance. However, the practice was unable to demonstrate they had an effective system to help ensure governance documents were kept up to date.
- Staff had received training appropriate to their roles and any further training needs had been identified and training planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment that suited their needs and that there was continuity of care, with urgent appointments available the same day.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. However, operational difficulties existed due to the complex nature of premises ownership and were exacerbated by coordination difficulties between the practice's partners.
- The practice acted on feedback from staff and patients. However, there was no patient participation group at St Mary's Medical Centre.

There were areas of practice where the provider needs to make improvements.

The areas where the provider must make improvements are;

- Ensure consistency when carrying out patients' medicines reviews.
- Ensure consistency when carrying out discharge reviews and risk assessments of children and other vulnerable patients who attend accident and emergency.

- Ensure national guidance on infection control are followed and consider how deficiencies identified within the practice infection control audit are addressed.
- Ensure that emergency medicines are kept in date.
- Review the system to complete clinical audit cycles, in order to improve services and help ensure best practice guidance is followed.
- Ensure a system of governance for documentation review.
- Review involvement of staff from other service providers in the care and treatment of patients as well as the frequency and recording of multidisciplinary meetings.
- Improve the systems used to identify and reduce risk.

In addition the provider should;

- Improve the ways in which information about the practice and services provided are made available to patients.

**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. St Mary's Medical Centre had systems to monitor, maintain and improve safety and demonstrated a culture of openness to reporting and learning from patient safety incidents. The practice had policies to safeguard vulnerable adults and children who used services. The practice monitored safety but did not always respond to identified risks. The practice was not following national guidance on infection control and had not acted on results of infection control audits. There were systems for controlling medicines management. Sufficient numbers of staff with the skills and experience required to meet patients' needs were employed. There was enough equipment to enable staff to care for patients. Although staff were trained and the practice had plans to deal with foreseeable emergencies, the practice was unable to demonstrate it was able to respond to a medical emergency.

Requires improvement



### Are services effective?

The practice is rated as requires improvement for providing effective services. Staff at St Mary's Medical Centre followed best practice guidance and had systems to monitor, maintain and improve patient care. However, complete clinical audit cycles were not being carried out. There was a process to recruit, support and manage staff. The practice worked with some other services to deliver effective care and had a proactive approach to health promotion and prevention. However, the practice was unable to demonstrate that regular multidisciplinary meetings to discuss and plan patient care were taking place.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services. Patients were satisfied with the care provided by St Mary's Medical Centre and were treated with respect. Staff followed correct procedures to help keep patients' confidential information private and maintained patients' dignity at all times. Patients were supported to make informed choices about the care they wished to receive and felt listened to.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice was responsive to patients' individual needs such as language requirements and mobility issues. Access to services for all patients was facilitated in a wide variety of ways. There were routine

Good



# Summary of findings

appointments with staff at St Mary's Medical Centre as well as telephone consultations and on-line services. Patients' views, comments and complaints were used by the practice to make positive improvements to the services patients received.

## Are services well-led?

The practice is rated as requires improvement for providing well-led services. Despite coordination difficulties between the practice's partners, there was a clear leadership structure with an open culture that adopted a team approach to the welfare of patients and staff at St Mary's Medical Centre. Operational difficulties existed due to the complex nature of premises ownership and were exacerbated by the coordination difficulties between the practice's partners. The practice used policies and other documents to govern activity. However, the practice did not have an effective system to help ensure these were kept up to date. Governance issues were discussed at practice meetings and there was a GP designated as lead for clinical governance. There were systems to monitor and improve quality. However, the practice was unable to demonstrate that clinical audit cycles were carried out. The practice took into account the views of patients as well as engaging staff when planning and delivering services. However, the practice did not have a patient participation group. The practice valued learning and but was unable to demonstrate that there were systems to identify and reduce risk.

**Requires improvement**



# 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 overall rating applies to everyone using the practice, including this patient population group. Patients over the age of 75 had been allocated a designated GP to oversee their individual care and treatment requirements. Patients were able to receive care and treatment in their own home from practice staff, as well as district nurses and palliative care staff. There were care plans to help avoid older patients being admitted to hospital unnecessarily. However, the practice did not regularly review discharge summaries for vulnerable patients who attended accident and emergency. The practice employed staff with specific training in the care of older people. Specific health promotion literature was available as well as details of other services for older people. The practice maintained a register of older patients living in nursing and residential homes. This helped enable the practice to identify these patients and prioritise the care they needed. The practice was unable to demonstrate that they held regular multi-professional staff meetings that included staff who specialised in the care of older people.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The overall rating applies to everyone using the practice, including this patient population group. Service provision for patients with long-term conditions included designated clinics with a recall system that alerted patients as to when they were due to re-attend. The practice employed staff trained in the care of patients with long-term conditions. The practice maintained a register of patients with specific long-term conditions such as stroke and asthma. This helped enable the practice to identify these patients and prioritise the care they needed. However, the practice did not have an effective system that helped ensure consistency of patients' medicine reviews. The practice supported patients to manage their own long-term conditions. However, the practice did not regularly review discharge summaries for vulnerable patients who attended accident and emergency. The practice employed staff with specific training in the care of patients with long-term conditions. Specific health promotion literature was available.

