

The Glebe Family 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

| | | | |
|---------------------------------|--|------|---|
| Overall rating for this service | | Good |  |
| Are services safe? | | 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 focused inspection at the Glebe Family Practice on the 17 August 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe and well-led services.

Our key findings across all the areas we inspected were as follows:

- The practice had systems to ensure that patients' records were held in a secure way and accessible to authorised staff only.
- Safeguarding policies had been updated to include contact details of relevant child safeguarding bodies and had been made available to staff.
- The monitoring system to help ensure staff maintained their professional registration had been updated, in order to show that all staff were appropriately registered.
- Disclosure and Barring Services (DBS) criminal records check and an assessment of the potential risks involved in using those staff without DBS clearance, had been obtained and risk assessments completed, where required.

- Staff training had been reviewed and staff had received training in infection control, basic life support and fire safety. Dates for future training had been planned.
- The practice had established a system to monitor and keep blank prescription forms safe.
- Infection control risk assessments and audits were being carried out and staff were working with and adhering to the new infection control policies implemented by the practice.
- Personnel records had been updated to ensure they contained evidence that appropriate checks had been undertaken, as well as job descriptions, for all staff employed.
- Fire safety procedures and a fire risk assessment had been carried out.
- The practice had established a Patient Participation Group (PPG) and used suggestions for improvements and made changes to the way it delivered services.
- Effective systems to ensure policies and other documents to govern activity were kept up to date and routinely reviewed.
- Clinical governance meetings were being held and minutes of such meetings were maintained.
- Clinical audit systems had been improved to ensure they demonstrated completion of clinical audit cycles.

Summary of findings

- Effective systems to identify and reduce risk had been implemented and changes had been made to both policy, documentation and practice.

However there were areas of practice where the provider should make improvements:

- Update the whistle blowing policy to include the contact details of the CQC and other relevant bodies for reporting concerns to.

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 the 19 November 2014 the practice had been rated as requires improvement for providing safe services. Patients' records were not always held in a secure way so that only authorised staff could access them. Contact details of relevant child safeguarding bodies

as well as organisations to whom any matters of serious concern could be reported to were not available to staff. The monitoring system to help ensure staff maintained their professional registration was not up to date. Not all staff had a Disclosure and Barring (DBS) criminal records check or an assessment of the

risks involved in using those staff without DBS clearance. Some staff had not had training such as infection control and basic life support. The practice did not have a system to monitor and keep blank prescription forms safe. Staff did not always comply with the practice's infection control policy and the practice was unable to demonstrate that infection control risk assessments and audits were carried out. Personnel records did not contain evidence that appropriate checks had been undertaken prior to staff employment. A fire risk assessment had not been undertaken and the practice did not always follow standard fire safety procedures. This resulted in compliance actions being made. The provider wrote to us in November 2014 and told us they would be compliant with the regulations by the end of April 2015.

At our follow-up inspection on the 17 August 2015, the practice provided records and information to demonstrate that the requirements had been met. The practice had taken measures to ensure that patients' records were held in a secure way so that only authorised staff could access them. The contact details of relevant child safeguarding bodies as well as organisations to whom any matters of serious concern could be reported to had been made available to staff. The monitoring system to help ensure staff maintained their professional registration had been updated, in order to show that all staff were appropriately registered. Disclosure and Barring (DBS) criminal records check or an assessment of the potential risks involved in using those staff without DBS clearance, had been obtained and risk assessments completed, where required. All clinical staff had received training in infection control and future dates had been arranged for administrative staff to receive this training. Basic life support training had also been received by all staff at the practice. The practice had a system to monitor and keep blank prescription forms safe. Infection control

Good



Summary of findings

risk assessments and audits were carried out and staff were working with and adhering to the infection control policies implemented. Personnel records had been updated to ensure they contained evidence that appropriate checks had been undertaken for all staff employed. A fire risk assessment had been undertaken and the practice was following standard fire safety procedures.

Are services well-led?

At our previous comprehensive inspection on the 19 November 2014 the practice had been rated as requires improvement for providing well-led services. The practice used a variety of policies and other documents to govern activity but there was not an effective system to ensure these were kept up to date. There was a GP lead for clinical governance and information governance but the practice did not hold clinical governance meetings. Although the practice had a limited clinical audit system it was unable to demonstrate completion of clinical audit cycles. The practice had recruitment policies and procedures but records showed not all staff had undergone relevant checks prior to employment and not all staff had job descriptions that clearly defined their roles whilst at work. The practice was unable to demonstrate that it took into account the views of patients and those close to them when planning and delivering services. The practice did not have a patient participation group (PPG) and did not carry out patient surveys. The practice valued learning but its staff appraisal system failed to ensure all staff were up to date with relevant training. The practice did not have effective systems to identify and reduce risk. This resulted in compliance actions being made. The provider wrote to us in November 2014 and told us they would be compliant with the regulations by the end of April 2015.

