

Pelham Medical Practice

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

Are services safe?	
Are services effective?	
Are services well-led?	

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 Pelham Medical Practice on 30 March 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Pelham Medical Practice on our website at www.cqc.org.uk.

We carried out an announced focused inspection on 4 January 2017 to see whether the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation that we identified on 30 March 2016. Although the practice had made some improvements these were not sufficient. Therefore we found a breach of legal requirements

and the practice was rated requires improvement overall. The practice was rated inadequate for providing well-led services, requires improvement for safe and effective services and good for providing caring and responsive services.

Following this inspection we issued a warning notice in relation to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17, Good Governance, which stated that the practice must comply with the legal requirements in relation to the following:

- Ensure that safety alerts including those from the Medicines and Healthcare Products Regulatory Agency (MHRA) in relation to monitoring and managing safety in primary medical services were received and made available to relevant staff.
- Ensure embedded systems to prevent, detect and control the spread of infections, to patients and staff.
- Ensure the proper and safe management of medicines and their disposal when out of date.
- Implement a system to ensure that staff members were trained, including safeguarding training at the appropriate level.
- Ensure a system and process for the timely sharing of patient information particularly in relation to a backlog of scanning at the practice.

This inspection was an announced focused inspection carried out on 3 May 2017 to confirm that the practice had carried out their plans to meet the legal requirements in relation to the breaches in regulations identified in the warning notice issued following our previous inspection on 4 January 2017. This report covers our findings only in relation to the requirements of the warning notice and will not result in reviewing the overall rating or the ratings of any individual key question or population group.

Summary of findings

Our key findings at this inspection, 3 May 2017, were as follows:

- The practice had devised a new system to manage national patient safety alerts. They were able to demonstrate that alerts were being discussed at clinical meetings and that action was being taken in relation to receipt of alerts.
- Infection control audits had been carried out and there was evidence of action being taken where issues were highlighted.
- Medicines were managed safely and the expiry dates were subject to on-going audit.
- The practice were able to demonstrate that there was a system for identifying and implementing staff training. The practice were working with the Clinical Commissioning Group (CCG) to identify role and person specific training requirements. Safeguarding training had been carried out at the appropriate level.
- A new scanning protocol had been introduced. The practice was able to demonstrate that the process for receiving patient information and scanning this onto the patient record was carried out in a timely way.

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 focused inspection on the 4 January 2017 the practice was rated as requires improvement for providing safe services. Following this inspection the practice had made significant improvements to be compliant with the legal requirements in the warning notice. These related to concerns with acting on patient safety alerts, safe storage of medicines in particular out of date medicines, infection control and safeguarding training.

At the inspection on 3 May 2017, we found:

- National patient safety alerts were shared, actioned and discussed.
- Medicines were stored appropriately and there were audits conducted of medicine expiry dates.
- Infection prevention and control audits had been completed and action taken where issues were identified.
- GPs and staff had received safeguarding training appropriate to their job role.

Are services effective?

At our previous focused inspection on the 4 January 2017 the practice was rated as requires improvement for providing effective services. Following this inspection the practice had made significant improvements to be compliant with the legal requirements in the warning notice. These related to concerns with clinical and non-clinical staff training and the sharing of patient information in a timely way, particularly in relation to the scanning of information onto care and treatment records.

At the inspection on 3 May 2017, we found:

- GPs and staff had received training appropriate to their job role.
- There was a clear process for receiving patient information and scanning this onto the patient record in a timely way.

Are services well-led?

At our previous focused inspection on the 4 January 2017 the practice was rated as inadequate for providing well-led services. Following this inspection the practice had made significant improvements to be compliant with the legal requirements in the warning notice. These related to concerns with systems and processes which had not been established and operated effectively.

Summary of findings

Therefore, the provider was not appropriately assessing, monitoring and improving the quality and safety of the services provided or adequately mitigating the risks related to the health, safety and welfare of patients and staff.