**Requires improvement**



### Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The overall rating applies to

**Requires improvement**



# Summary of findings

everyone using the practice, including this patient population group. The practice maintained a register of pregnant patients. This helped enable the practice to identify these patients and prioritise the care they needed. However, the practice did not regularly review discharge summaries for children and vulnerable patients who attended accident and emergency. The practice employed staff with specific training in the care of families, children and young people. Specific health promotion literature was available. The practice was unable to demonstrate they held regular multi-professional staff meetings that included staff who specialised in the care of mothers, babies and children.

## **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 overall rating applies to everyone using the practice, including this patient population group. The practice provided a variety of ways this patient population group could access primary medical services. These included pre-bookable and book on the day appointments from 8.30am to 6.15pm each week day, as well as 8am to 12noon on Saturdays, on-line appointment booking and telephone consultations. There was also an on-line repeat prescription service. However, the practice did not have an effective system that helped ensure consistency of patients' medicine reviews. The practice employed staff with specific training in the care of working age people (including those recently retired and students). Specific health promotion literature was available.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The practice is rated as requires improvement for caring for people living in vulnerable circumstances. The overall rating applies to everyone using the practice, including this patient population group. The practice offered primary medical service provision for people in vulnerable circumstances in a variety of ways. Patients not registered at the practice could access services. Interpreter services were available for patients whose first language was not English. The practice maintained a register of patients who were vulnerable. This helped enable the practice to identify these patients and prioritise the care they needed. However, the practice did not regularly review discharge summaries for vulnerable patients who attended accident and emergency. The practice employed staff with specific training in the care of people whose circumstances may make them vulnerable. Specific health promotion literature was available.

**Requires improvement**



# Summary of findings

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

The practice is rated as requires improvement for caring for people experiencing poor mental health (including people with dementia). The overall rating applies to everyone using the practice, including this patient population group. This patient population group had access to psychiatrist and community psychiatric nurse services as well as local counselling services. The practice maintained a register of patients with specific conditions such as depression and dementia. This helped enable the practice to identify these patients and prioritise the care they needed. However, the practice did not regularly review discharge summaries for vulnerable patients who attended accident and emergency. The practice employed staff with specific training in the care of people experiencing poor mental health (including people with dementia). Specific health promotion literature was available. However, the practice did not have an effective system that helped ensure consistency of patients' medicine reviews. The practice was unable to demonstrate they held regular multi-professional staff meetings that included staff who specialised in the care of patients experiencing poor mental health.

**Requires improvement**





# Summary of findings

## What people who use the service say

During our inspection we spoke with nine patients, all of whom told us they were satisfied with the care provided by the practice. They considered their dignity and privacy had been respected and that staff were polite, friendly and caring. They told us they felt listened to and supported by staff, had sufficient time during consultations and felt safe. They said the practice was well managed, clean as well as tidy and they did not experience difficulties when making appointments that suited their needs. Patients we spoke with reported they were aware of how they could access out of hours care when they required it as well as the practice's telephone consultation service.

We received 25 patient comment cards. 23 comments were positive about the service patients experienced at St Mary's Medical Centre. Patients indicated that they felt the practice offered an excellent service and staff were efficient, caring and compassionate. They said that staff

treated patients with dignity and respect. Patients had sufficient time during consultations with staff and felt listened to as well as safe. Two comments were less positive but there was no common theme between them.

We looked at the NHS Choices website where patient survey results and reviews of St Mary's Medical Centre were available. Results ranged from 'among the worst' for the percentage of patients who would recommend this practice, through 'worse than average' for scores for consultations with doctors and 'average' for scores for consultations with nurses. 56 % of patients were satisfied with the practice opening hours and 56 % of patients were satisfied with their experience of making an appointment. 59 % of patients rated the overall experience of this practice as good or very good. However, 98% of patients had confidence and trust in the last nurse they saw or spoke to and 89% of patients said the last nurse they saw or spoke with was good at listening to them.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure consistency when carrying out patients' medicines reviews.
- Ensure consistency when carrying out discharge reviews and risk assessments of children and other vulnerable patients who attend accident and emergency.
- Ensure national guidance on infection control are followed and consider how deficiencies identified within the practice infection control audit are addressed.
- Ensure that emergency medicines are kept in date.
- Review the system to complete clinical audit cycles, in order to improve services and help ensure best practice guidance is followed.

- Ensure a system of governance for documentation review.
- Review involvement of staff from other service providers in the care and treatment of patients as well as the frequency and recording of multidisciplinary meetings.
- Improve the systems used to identify and reduce risk.

### Action the service **SHOULD** take to improve

- Improve the ways in which information about the practice and services provided are made available to patients.