At our follow-up inspection on the 17 August 2015, the practice provided records and information to demonstrate that the requirements had been met. The practice had an effective system to ensure policies and other documents to govern activity were kept up to date and routinely reviewed. Clinical governance meetings were being held and minutes of such meetings were maintained. Clinical audit systems had been improved to ensure they demonstrated completion of clinical audit cycles. Personnel records had been updated to ensure they contained evidence that appropriate checks had been undertaken for all staff employed and all staff had job descriptions that clearly defined their roles whilst at work. The practice had established a Patient Participation Group (PPG) and used suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the PPG. Staff training had been improved and staff had received

Good



Summary of findings

essential mandatory training, records confirmed that dates for future training had been planned. Effective systems to identify and reduce risk had been implemented and changes had been made to policy, documentation and practice. Where the system did not accurately reflect the manner in which staff were carrying out their duties, amendments to policies and documentation had been carried out.

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 19 November 2014 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 and well-led services and good for providing effective, 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 17 August 2015, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe 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 19 November 2014 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 and well-led services and good for providing effective, 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 17 August 2015, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe 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 19 November 2014 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 and well-led services and good for providing effective, 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 17 August 2015, the practice provided records and information to demonstrate that the legal

Good



Summary of findings

requirements had been met. The provider is rated as good for providing safe 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 19 November 2014 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 and well-led services and good for providing effective, 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 17 August 2015, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe 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 19 November 2014 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 and well-led services and good for providing effective, 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 17 August 2015, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe 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 19 November 2014 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 and well-led services and good for providing effective, 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 17 August 2015, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Update the whistle blowing policy to include the contact details of the CQC and other relevant bodies for reporting concerns to.

The Glebe Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was undertaken by a lead CQC inspector.

Background to The Glebe Family Practice

The Glebe Family Practice is situated in Gillingham, Kent and has a registered patient population of 5,661 (2,657 male and 3,004 female). There are 1,366 registered patients under the age of 19 years (700 male and 666 female), 3,874 registered patients between the age of 20 and 74 years (1,805 male and 2,069 female) and 343 registered patients over the age of 75 years (118 male and 225 female).

Primary medical services are provided Monday to Friday between the hours of 8am and 12noon and 2pm to 6pm.

Primary medical services are available to patients registered at The Glebe Family Practice via an

appointments system. There is 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 to deliver services to patients outside of The Glebe Family Practice's working hours.

The practice staff are comprised four GP partners and one salaried GP (all female), one practice manager (female), one practice nurse (female), three administrators and eight receptionists. There is a reception and a waiting area on the ground floor. All patient areas are wheelchair accessible.

Services are provided from The Glebe Family Practice, Vicarage Road, Gillingham, Kent, ME7 5UA.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on 19 November 2014, as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. Breaches of the legal requirements were found.

As a result, we undertook a focused inspection on 17 August 2015 to follow up on whether action had been taken to deal with the breaches.

How we carried out this inspection

Before visiting, we reviewed information sent to us by the provider that told us how they had addressed the breaches identified during the comprehensive inspection. We carried out an announced visit on 17 August 2015. During our visit we spoke with one of the GP partners, the practice manager and the practice nurse. We reviewed information, documents and records kept at the practice.

Are services safe?

Our findings

Reliable safety systems and processes including Safeguarding

We previously found that the practice had a whistleblowing policy that contained the names of external bodies that staff could approach with concerns, for example, the Health and Safety Executive, but did not contain contact details for these organisations. This had not been addressed. However, the practice manager told us that an amendment to the policy was being drafted and would be cascaded to the staff team once completed.

Medicines management

Following our previous inspection, the practice had reviewed and updated its systems in order to monitor and keep blank prescription forms safe, as required by the relevant guidance.

Cleanliness and infection control

The premises were clean and tidy. The practice had infection control policies that contained

procedures for staff to refer to in order to help them follow the Code of Practice for the 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. We spoke with the practice manager and the practice nurse (the identified infection control lead) who told us that all clinical staff had received up to date infection control training and records confirmed this. Future dates for administrative staff to receive an update in training had also been arranged.

The treatment and consulting rooms were clean, 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. Clinical wash-hand basins at the Glebe Family

Practice had been reviewed. Where required clinical wash-hand basins which had overflows and were fitted with plugs, which previously did not comply with Department of Health guidance, had been updated.