At the inspection on 3 May 2017, we found:

- Systems and processes had been established at the practice to help ensure the health, safety and welfare of patients and staff.
- National patient safety alerts were shared, actioned and discussed.
- Medicines were stored appropriately and there were audits of medicine expiry dates.
- Infection prevention and control audits had been completed and action taken where issues were identified.
- GPs and staff had received safeguarding training appropriate to their job role.
- The practice had worked to identify staff training needs and implement an on-going programme of training. The practice had compiled a detailed training schedule and staff had been undertaking training.
- The practice had taken action to improve the timely sharing of patient information, specifically scanning information onto patient care and treatment records.

Pelham Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.
The team included an Assistant Inspector.

Background to Pelham Medical Practice

Pelham Medical Practice is located in a residential area of Gravesend, Kent and provides primary medical services to approximately 14000 patients.

The practice is based in a large Victorian house which is not purpose built, but does have access for wheelchair users and disabled facilities. There is a car park for patient use.

There are four GP partners at the practice, all male, and three salaried GPs, all female.

There are six female members of the nursing team; four practice nurses, one health care assistant (HCA) and a phlebotomist, all female. GP's and nurses are supported by a practice manager and a team of reception/administration staff.

The practice is a training practice and two of the partners are currently GP trainers for registrars and foundation year GP trainees.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 12pm every morning and 3pm to 6.30pm daily. Extended hours appointments are offered between 6.30pm and 8pm on Tuesday, Wednesday and Thursday. The practice is closed between 12.30pm and 1.30pm every day except Wednesday when it is closed from 12.30pm to 1.15pm. The

telephones are answered during this time. In addition to pre-bookable appointments up to six weeks in advance, urgent appointments are also available for people that need them. An out of hours service was provided by Integrated Care 24.

The practice has a higher than average percentage of children aged from 0 to 19 years and is in an area of high deprivation. There are a significant number of people in the area who do not have English as their first language, with a large number of Polish and Punjabi speaking people.

The practice runs a number of services for its patients including; chronic disease management, new patient checks, minor surgery, family planning, anti-coagulation monitoring and immunisations. It also offers a free acupuncture service and a sleep apnoea clinic.

Services are provided from; 17 Pelham Road, Gravesend, Kent, DA11 0HN and from St Gregory's Medical Practice, 116 St Gregory's Crescent, Gravesend, Kent, DA12 4JW, which is a branch practice. The branch practice was not inspected.

Why we carried out this inspection

We undertook a comprehensive inspection of Pelham Medical Practice on 30 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Pelham Medical Practice on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Pelham Medical Practice on 4 January 2017. This inspection was carried out to review in detail the actions taken by the

Detailed findings

practice to improve the quality of care and to confirm whether the practice was meeting legal requirements. The practice had not made sufficient improvement and a warning notice was issued.

We undertook a second focused inspection of Pelham Medical Practice on 3 May 2017 to review in detail the actions taken by the practice to improve the quality of care and to confirm whether the legal requirements had been met.

How we carried out this inspection

During our visit we:

- Spoke with a range of staff including the practice manager, practice nurse and reception and administration staff.

This involved reviewing evidence including:

- Policies and procedures.
- Safety alerts and details of action taken.
- Minutes of meetings.
- Infection control and medicines management risk assessments.
- Staff training records.
- Staff rotas.

Are services safe?

Our findings

At our previous focused inspection on 4 January 2017 we rated the practice as requires improvement for providing safe services. The practice was unable to demonstrate that they had an embedded system for acting on national patient safety alerts; that they had implemented a system to ensure all staff undertook child and adult safeguarding training at the appropriate level; that the arrangements in respect of cleanliness and infection control were adequate and that medicines were managed safely.

These arrangements had significantly improved when we undertook a follow up inspection on 3 May 2017. This was to determine whether the practice was now compliant with the legal requirements in the warning notice that had been issued to the practice.