# St Mary's Medical Centre

## 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 advisor and a practice manager specialist advisor.

## Background to St Mary's Medical Centre

St Mary's Medical Centre is situated in Strood, Kent and has a registered patient population of approximately 7,087 patients. There are 1,618 registered patients under the age of 19 years (814 male and 804 female), 4,934 registered patients between the age of 20 and 74 years (2,459 male and 2,475 female) and 535 registered patients over the age of 75 years (210 male and 325 female).

Primary medical services are provided Monday to Friday between the hours of 8.30am to 6.15pm and Saturday from 8am to 12noon at St Mary's Medical Centre and available to patients via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with another provider (Medway On Call Care) to deliver services to patients outside of St Mary's Medical Centre's working hours.

The practice staff consists of two GP partners (one male and one female), one practice manager, two practice nurses (both female), one healthcare assistant (female) as well as reception and administration staff. The practice also employs locum GPs directly and through locum agencies. Some of the locum GPs employed directly have been working permanently at the practice for several years. At

the time of our inspection one GP partner was on long term absence and the other GP partner was on sick leave. There is a reception and a waiting area on the ground floor. All patient areas are wheelchair accessible.

Services are provided from St Mary's Medical Centre only.

St Mary's Medical Centre is not a training practice and does not dispense medicines.

The practice has a general medical services (GMS) contract with NHS England for delivering primary care services to local communities.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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. This inspection was planned to check whether the provider is 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.

This provider had not received a comprehensive inspection that was rated before and that was why we included them.

## How we carried out this inspection

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

# Detailed findings

- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired

- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as NHS England, the local clinical commissioning group, the Local Medical Committee and the local Healthwatch, to share what they knew. We carried out an announced visit on 21 and 28 April 2015. During our visits we spoke with a range of staff (two GPs, the practice manager, one practice nurse and one receptionist) and spoke with nine patients who used the service.

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risk and improve quality regarding patient safety. For example, reported incidents and accidents, national patient safety alerts as well as comments and complaints received. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident reports and minutes of meetings where these were discussed in 2015. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

Patients' records were in electronic and paper form. Records that contained confidential information were held in a secure way so that only authorised staff could access them.

### Learning and improvement from safety incidents

There was a culture of openness to reporting of and learning from patient safety incidents.

The practice had a system for reporting, recording and monitoring incidents, accidents and significant events. The practice did not have any written guidance about this system for staff to follow. However, all staff we spoke with were aware of how to report incidents, accidents and significant events. There were records of significant events that had occurred in 2015 and we were able to review these. These records showed that the practice had a system to investigate and reflect on incidents, accidents and significant events that occurred. All reported incidents, accidents and significant events were managed by designated staff. Feedback from investigations was discussed at significant event meetings and staff meetings.

There was a system to disseminate national patient safety alerts to practice staff. Staff were able to describe this system and told us there had been no recent patient safety alerts that related to medicines or equipment at St Mary's Medical Centre. National patient safety alerts relevant to the practice were discussed at clinical meetings.

### Reliable safety systems and processes including safeguarding

The practice had systems to safeguard vulnerable adults and children who used services. There was written information for safeguarding vulnerable adults and children as well as other documents readily available to staff that contained information for them to follow in order to recognise potential abuse and report it to the relevant safeguarding bodies. For example, an adults, safeguarding children and vulnerable adults policy. Contact details of relevant safeguarding bodies were available for staff to refer to if they needed to report any allegations of abuse of vulnerable adults or children.

The practice had a designated nurse appointed as lead in safeguarding vulnerable adults and children trained to the appropriate level (level three child protection). All staff we spoke with were aware of the designated appointed lead in the practice for safeguarding as well as the practice's safeguarding policies and other documents. Records demonstrated that staff were up to date with training in safeguarding. When we spoke with staff they were able to describe the different types of abuse patients may have experienced as well as how to recognise them and how to report them.

The practice had a process for discharge summary reviews to discuss and assess the risk of safeguarding issues in relation to children and other vulnerable patients who attended accident and emergency. However, staff told us that these reviews were not carried out on a regular basis. They said the practice did not have a system governing these reviews and there was no written guidance available for staff to follow when these reviews did take place. There were no records to demonstrate that these reviews were being carried out for all St Mary's Medical Centre's patients that were discharged from accident and emergency.

The electronic patient record system alerted staff using the system to patients who were vulnerable. For example, children subject to child protection plans.

The practice had a whistleblowing policy that contained relevant information for staff to follow that was specific to the service. The policy detailed the procedure staff should follow if they identified any matters of serious concern. The policy contained the names and contact details of external bodies that staff could approach with concerns. All staff we spoke with were able to describe the actions they would take if they identified any matters of serious concern and most were aware of this policy.

## Are services safe?

The practice had a chaperone policy and information about it was displayed in public areas informing patients that a chaperone would be provided if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Patients we spoke with told us they were aware this service was available at the practice. Records showed that staff who acted as chaperones had been trained to do so.

