

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Mary's Medical Centre on 21 and 28 April 2015. Breaches of the legal requirements were found. Following the comprehensive inspection, the practice wrote to us to tell us what they would do to meet the legal requirements in relation to the breaches.

We undertook this focussed inspection on 16 February 2016, to check that the practice had followed their plan

and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting 'all reports' link for St Mary's Medical Centre on our website at www.cqc.org.uk.

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?

At our previous comprehensive inspection on 21 and 28 April 2015 the practice had been rated as requires improvement for providing safe services.

- The practice had monitored safety but had not always responded to identified risks.
- The practice was not following national guidance on infection control and had not acted on results of infection control audits.
- Although staff were trained and the practice had plans to deal with foreseeable emergencies, the practice had been unable to demonstrate they were able to respond to a medical emergency in line with national guidance.

At our focussed follow-up inspection on 16 February 2016, the practice provided records and information to demonstrate that the requirements had been met.

- The practice was monitoring safety and was able to demonstrate they were now responding to all identified risks.
- The practice demonstrated it was managing infection prevention and control in line with national guidance.
- The practice demonstrated they were able to respond to a medical emergency in line with national guidance before the arrival of an ambulance.

Good



Are services effective?

At our previous comprehensive inspection on 21 and 28 April 2015 the practice had been rated as requires improvement for providing effective services.

- The practice had been unable to demonstrate there was a programme to complete clinical audit cycles which were used to monitor quality and to make improvements.
- The practice had been unable to demonstrate that regular multidisciplinary meetings to discuss and plan patient care were taking place.

At our focussed follow-up inspection on 16 February 2016, the practice provided records and information to demonstrate that the requirements had been met.

- Clinical audits now demonstrated quality improvement.
- Records showed that regular multidisciplinary meetings to discuss and plan patient care were now taking place.

Good



Summary of findings

Are services well-led?

At our previous comprehensive inspection on 21 and 28 April 2015 the practice had been rated as requires improvement for providing well-led services.

- Operational difficulties had existed due to the complex nature of premises ownership and were exacerbated by the coordination difficulties between the practice's partners.
- The practice had been unable to demonstrate that they had a system to help ensure all governance documents were kept up to date.
- The practice had been unable to demonstrate that clinical audits cycles were carried out.
- The practice did not have a patient participation group.
- The practice valued learning but had not been able to demonstrate that there were systems to identify and reduce risk.

At our focussed follow-up inspection on 16 February 2016, the practice provided records and information to demonstrate that the requirements had been met.

- There had been some improvement of coordination between the current partners which had reduced operational difficulties at St Mary's Medical centre.
- The practice had introduced a system to revise governance and other guidance documents annually or in response to changes in practice.
- A programme of continuous clinical audit was now used by the practice to monitor quality and make improvements.
- The practice now had an active patient participation group and was able to demonstrate how they sought patients' feedback and engaged them in the delivery of the service.
- There were now arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

At our previous comprehensive inspection on 21 and 28 April 2015 the practice had been rated as requires improvement for the care of older people. The provider had been rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 16 February 2016, the practice provided records and information to demonstrate that the requirements had been met. The provider is rated as good for providing safe, effective and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



People with long term conditions

At our previous comprehensive inspection on 21 and 28 April 2015 the practice had been rated as requires improvement for the care of people with long-term conditions. The provider had been rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 16 February 2016, the practice provided records and information to demonstrate that the requirements had been met. The provider is rated as good for providing safe, effective and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



Families, children and young people

At our previous comprehensive inspection on 21 and 28 April 2015 the practice had been rated as requires improvement for the care of families, children and young people. The provider had been rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 16 February 2016, the practice provided records and information to demonstrate that the

Good



Summary of findings

requirements had been met. The provider is rated as good for providing safe, effective and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Working age people (including those recently retired and students)

At our previous comprehensive inspection on 21 and 28 April 2015 the practice had been rated as requires improvement for the care of working age people (including those recently retired and students). The provider had been rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 16 February 2016, the practice provided records and information to demonstrate that the requirements had been met. The provider is rated as good for providing safe, effective and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



People whose circumstances may make them vulnerable

At our previous comprehensive inspection on 21 and 28 April 2015 the practice had been rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider had been rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 16 February 2016, the practice provided records and information to demonstrate that the requirements had been met. The provider is rated as good for providing safe, effective and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



People experiencing poor mental health (including people with dementia)

At our previous comprehensive inspection on 21 and 28 April 2015 the practice had been rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider had been rated as requires improvement

Good



Summary of findings

for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 16 February 2016, the practice provided records and information to demonstrate that the requirements had been met. The provider is rated as good for providing safe, effective and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Summary of findings

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.

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. There is a reception and a waiting area on the ground floor. All patient areas are accessible to patients with mobility issues, as well as parents with children and babies.

The practice is not a teaching or a training practice (teaching practices take medical students and training practices have GP trainees and F2 doctors).