Cleaning schedules were used and there was a supply of approved cleaning products. The practice directly employed a cleaner to clean the premises daily. Records were kept of domestic cleaning that was carried out in the practice. The practice nurse told us that staff cleaned equipment such as an examination couch between patients and this activity was formally recorded.

The practice was able to demonstrate that infection control risk assessments were carried out in order to identify infection control risks and implement plans to reduce them where possible. Routine daily, weekly, monthly and quarterly checks of cleaning schedules, audits and reviews of policies and procedures had been implemented, in order to assess and monitor infection control activity at practice. Records confirmed that the practice carried out infection control monitoring, according to its policy.

The practice had a system for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). The practice had made arrangements to help ensure that they were carrying out regular checks in line with national guidance, in order to reduce the risk of infection to staff and patients from legionella.

Staffing and recruitment

The practice had policies and other documents that governed staff recruitment. Personnel records we looked at contained evidence that appropriate checks had been undertaken prior to employment. For example, proof of identification, references and interview records.

The practice had a monitoring system to help ensure staff maintained their professional registration. For example, professional registration with the General Medical Council or Nursing and Midwifery Council. Staff files that we looked at showed that these checks had been appropriately undertaken and recorded.

Records demonstrated staff had a Disclosure and Barring Service (DBS) criminal records check and an assessment of the risks involved in using those staff without DBS clearance.

Monitoring safety and responding to risk

Are services safe?

The practice had a health and safety policy to help keep patients, staff and visitors safe. The practice had a dedicated health and safety representative.

A fire risk assessment had been undertaken in May 2015 and no actions were noted regarding issues to address. The practice was able to demonstrate how they maintained fire safety. All staff had received fire safety training, records confirmed this.

Arrangements to deal with emergencies and major incidents

Records confirmed that all staff had received up to date with training in basic life support. Patients could therefore be assured staff with up to date training were on duty to care for them in the event they

required basic life support.

Emergency equipment was available in the practice, including emergency medicines, access to medical oxygen and an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency). Records confirmed that this equipment was checked regularly. There was an inventory of emergency medicines and of emergency equipment, the medicines and equipment were routinely checked, records maintained by the practice confirmed this.

Are services well-led?

Good 

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

Our findings

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. We found details of the vision and practice values were part of the practice's strategy and business plan. We saw the practice values were clearly displayed in the waiting areas and in the staff room.

Governance arrangements

There were specific clinical governance meetings held at the practice and minutes of staff meetings demonstrated that clinical governance issues were discussed.

There were a variety of policies, procedures, protocols and planning documents that the practice used to govern activity. For example, the infection control policy, the complaints procedure, the consent protocol as well as the practice continuity and recovery plan. We looked at 10 such documents, which contained a planned review date and the practice was able to demonstrate that they had a system to ensure they were kept up to date.

The practice implemented a clinical audit system that improved the service and followed up to date best practice guidance. For example, an audit of consultations with patients regarding termination of pregnancy. The audit reviewed, for example whether advice regarding antibiotics and their effects on the oral contraceptive pill had been given. The audit showed positive results for the way in which the practice managed consultations of this nature but that future consultations of women of child bearing age could be improved, in order to support patients with unplanned pregnancies.

The GP and practice manager told us that clinical audit results were to be discussed formally. We saw that meetings to plan and discuss clinical audits had been implemented. Records viewed confirmed this. Evidence of action plans produced following clinical audits conducted at The Glebe Family Practice were available to demonstrate that changes were re-audited to monitor any improvements.

Leadership, openness and transparency

There was a leadership structure with an open culture that adopted a team approach to the welfare of patients and staff.

The practice had processes to identify and respond to poor or variable practice including policies such as the management of sickness and absence policy and a disciplinary procedure. Staff files had been updated to ensure that all staff had job descriptions that clearly defined their roles and responsibilities whilst working at the practice.

Seeking and acting on feedback from patients, public and staff

The practice was able to demonstrate that it took into account the views of patients and those close to them. A patient participation group (PPG) had been established at The Glebe Family Practice. The practice worked effectively with the PPG and used feedback and information from the PPG to improve services, care and treatment that was provided. Records demonstrated that patients verbally reporting issues/concerns had been addressed by the practice, these included the feedback given to patients following any action taken. Together with the PPG a monthly newsletter had been published, which we were told by the practice manager had been well received by the patients of the practice.

The practice gathered feedback from patients through the patient participation group (PPG) and through surveys such as the national patient survey and the Friends and Family Test.

Reviews left on the NHS Choices website about the practice were discussed formally. Previously we

saw that 14 reviews had been left on this website but the practice had not responded to any of them. The practice manager told us that access to the NHS Choices website had been obtained and discussions were being held, to support making changes to the information held on the website regarding opening times as well as, responding to comments and reviews.