### Medicines management

St Mary's Medical Centre had documents that guided staff on the management of medicines such as a repeat prescribing protocol. Staff told us that they accessed up to date medicines information and clinical reference sources when required via the internet and through published reference sources such as the British National Formulary (BNF). The BNF is a nationally recognised medicines reference book produced by the British Medical Association and Royal Pharmaceutical Society of Great Britain. The practice received an annual prescribing review from the local clinical commissioning group and had an action plan to address the points it identified. One GP had lead responsibilities for prescribing.

Medicines stored in the treatment rooms and medicine refrigerators were stored securely and only accessible to authorised staff. Practice staff monitored the refrigerators as well as room storage temperatures and appropriate actions had been taken when the temperatures were outside the recommended ranges.

There were processes to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Records confirmed medicines held by the practice for use in emergency situations were checked regularly and the practice had a system to monitor and record all medicine stock levels. Expired and unwanted medicines were disposed of in line with waste regulations.

Nurses administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. There were up-to-date copies of the PGDs available for staff to refer to and records showed that nurses had received appropriate training to administer vaccines.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled consistently in accordance with national guidance and kept securely at all times.

Patients were able to obtain repeat prescriptions either in person, on-line or by completing paper repeat prescription requests. One member of staff told us patients' medicine reviews were carried out opportunistically. Another member of staff said that patients' medicines reviews were carried out whenever the patient had contact with a GP. However, they said there was no written documentation at St Mary's Medical Centre that governed or guided staff when carrying out patients' medicines reviews. Records showed that a polypharmacy review for patients aged 65 years and over who were prescribed eight or more repeat prescriptions had been carried out at St Mary's Medical Practice for the period 2014 / 2015 by the local clinical commissioning group. Results found that only 84 of the 270 patients' records examined indicated that a medicine review had taken place up to the end of 2014. The practice was unable to demonstrate that there was a system that helped ensure that all patients who required a medicine review received one at regular intervals as well as in response to changes in local and national guidance.

### Cleanliness and infection control

The premises were generally tidy. Patients we spoke with told us they always found the practice clean and had no concerns regarding cleanliness or infection control at St Mary's Medical Centre. However, most carpeted areas of the practice (including carpets in the consulting rooms) were visibly stained and damage to the carpets had been repaired using adhesive tape. This represented an infection control risk and a trip hazard. The practice environment was also not fully compliant with national guidance on infection control in the built environment. For example, some clinical wash-hand basins had plugs and overflows. There was, therefore, a risk of cross contamination when staff used them. These risks had been identified by an infection control inspection audit carried out by the practice in October 2014 and an action plan made to address the risks. However, the action plan did not clearly state what action was to be taken or when, and no action had yet been implemented to reduce these risks.

The practice had an infection control protocol and other documents that contained procedures for staff to refer to in order to help them follow the Code of Practice for the

## Are services safe?

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.

The practice had an identified infection control lead. Records demonstrated that not all staff were up to date with infection control training.

The treatment and consulting rooms were tidy and uncluttered. Personal protective equipment (PPE) including disposable gloves, aprons and coverings were available for staff to use.

Antibacterial gel was available throughout the practice for staff and patients to use. Antibacterial hand wash, paper towels and posters informing staff how to wash their hands were available at all clinical wash-hand basins in the practice.

There was a system for safely handling, storing and disposing of clinical waste. This was carried out in a way that reduced the risk of cross contamination. Clinical waste was stored securely in locked, designated containers whilst awaiting collection from a registered waste disposal company.

Cleaning schedules were used and records of domestic cleaning carried out in the practice were kept. Staff told us the practice held regular meeting with their domestic cleaners to discuss cleaning issues. However, records showed that the last meeting took place in May 2014.

Staff told us that infection control risk assessments had not been carried out at St Mary's Medical Centre in order to identify infection control risks and help enable the practice to implement plans to reduce them where possible. Infection control audits were carried out to assess or monitor infection control activity at St Mary's Medical Centre. However, action plans developed to address any deficiencies identified by this audit activity had not yet been implemented.

The practice did not have a system for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). There was no risk assessment or action plan that included regular testing to help reduce the risk of infection to staff and patients from legionella. Since our inspection the provider has had a legionella risk

assessment carried out which identified risks and made recommendations to reduce them. However, the practice had not yet developed an action plan to implement the recommendations and reduce risk.

### Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment (including clinical equipment) was tested, calibrated and maintained regularly. There were equipment maintenance logs and other records that confirmed this.

### Staffing and recruitment

The practice did not have policies and other documents that governed staff recruitment. For example, a recruitment policy. However, personnel records, including those for locum staff employed directly by the practice, contained evidence that appropriate checks had been undertaken prior to employment. For example, proof of identification, references and interview records.

Records demonstrated that GPs and nursing staff had Disclosure and Barring Service (DBS) clearance (a criminal records check) or an assessment of the potential risks involved in deploying those staff without DBS clearance. Administration staff who were trained to act as chaperones had risk assessments indicating that DBS clearance was required before they could perform this role. Records showed that the practice was in the process of applying for DBS clearance for these staff and that they were not permitted to act as a chaperone until DBS clearance was received.

