

# Apex Medical Centre

## Inspection report

1st Floor, The Medical Centre  
Gun Lane Surgery, Strood  
Rochester  
Kent  
ME2 4UW  
Tel: 01634 720220  
[www.apexmedicalpractice.co.uk](http://www.apexmedicalpractice.co.uk)

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

## **This practice is rated as Requires Improvement overall.**

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at Apex Medical Centre on 6 November 2018 under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- There was an effective system for reporting and recording significant events.
- The practice's systems, processes and practices did not always help to keep people safe and safeguarded from abuse.
- Risks to patients, staff and visitors were not always assessed and managed in an effective manner.
- Staff had the information they needed to deliver safe care and treatment to patients.
- The arrangements for managing medicines in the practice did not always keep patients safe.
- The practice learned and made improvements when things went wrong.
- The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care they provided.
- The practice was unable to demonstrate that all staff were up to date with essential training.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- There were clear responsibilities, roles and systems of accountability. However, governance arrangements were not always effective.
- The practice had systems and processes for learning, continuous improvement and innovation.
- There was a focus on continuous learning and improvement at all levels of the organisation.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Continue with plans to apply for funding to replace clinical wash-hand basins in the practice that do not comply with Department of Health guidance.
- Continue to monitor and improve performance for blood pressure related indicators and uptake of the cervical screening programme.
- Record, investigate and where possible learn from verbal complaints.
- Continue with the application process to register a Registered Manager with the Care Quality Commission.
- Continue with activities to set up a patient participation group.

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

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

## Population group ratings

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

## Our inspection team

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

## Background to Apex Medical Centre

- The registered provider is Apex Medical Centre.
- Apex Medical Centre is located at 1st Floor, The Medical Centre, Gun Lane Surgery, Rochester, Kent, ME2 4UW. The practice has a general medical services contract with NHS England for delivering primary care services to the local community. The practice website address is [www.apexmedicalpractice.co.uk](http://www.apexmedicalpractice.co.uk).
- As part of our inspection we visited 1st Floor, The Medical Centre, Gun Lane Surgery, Rochester, Kent, ME2 4UW only, where the provider delivers registered activities.
- At the time of our inspection, Apex Medical Centre did not have a registered manager in post. The person registered with CQC as their Registered Manager had left the practice. Staff told us that they were in the process of submitting the relevant application to register one of their GPs as their current Registered Manager.
- Apex Medical Centre has a registered patient population of approximately 6,700 patients. The practice is located in an area with an average deprivation score.
- There are arrangements with other providers (MedOCC) to deliver services to patients outside of the practice's working hours.
- The practice staff consists of three GP partners (two male and one female), one practice manager, one assistant practice manager, three practice nurses (all female), one healthcare assistant / phlebotomist (female) as well as reception and administration staff. The practice also employs locum GPs directly.
- Apex Medical Centre is registered with the Care Quality Commission to deliver the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures; treatment of disease, disorder or injury.

# Are services safe?

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

## Safety systems and processes

The practice's systems, processes and practices did not always help to keep people safe and safeguarded from abuse.

- There was a system for reporting and recording significant events.
- The practice had appropriate systems to safeguard children and vulnerable adults from abuse.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice was unable to demonstrate that they always carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- There was a system to manage infection prevention and control.
- The practice had systems for notifiable safety incidents.

## Risks to patients

Risks to patients, staff and visitors were not always assessed and managed in an effective manner.

- There were arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- The practice had arrangements to respond to emergencies. However, the practice did not have a child's oxygen mask available for use in an emergency. Staff understood their responsibilities to manage emergencies on the premises and knew how to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- There were risk assessments in relation to safety issues. However, the practice was unable to demonstrate they had an effective system for the routine management of legionella (a germ found in the environment which can contaminate water systems in buildings).

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

The arrangements for managing medicines in the practice did not always keep patients safe.

- The practice had systems to manage the prescribing of high risk medicines. However, records showed that staff did not always follow these systems.
- Records showed that medicines requiring refrigeration were not always stored in line with national guidance.
- Staff administered or supplied medicines to patients in line with current national guidance.
- Patients were involved in regular reviews of their medicines.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

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

**Please refer to the Evidence Tables for further information.**

# Are services effective?

**We rated the practice as requires improvement for providing effective services. We rated all of the population groups as good for providing effective services.**

## Effective needs assessment, care and treatment

The practice assessed needs and delivered care and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to help keep all clinical staff up to date.
- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- We saw no evidence of discrimination when making care and treatment decisions.

### Older people:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice followed up on older patients discharged from hospital and ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice provided services at one local residential care home for patients who were residents.

### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for blood pressure related indicators for 2016 / 2017 was below local and national averages. However, the practice was aware of this result and was taking action to make improvements. They provided unverified data that demonstrated improvements.

### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Local

results showed that uptake rates for the vaccines given were lower than the target percentage of 90% or above in all four indicators. However, the practice provided us with unverified data that showed uptake rates for the vaccines given were to date higher than the target percentage of 90%.