Safe track record and learning

At our focused inspection on 4 January 2017 we saw that there was a new protocol regarding safety alerts dated July 2016. It stated that two copies should be printed, one for the hard copy file and one to be attached to the agenda for the next clinical meeting. A file with printed alerts was seen. However, there were no minutes available to show that these had been discussed or that they were an agenda item at clinical meetings. The practice could not demonstrate that action had been taken following the safety alerts such as records of computer searches in relation to safety alerts.

At our focused inspection on 3 May 2017 we saw a clear process for safety alerts where emails relating to medicines safety alerts were sent to clinicians and hard copies kept in a file. Associated searches of clinical records were carried out to identify patients who may be affected and flags placed on their notes to alert clinicians to review their care. Where there was a potential risk of significant harm to the patient, the patient was contacted as a priority. For example, where patients were taking a medicine that could place their unborn child at risk of congenital abnormalities or developmental delay, the practice spoke with patients, explaining the potential risks and offered alternative treatment. This was documented within the patient's clinical record.

Safety alerts were a standing agenda item on partners meetings and were reviewed and discussed including action points and action taken.

Overview of safety systems and process

At our focused inspection on 4 January 2017 the practice was unable to demonstrate that they had implemented a system to ensure all staff undertook child and adult safeguarding training at the appropriate level. For example, according to the training schedule, four of the six members of the nursing team had not completed safeguarding adults training.

At our focused inspection on 3 May 2017 the practice was able to demonstrate that there was a system of on-going training for the staff team. For example, all clinical staff had completed safeguarding training at the appropriate level twenty two of twenty eight non-clinical staff had completed safeguarding training at the required level and further training was planned. Documents seen demonstrated that the practice were working with the Clinical Commissioning Group (CCG) to identify role and person specific training requirements and to implement this for all staff.

At our focused inspection on 4 January 2017 we saw that two infection control audits had been carried out in June 2016 and September 2016. However, one audit referred to carpets that required cleaning and the practice was unable to provide a schedule to show that identified action had been taken. We observed infection control risks in a treatment room with an unsealed surface around a hand wash sink. The infection control policy stated that all staff recruited would undertake training within six weeks of starting, however, according to the training schedule only one nurse and two GPs had completed the training. We also noted a health and safety risk, where a chair had a broken back which could trap patients' fingers.

At our focused inspection on 3 May 2017 we saw that quarterly infection prevention and control audits were being carried out by the practice nurse, who was the infection control lead and the practice manager. The practice nurse had completed level two infection control training. The carpets had been cleaned in February 2017 and these were monitored at each audit. Unsealed surfaces surrounding hand wash sinks in consulting and treatment rooms had been replaced. Broken chairs had been removed and new chairs purchased. The infection control policy had been updated in March 2017. Infection

Are services safe?

prevention and control was a standing item on the practice meeting agenda and documents seen demonstrated that action taken included the replacement of all clinical curtains and some identified sharps bins. All clinical staff had completed infection prevention and control training and 22 out of 28 non-clinical staff had also completed this as part of an ongoing programme of training being implemented at the practice.

At our focused inspection on 4 January 2017 we saw eight vials of out of date local anaesthetic medicine unsecured in an unoccupied GP consulting room dated August 2015 and 1 vial of an anti-inflammatory injection dated 31/10/16. Six boxes of 50 out of date blood bottles were observed and some of these were in use on the phlebotomist's trolley with dates between October and December 2016.

At our focused inspection on 3 May 2017 we found quarterly audits of medicines and medicine consumables stored in each consulting and treatment room were carried out at the same time as the quarterly IPC audit. Documents seen highlighted areas of concern and the action that was taken. For example, lubricant gel in tubes was identified during an audit and this was removed from all rooms and replaced with individual sachets. Documents seen demonstrated that these audits were discussed at practice meetings. No out of date blood bottles or medicines were seen in consulting or treatment rooms.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous focused inspection on 4 January 2017, we rated the practice as requires improvement for providing effective services as staff training and the arrangements for co-ordinating patient care and information sharing needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 3 May 2017. This was to determine whether the practice was now compliant with the legal requirements in the warning notice that had been issued to the practice.