The practice had a monitoring system to help ensure staff, including locum staff, maintained their professional registration. For example, professional registration with the General Medical Council or Nursing and Midwifery Council. We looked at the practice records of three clinical members of staff which confirmed they were up to date with their professional registration.

Staff told us about the informal arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Records demonstrated that staffing was discussed at practice meetings. For example, minutes of the practice meeting held on 20 January 2015



## Are services safe?

demonstrated that the staff rota for Saturdays was discussed. 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.

### Monitoring safety and responding to risk

The practice had a health and safety policy to help keep patients, staff and visitors safe. Health and safety information was displayed for staff to see and the practice had two designated health and safety representatives.

There was a record of identified risks and action plans to manage or reduce risk. A fire risk assessment had been undertaken that included actions required in order to maintain fire safety and fire evacuation practices were carried out. Staff told us they had received fire safety training and were due to receive an update in fire training on 30 April 2015. Records confirmed this.

Staff told us there were a variety of systems to keep them, and others, safe whilst at work. They told us they had the ability to activate an alarm via the telephone system to summon help in an emergency or security situation.

There was a system governing security of the practice. For example, visitors were required to sign in and out using the designated book in reception. Non-public areas of the practice were secured with coded key pad locks to help ensure only authorised staff were able to gain access.

The wheelchair accessible patient toilet at St Mary's Medical Centre was equipped with an alarm so that help could be summoned if required.

### Arrangements to deal with emergencies and major incidents

There were policies and other documents that guided staff in the management of medical emergency situations such as cardiac arrest and choking. Records confirmed that all staff were up to date with basic life support training. Emergency equipment was available in the practice, including access to emergency medicines, medical oxygen and an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency). Staff told us that these were checked regularly and records confirmed this. However, the medical oxygen cylinder was out of date. The practice was, therefore, unable to demonstrate it was able to respond adequately to a medical emergency in line with national guidance until the arrival of an ambulance.

There was a contingency policy that guided staff to manage situations such as loss of the computer system or incapacity of GPs. This document also incorporated arrangements for staff to follow in order to manage the outbreak of epidemics and pandemics. For example, an influenza pandemic.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice had a clinical audit system that improved the service and followed up to date best practice guidance. For example, there were records of a referral to secondary care audit carried out between February and April 2015. Results of this audit had been collated and there was an action plan to discuss these at the next practice clinical meeting to be held before the end of May 2015.

Staff had access to best practice guidance via the internet and access to specialists such as tissue viability nurses and stoma care nurses.

The practice worked with district nurses and palliative care services to deliver end of life care to patients and there was a written protocol that guided staff in the care of patients dying at home.

### Management, monitoring and improving outcomes for people

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice. Where the 2013 / 2014 QOF data for this practice showed it was not performing in line with national standards the practice had an action plan to make improvements. For example, the action plan to improve the percentage of patients with diabetes, on the register, whose blood sugar levels were outside of certain ranges in the preceding 12 months.

Although the practice carried out clinical audits some staff told us that the practice did not have a system for completing clinical audit cycles to help improve the service and follow up to date best practice guidance. One member of staff told us that they had completed a clinical audit cycle but this was carried out over four years ago. However, there were no records to confirm that clinical audit cycles were completed at St Mary's Medical Centre.

The practice worked closely with the local clinical commissioning group to help monitor the quality of the services St Mary's Medical Centre provided as well as maintain and improve standards where necessary. The practice also received support for this from the Local Medical Committee.

### Effective staffing

Personnel records we reviewed contained evidence that appropriate checks had been undertaken prior to employment of permanent staff as well as locum staff. For example, proof of identification, references and interview records.

Staff underwent induction training on commencement of employment with the practice. Staff told us that they received yearly appraisals and GPs said they carried out revalidation at regular intervals. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). Records confirmed this. There was evidence in staff files of the identification of their training and continuing professional development needs.

The practice had processes to identify and respond to poor or variable performance of staff including policies such as the anti-bullying and harassment policy and the disciplinary procedure.

### Working with colleagues and other services

Staff told us the practice worked with midwives, health visitors and community nursing teams to deliver care to patients. However, the practice did not hold regular multidisciplinary meetings to discuss and plan patient care that involved staff from other providers. Staff told us the practice met infrequently with palliative care staff, social workers and staff from other practices to discuss and plan patient care. However, there were no records to demonstrate these meetings had taken place.

The practice had a system for transferring and acting on information about patients seen by other doctors during out of hours and patients who had been discharged from hospital.

The practice had a system to refer patients to other services such as hospital services or specialists. The practice monitored referrals to help ensure patients received appropriate appointments with other health professionals in a timely manner.

Staff told us that there was a system to review and manage blood results and other correspondence on a daily basis.