The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

The practice is open Monday to Friday between the hours of 8.30am to 6.15pm. Extended hours surgeries are offered

Saturday 8am to 12noon. Primary medical services are available to patients registered at St Mary's Medical Centre 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 other providers (Medway On Call Care) to deliver services to patients outside of the practice's working hours.

Services are provided from St Mary's Medical Centre, Vicarage Road, Strood, Rochester, Kent, ME2 4DG only.

Why we carried out this inspection

We undertook an announced focused inspection of St Mary's Medical Centre on 16 February 2016. This inspection was carried out to check that improvements had been made to meet the legal requirements planned by the practice, following our comprehensive inspection on 21 and 28 April 2015.

We inspected this practice against three of the five questions we ask about services; is the service safe, effective and well-led. This is because the service was not meeting some of the legal requirements in relation to these questions.

How we carried out this inspection

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the comprehensive inspection had been addressed. During our visit we spoke with three GPs, the practice manager, the practice nurse, as well as administration and reception staff, and reviewed information, documents and records kept at the practice.

Are services safe?

Our findings

Overview of safety systems and processes

The practice had systems, processes and practices to keep patients safe and safeguard them from abuse.

- The practice had revised the 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. The practice had introduced a system governing these reviews as well as written guidance for staff. Staff told us that discharge summaries were now discussed at weekly clinical meetings and records confirmed this.
- All staff who acted as chaperones were trained for the role and had now received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice had developed an action plan to address the infection control issues found at our last inspection. Carpet in the main waiting area had been replaced with hard flooring. Records showed that carpets on the floors of clinical rooms where invasive procedures were carried out, as well as clinical wash-hand basins that did not comply with Department of Health guidance on infection control, were now due to be replaced at the next refurbishment of the practice. Records showed that all relevant staff were now up to date with infection control training and the practice was now meeting regularly with cleaning staff to discuss cleaning issues.
- The practice had introduced a system to help ensure all patients who required a medicine review received one at regular intervals as well as in response to changes in

local and national guidance. There was written guidance governing patient medicine reviews available for staff to follow. Staff told us that the practice now issued prescriptions for some patients on long-term medicines only after they had attended six monthly medicine reviews. They said this helped ensure patients who required a medicine review received one at regular intervals. We saw records that confirmed patient medicine reviews were now being carried out at regular intervals.

Monitoring risks to patients

- The practice had introduced 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 a risk assessment and action plan to reduce risk. Records showed weekly water temperature testing was now being carried out and the action plan indicated water sampling and testing for legionella was due to be carried out by the end of March 2016.
- The practice's health and safety risk assessment monitored safety of the premises. Where issues had been identified there was an action plan to reduce risk where possible. For example, the risk of trips from damaged carpets.
- The practice had developed and introduced policies that governed staff recruitment. For example, a recruitment policy.

Arrangements to deal with emergencies and major incidents

- The practice had replaced the out of date oxygen cylinder found at our last inspection and was now able to respond to a medical emergency in line with national guidance before the arrival of an ambulance.

Are services effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

Clinical audits demonstrated quality improvement.

- Staff told us the practice had a system for completing clinical audit cycles. For example, a minor surgery audit. Records demonstrated analysis of its results and that an action plan to was not required as no improvements were identified. There were plans to repeat this to complete cycles of clinical audit.

- Other clinical audits had been carried out. For example, a coil audit. Records showed these had been carried out at regular intervals. The practice was now able to demonstrate that improvements to patient care were driven by the completing of clinical audit cycles.

Coordinating patient care and information sharing

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess as well as plan on-going care and treatment. Records showed that multidisciplinary team meetings were now taking place on a regular basis and that care plans were routinely reviewed and updated.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice's vision statement was now displayed in the reception area of the practice.
- Most staff we spoke with were now aware of the vision statement and understood the values.

There had been no changes to the practice partnership or the premises ownership since our last inspection. However, staff told us that there had been some improvement of coordination between the current partners which had reduced operational difficulties at St Mary's Medical Centre. For example, some improvements to the fabric of the building had now been carried out.

Governance arrangements

- The practice had introduced a system to revise governance and other guidance documents annually or in response to changes in practice. We looked at 11 such documents and saw that they were all dated and had been revised within the last 12 months.
- A programme of continuous clinical audit was now used to monitor quality and make improvements.
- There were now arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, an action plan had been developed and partially implemented in response to issues identified by the practice's infection control audit.

Leadership and culture

Records showed that all staff now had job descriptions that defined their roles and tasks whilst working at St Mary's Medical Centre.

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

The practice was able to demonstrate that they encouraged and valued feedback from patients, the public and staff. They sought patients' feedback and engaged patients in the delivery of the service.

- They had gathered feedback from patients through complaints received.
- The practice had developed an action plan to address feedback received from the patient survey carried out in January 2016. For example, improving the availability of home visits was due to be discussed at a staff meeting.
- Records showed that the practice now had an active patient participation group (PPG) and demonstrated that the PPG were involved in the running of the practice.
- Staff told us that the practice continued to informally monitor comments and complaints left on the NHS Choices website. Two reviews had been left on this website since our last inspection. One was positive and one was negative. St Mary's Medical Centre had replied to them both.