Effective staffing

At our focused inspection on 4 January 2017 we saw that there was no system to ensure that staff members were trained appropriately. The training schedule provided showed incomplete information, and other documents requested to clarify the training status of employees were not available. For example, the training schedule showed that five non-clinical staff had not completed basic life support (BLS) training and 17 non-clinical staff had not completed safeguarding children training.

At our focused inspection on 3 May 2017 we saw that the practice had worked with the Clinical Commissioning Group (CCG) to identify staff training needs and implement an on-going programme of training. The practice had compiled a detailed training schedule and staff had been undertaking training. All clinical staff and most of the non-clinical staff team had completed basic life support training and were receiving regular training updates. Twenty-two non-clinical staff had completed safeguarding

children training at foundation level. All clinical staff had completed infection prevention and control training as had 22 non-clinical staff. Certificates were seen to verify the training schedule.

Coordinating patient care and information sharing

At our focused inspection on 4 January 2017 we saw that a new scanning protocol had been introduced; however, a backlog of scanning was still in place at the practice, with a non-priority box filled with documents to be scanned. A small sample of information was taken from the box which included 'new baby transfer of care' forms and temporary patient notes from March 2016 that had not been scanned onto the patients' records. The business as usual scanning backlog was from 5 December 2016. An action plan stated that a second scanning machine would be sought from the IT department or purchased by the practice, but this had not happened. A work around had been introduced, where 'urgent' documents were placed into a tray for the specified GP to action and we saw evidence that the GPs addressed these.

At our focused inspection on 3 May 2017 we saw that the practice had taken action to reduce the scanning backlog by introducing a time frame for all scanning. They had appointed a member of the team with a specific responsibility for scanning documents each day. The practice had also purchased an additional scanning machine for business as usual scanning in the reception area. Staff were trained in scanning, so they could cover as required. Staff told us that there was no scanning backlog and that the new system worked well. We found there were no out of date documents requiring scanning on the day of our inspection.

Are services well-led?

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

Our findings

At our previous inspection on 4 January 2017, we rated the practice as inadequate for providing well-led services as there was no overarching governance structure and systems and processes had not been established and operated effectively.

These arrangements had significantly improved when we undertook a follow up inspection on 3 May 2017 which was to determine whether the practice was now compliant with the legal requirements in the warning notice that had been issued to the practice.

Governance arrangements

At our focused inspection on 4 January 2017 we saw that risk management systems had not sufficiently improved. The practice had devised a new system to manage national patient safety alerts, however, they were unable to demonstrate that alerts were being discussed at clinical meetings or that action was being taken in relation to receipt of alerts. Infection control audits had been carried out but had not identified key risks and there was no evidence of action being taken where issues were highlighted. The practice had failed to implement systems

to avert the risks from unsecured out of date medicine and blood bottles and the backlog of paper records received that had not been scanned onto the patients notes. The practice were unable to demonstrate that all staff were up to date with training. For example, safeguarding, infection control and basic life support.

At our focused inspection on 3 May 2017 we saw that systems and processes had been established at the practice to help ensure the health, safety and welfare of patients and staff. National patient safety alerts were shared, actioned and discussed. Infection prevention and control audits had been completed and action taken where issues were identified. Medicines were stored appropriately and there were audits of medicine expiry dates. The practice had taken action to improve the timely sharing of patient information, specifically scanning information onto patient care and treatment records. GPs and staff had received safeguarding training appropriate to their job role. The practice had worked with the Clinical Commissioning Group to identify staff training needs and implement an on-going programme of training. The practice had compiled a detailed training schedule and staff had been undertaking training.