# Are services effective?

(for example, treatment is effective)

Results and correspondence that required urgent attention were dealt with by the duty GP promptly. Out of hours doctors as well as palliative care staff were involved when necessary.

## Information sharing

Relevant information was shared with other providers in a variety of ways to help ensure patients received timely and appropriate care. For example, staff told us the practice met regularly with other services, such as district nurses, to discuss patients' needs.

The practice had a system to alert the out of hours service or duty doctor to patients dying at home.

All information about patients received from outside of the practice was captured electronically in the patients' records. For example, letters received were scanned and saved into the patients' records.

## Consent to care and treatment

The practice had a consent policy that governed the process of patient consent and guided staff. The policy described the various ways patients were able to give their consent to examination, care and treatment as well as how that consent should be recorded.

Staff told us that they obtained either verbal or written consent from patients before carrying out examinations, tests, treatments, arranging investigations or referrals and delivering care. They said that parental consent given on behalf of children was documented in the child's medical records. Some staff had received training on the Mental Capacity Act 2005. All staff we spoke with were able to describe how they would manage the situation if a patient did not have capacity to give consent for any treatment they required. Staff also told us that patients could withdraw their consent at any time and that their decisions were respected by the practice.

## Health promotion and prevention

There was a range of posters and leaflets available in the reception / waiting area. These provided health promotion and other medical and health related information for patients such as prevention and management of shingles.

The practice maintained a register of patients from all patient population groups with specific conditions such as stroke and learning disabilities. This helped enable the practice to identify these patients and prioritise the care they needed.

The practice provided designated clinics for patients with certain conditions such as diabetes and asthma. Staff told us these clinics helped enable the practice to monitor the on-going condition and requirements of these groups of patients. They said the clinics also provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration. Patients who used this service told us that the practice had a recall system to alert them when they were due to re-attend these clinics.

Patients told us they were able to discuss any lifestyle issues with staff at St Mary's Medical Centre. For example, issues around eating a healthy diet or taking regular exercise. Patients said they were offered support with making changes to their lifestyle. For example, referral to a smoking cessation service.

Staff told us new patients were offered health checks when they registered with St Mary's Medical Centre. Sexual health advice was available to all patients and literature was accessible on local sexual health services. Staff told us they offered appropriate opportunistic advice, such as breast self-examination, to patients who attended the practice routinely for other issues.

The practice provided childhood immunisations, seasonal influenza immunisation and relevant vaccinations for patients planning to travel overseas. Seasonal influenza immunisations were also provided to some patients in their own home or living in local care and residential homes by staff from St Mary's Medical Centre. Seasonal influenza immunisations were also available to all eligible patients at dedicated clinics held on some Saturdays and immunisation rates were better than local and national averages. For example, 100% of patients with chronic obstructive pulmonary disease (COPD) (a breathing problem) on the register had received influenza immunisation in the preceeding 1 September to 31 March.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

St Mary's Medical Centre had a confidentiality policy as well as an information governance policy and other documents, such as flow chart of guidance for sharing personal information by telephone, that guided staff and helped ensure patients' private information was kept confidential.

We spoke with nine patients, all of whom told us they were satisfied with the care provided by the practice. All patients we spoke with considered their dignity and privacy had been respected. Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained whilst they undressed / dressed and during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Incoming telephone calls answered by reception staff and private conversations between patients and reception staff that took place at the reception desk could be overheard by others. However, when discussing patients' treatments staff were careful to keep confidential information private. Staff told us that a private room was available should a patient wish a more private area in which to discuss any issues and there was a sign that informed patients of this.

### Care planning and involvement in decisions about care and treatment

Patients told us health issues were discussed with them and they felt involved in decision making about the care and treatment they chose to receive. Patients told us they felt listened to and supported by staff and had sufficient time during consultations in order to make an informed decision about the choice of treatment they wished to receive.

Results available on the NHS Choices website taken from the 2013 GP patients survey ranged from 'among the worst' for the percentage of patients who would recommend this practice, through 'worse than average' for scores for consultations with doctors and 'average' for scores for consultations with nurses. 56 % of patients were satisfied with the practice opening hours and 56 % of patients were satisfied with their experience of making an appointment. 59 % of patients rated the overall experience of this practice as good or very good. However, 98% of patients had confidence and trust in the last nurse they saw or spoke to and 89% of patients said the last nurse they saw or spoke with was good at listening to them. The practice had an action plan to address the poor results of this survey. For example, there were plans to carry out an in-house patient survey by the end of July 2015 to inform the practice and enable improvements to patients' overall experience of St Mary's Medical Centre to be implemented.

### Patient/carer support to cope emotionally with care and treatment

Timely support and information was provided to patients and their carers to help them cope emotionally with their care, treatment or condition. Support group literature was available in the practice such as support for patients with long-term conditions and information about support available to carers. The practice maintained a register of patients who were carers and the computer system alerted staff to these patients so that relevant support could be offered.