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

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

- The practice's uptake for cervical screening was below the 80% coverage target for the national screening programme. However, the practice was aware of their performance in this regard and was in the process of implementing an action plan to make improvements. Unverified data showed that some improvements had taken place since the Public Health England data was published in March 2017.
- The practices' uptake for breast and bowel cancer screening was in line with the national average.
- The number of new cancer cases treated which resulted from a two week wait referral was in line with local and national averages.
- The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs for this age group.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability to help ensure they received the care they needed.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their

# Are services effective?

responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- Performance for dementia and mental health related indicators for 2016 / 2017 was in line with local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

## Monitoring care and treatment

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

- QOF results from 2016 / 2017 for Apex Medical Centre were in line with local and national averages.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

## Effective staffing

- The learning and development needs of staff were assessed. However, the practice was unable to demonstrate that all staff were up to date with essential training. For example, safeguarding vulnerable adults training, safeguarding children training, infection control training, recognition and management of patients with severe infections such as sepsis training and fire safety training.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Staff told us that multidisciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated. Records confirmed this.

## Helping patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant support service.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health. For example, stop smoking campaigns and tackling obesity.

## Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

**Please refer to the Evidence Tables for further information.**

# Are services caring?

**We rated the practice as good for providing caring services.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

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

## **Involvement in decisions about care and treatment**

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

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

- The practice provided facilities to help patients be involved in decisions about their care.
- The practice proactively identified carers and supported them.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- Private conversations between patients and staff at the reception desk could be overheard by others. However, when discussing patients' treatment staff were careful to keep confidential information private.
- Staff recognised the importance of people's dignity and respect.

**Please refer to the Evidence Tables for further information.**



# Are services responsive to people's needs?

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

## Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. They also took account of patients' needs and preferences.

- The practice understood the needs of its patient population and tailored services in response to those needs.
- Telephone consultations and home visits were available for patients from all population groups who were not able to visit the practice.
- Urgent access appointments were available for children and those patients with serious medical conditions.
- The practice had a website and patients were able to book appointments or order repeat prescriptions on line.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- There was a system for flagging vulnerability in individual patient records.
- Records showed the practice had systems that identified patients at high risk of admission to hospital and implemented care plans to reduce the risk and where possible avoid unplanned admission to hospital.
- There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.

### Older people:

- The practice was responsive to the needs of older people, and offered longer appointments and urgent appointments for those with enhanced needs.
- Patients over the age of 75 years had been allocated to a designated GP to oversee their care and treatment requirements.

### People with long-term conditions:

- There were longer appointments available for patients with some long-term conditions.
- Patients with a long-term condition were offered a structured annual review to check their health and medicine needs were being met.

- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people:

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of accident and emergency attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

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

### People whose circumstances make them vulnerable:

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

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

## Timely access to care and treatment



## Are services responsive to people's needs?

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line with local and national averages.

### **Listening and learning from concerns and complaints**

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

- Information about how to make a complaint or raise concerns was available.
- The practice learned lessons from individual concerns and complaints. However, the practice did not formally record verbal complaints.
- The practice acted as a result of complaints received to improve the quality of care provided.

**Please refer to the Evidence Tables for further information.**

# Are services well-led?

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

## Leadership capacity and capability

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

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

## Vision and strategy

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

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

## Culture

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They said they felt confident and supported in doing so.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- The provider was aware of and complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- There were processes for providing all staff with the development they need. However, the practice was unable to demonstrate that all staff were up to date with essential training.

- Staff we spoke with told us they felt respected, valued and supported by managers in the practice.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Structures, processes and systems to support good governance and management were clearly set out and understood.
- Practice specific policies were implemented and were available to all staff.

## Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always effective. The practice was unable to demonstrate they had taken the following risks into consideration: risks of employing staff without carrying out appropriate staff checks at the time of recruitment; risks associated with not having a child's oxygen mask available for use in an emergency; medicine management risks; risk associated with some staff not being up to date with essential training. The practice was also unable to demonstrate they had an effective system for the routine management of legionella.
- The practice had processes to manage current and future performance.
- Clinical and internal audit was used to monitor quality and to make improvements.
- The practice had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- At the time of our inspection, Apex Medical Centre did not have a registered manager in post. The person registered with CQC as their Registered Manager had left the practice. Staff told us that they were in the process of submitting the relevant application to register one of their GPs as their current Registered Manager.

## Appropriate and accurate information

## Are services well-led?

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### **Engagement with patients, the public, staff and external partners**

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The practice was in the process of setting up a patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

### **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement at all levels within the practice.
- The practice made use of reviews of incidents and complaints. Learning was shared and used to make improvements.

**Please refer to the Evidence Tables for further information.**

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures 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>Care and treatment was not always provided in a safe way for service users. The service provider was not: Doing all that was reasonably practicable to mitigate any such risks. In particular: the practice was unable to demonstrate they had an effective system for the routine management of legionella. 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. In particular: we found that some disposable medical equipment was out of date and a child's oxygen mask was not available for use in an emergency. Ensuring the proper and safe management of medicines. In particular: staff did not always follow the practice's systems to manage the prescribing of high risk medicines; and medicines requiring refrigeration were not always stored in line with national guidance. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</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>Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person to; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may have been at risk which arose from the carrying on of the regulated activity. In particular: the risks of employing staff without carrying out appropriate staff checks at the time of recruitment; risks associated with not having a child's</p>

This section is primarily information for the provider

## Requirement notices

oxygen mask available for use in an emergency; medicine management risks; the risks from not all staff being up to date with essential training; and the risks from not having an effective system for the routine management of legionella. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing  
  
The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular; not all staff were up to date with essential training. This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  
  
The provider did not have established recruitment procedures that were operated effectively to ensure that persons employed met the conditions in – (a) paragraph (1). In particular: the practice was unable to demonstrate that they always carried out appropriate staff checks at the time of recruitment and on an ongoing basis. This was in breach of Regulation 19(1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.