The practice supported patients to manage their own health, care and wellbeing and to maximise their independence. Specialised clinics provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

An interpreter service, including signing for patients with hearing impairment, was available for patients whose first language was not English and there was a multilingual computerised touch screen booking in system available to all patients in the reception.

Patients over the age of 75 years had been allocated a designated GP to oversee their individual care and treatment requirements. Staff told us that patients over the age of 75 years were informed of this by letter. Specific health promotion literature was available as well as details of other services for older people. The practice also visited patients who lived in local care homes on request by the patients or care home staff to review their health needs.

The practice employed staff with specific training in the care of all patient population groups. For example, training in; anticoagulation management, diabetes management, cervical screening, immunisations and vaccinations, coronary heart disease in primary care, the prevention of self harm and suicide as well as musculo skeletal medicine.

Patients were able to receive care and treatment in their own home from practice staff as well as community based staff such as district nurses and palliative care staff.

Specific health promotion literature was available for all patient population groups such as information about The Alzheimer's Society for patients worried about their memory, information leaflets about reducing cancer risk for men and early detection of other cancers such as bowel cancer, sexual health advice and free chlamydia (a sexually transmitted disease) testing for young people, contact details of local services for patients with alcohol or drugs issues, local stroke survivor support availability as well as details of support organisations for patients requiring psychological support.

Patients told us they were referred to other services when their condition required it. For example, one patient told us they were referred to the local hospital for treatment that the practice was not able to provide.

There was information available in the waiting area about services offered by other providers such as the Kent Link Support Group for the deafened as well as forms to enable patients to self-refer to local NHS talking therapies services.

### Tackling inequity and promoting equality

All patient areas of the practice were accessible by wheelchair and baby changing facilities were available.

St Mary's Medical Centre had an equality and diversity policy that guided staff. Services were delivered in a way that took into account the needs of different patients on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation.

The practice maintained registers of patients with learning disabilities, depression and dementia that assisted staff to identify them and prioritise the care they needed.

### Access to the service

Primary medical services were provided Monday to Friday between the hours of 8.30am to 6.15pm and Saturday from 8am to 12noon at St Mary's Medical Centre. There were a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There were arrangements with another provider (Medway on Call Care) to deliver services to patients outside of St Mary's Medical Centre's working hours. Primary medical services were available to patients registered at St Mary's Medical Centre via an appointments system. Staff told us that patients could make pre-bookable or on the day appointments by telephoning the practice, using the on-line booking system or by attending the reception desk in the practice. The practice provided a telephone consultation service for those patients who were not able to attend the practice. The practice carried out home visits if patients were housebound or too ill to visit St Mary's Medical Centre. There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.

The practice opening hours as well as details of how patients could access services outside of these times were available on the practice website. However, they were not displayed on the front of the building and were not available for patients to take away from the practice in written form. For example, in a practice leaflet. Patients who did not have access to the internet may not therefore be aware of the practice opening hours or how to access services when the practice was closed.

Patients we spoke with said they experienced few difficulties when making appointments. They said they were always able to book an emergency appointment and

# Are services responsive to people's needs?

(for example, to feedback?)

were seen the same day although they sometimes had to wait for routine non-urgent appointments. They said they were always able to book an appointment that suited their needs.

## Listening and learning from concerns and complaints

St Mary's Medical Centre had a system for handling complaints and concerns. Their complaints procedure was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who managed all complaints in the practice. Timescales for dealing with complaints were clearly stated and details of the staff responsible for investigating complaints were given. Information for patients was displayed in the practice that gave details of

the practice's complaints procedure and included the names and contact details of relevant complaints bodies that patients could contact if they were unhappy with the practice's response. Patients we spoke with were aware of the complaints procedure but said they had not had cause to raise complaints about the practice.

Records showed that the practice had received 12 complaints since April 2014 and had acknowledged as well as resolved the complaints within the timescale set out in the complaints procedure.

Staff told us that complaints were discussed at staff meetings. Records confirmed this and demonstrated that learning from complaints and action as a result of complaints had taken place.

# 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

St Mary's Medical Centre had a vision statement that stated it aimed to continually offer the best possible care for all their patients. However, not all staff we spoke with were aware of the practice's vision statement and two members of staff told us the practice did not have one.

Staff, as well as NHS England and the Local Medical Committee, told us that the practice had plans to make changes to the practice partnership arrangements. They said this was because there was a lack of coordination between the current partners leading to operational difficulties at St Mary's Medical Centre. For example, staff said that repeated requests to improve the fabric of the building had not been addressed by the current partners or building owners. The practice had comprised three partners. One had recently passed away. Another was on long term absence and had conditions on their registration with the General Medical Council. A third was still working at the practice (although was currently on sick leave). The premises were jointly owned by the estate of the recently deceased partner and the partner who was on long term absence. Staff told us that operational difficulties were further complicated due to the complex nature of premises ownership.

### Governance arrangements

There were documents that set out St Mary's Medical Centre's governance strategy and guided staff. For example, a clinical governance policy and an information governance policy. There was a GP designated as clinical governance lead and the practice manager was the designated lead for information governance. Governance issues were discussed at practice meetings. Staff told us that relevant clinical governance issues were discussed and shared with the wider staff group at these meetings and records confirmed this.

There were a variety of policy, procedure and other documents that the practice used to govern activity. For example, the chaperone policy, the DNR (do not resuscitate) procedure as well as the continuity plan. The practice had a system to review these documents annually or sooner if changes in legislation or other guidance indicated. However, we looked at 25 such documents and saw that two were not dated so it was not clear when they

came into use. One policy was in draft format so it was not clear if it had been ratified for use in the practice. One document was out of date and five documents did not contain a review date so it was not clear if there were plans to keep them up to date.

The practice had a governance system with a GP designated as lead in prescribing and a nurse designated as lead in safeguarding vulnerable adults and children.

The practice did not carry out clinical audit cycles to improve the service and help ensure staff followed up to date best practice guidance.

The practice was unable to demonstrate that they had effective systems to identify and reduce risk. For example, infection control risk assessments had not been carried out at St Mary's Medical Centre in order to identify infection control risks and help enable the practice to implement plans to reduce them where possible.

### Leadership, openness and transparency

The remaining GP partner and practice manager, together with the full support of the staff, were leading patient centred services at St Mary's Medical Centre. Records showed that during the remaining GP partner's current sick leave, the longest serving directly employed locum GP who worked full time had taken on leading patient centred services. Staff said they could go to this GP with clinical questions, concerns or management issues and were confident in their abilities to advise them in the absence of the remaining GP partner.

Leadership at the time of our inspection was provided by the locum GP and had an open culture that adopted a team approach to the welfare of patients and staff. All staff we spoke with said they felt valued by the practice and able to contribute to the systems that delivered patient care.

The practice demonstrated effective human resource practices such as comprehensive staff induction training including locum staff. Staff told us that they received yearly appraisals and GPs said they carried out relevant appraisal activity that now included revalidation with their professional body at required intervals and records confirmed this. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to

# Are services well-led?

Requires improvement 

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

practise and remain on the performers list with NHS England). There was evidence in staff files of the identification of training needs and continuing professional development.

We looked at five staff personnel records. Two of these staff did not have job descriptions. These staff were not therefore fully aware of the definition of their roles and tasks whilst working at St Mary's Medical Centre. The practice had processes to identify and respond to poor or variable performance of staff including documents such as the anti-bullying and harassment policy and the disciplinary procedure.

Staff told us they felt well supported by colleagues and management at the practice. They said they were provided with opportunities to maintain skills as well as develop new ones in response to their own and patients' needs.

The practice was subject to external reviews, such as a prescribing review carried out by the local clinical commissioning group (CCG). GP revalidation involved appraisal by GPs from other practices.

## **Practice seeks and acts on feedback from its patients, the public and staff**

The practice took into account the views of patients and those close to them via feedback from the GP patient survey, as well as comments and complaints received, when planning and delivering services. Staff told us that comments and suggestions put forward were considered by the practice and improvements made where practicable.

St Mary's Medical Centre did not have a patient participation group. Staff told us that the patient participation group had been suspended due to the plans to alter the partnership arrangements at the practice.

Following results from the 2013 GP survey the practice had an action plan to carry out an in-house patient survey by the end of July 2015 to further inform the practice and enable improvements to patients' overall experience of St Mary's Medical Centre to be formulated and implemented.

Staff told us the practice informally monitored comments and complaints left in reviews on the NHS Choices website. Seven reviews had been left on this website. Five were positive and two were negative. However, St Mary's Medical Centre had not replied to any of them.

There were meetings held in order to engage staff and involve them in the running of the practice. For example, practice meetings and clinical meetings. Staff we spoke with told us they felt valued by the practice and able to contribute to the systems that delivered patient care.

## **Management lead through learning and improvement**

The practice valued learning and demonstrated a positive learning environment. There was a culture of openness to reporting and learning from patient safety incidents. All staff were encouraged to update and develop their knowledge and skills. All staff we spoke with told us they had an annual performance review and personal development plan.

The practice had a system to investigate and reflect on incidents, accidents and significant events that occurred. All reported incidents, accidents and significant events were managed by designated staff. Feedback from investigations was discussed at significant event meetings and staff meetings.



## 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 Family planning services 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><b>How the regulation was not being met:</b></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; where equipment or medicines were supplied by the service provider, ensuring that there were sufficient quantities of these to ensure the safety of service users and to meet their needs; assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated.</p> <p>Regulation 12(1)(2)(a)(b)(f)(h).</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>Systems or processes were not established or operated effectively to ensure compliance with the requirements in this Part (of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).</p> <p>The 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 (including the experience of service users in receiving those services); assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk</p>

This section is primarily information for the provider

## Requirement notices

which arise from the carrying on of the regulated activity; evaluate and improve their performance in respect of the processing of the information referred to in sub-paragraphs (a) to (e).

Regulation 17(1)(2)(a)(b)(f).