

Sunlight Centre

Inspection report

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[www.medwaycommunityhealthcare.nhs.uk/
see-a-gp/the-sunlight-centre/](http://www.medwaycommunityhealthcare.nhs.uk/see-a-gp/the-sunlight-centre/)

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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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection at Sunlight Centre on 3 October 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the October 2017 inspection can be found by selecting the 'all reports' link for Sunlight Centre on our website at .

After the inspection in October 2017 the practice wrote to us with an action plan outlining how they would make the necessary improvements to comply with the regulations.

This inspection was an announced comprehensive responsive follow up inspection carried out on 2 May 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 3 October 2017.

The inspection carried out on 2 May 2018 found that the practice had responded to the concerns raised at the October 2017 inspection. The overall rating for the practice is now good.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

At this inspection we found:

- There was an effective system for reporting and recording significant events.
- Improvements made to the arrangements for managing medicines helped keep patients safe.
- Risks to patients, staff and visitors were now being assessed and managed in an effective and timely manner.
- The practice had made improvements in the timely processing of incoming records that required the attention of clinical staff.

- The practice routinely reviewed the effectiveness and appropriateness of the care they provided. They ensured that care and treatment was delivered according to evidence- based guidelines.
- Data from the Quality and Outcomes Framework (QOF) showed the results for practice management of patients with long-term conditions were comparable with local and national averages. The practice had made improvements to the accuracy of their exception reporting which was reflected in an improvement of 15% over the results published at the time of our last inspection in October 2017.
- Records showed that all relevant staff were now up to date with infection control training and fire safety 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.
- The practice had made improvements to governance arrangements.
- The practice had systems and processes for learning, continuous improvement and innovation.

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

- Keep records to demonstrate that all staff who act as chaperones have received training for the role.
- Provide non-clinical staff with awareness training relevant to their role in the identification and management of patients with severe infections.
- Keep records to demonstrate when contact with medicines manufacturers is made and what advice is received.
- Continue to implement action plans to improve uptake rates for childhood immunisations.
- Continue to implement action plans to improve national GP patient survey results with patients' satisfaction with how they access care and treatment.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist adviser.

Background to Sunlight Centre

- The registered provider is Medway Community Healthcare C.I.C.
- Sunlight Centre is located at 105 Richmond Road, Gillingham, Kent, ME7 1LX. The practice has an alternative provider medical services contract with NHS England for delivering primary care services to the local community. The practice website address is www.medwaycommunityhealthcare.nhs.uk/see-a-gp/the-sunlight-centre/.
- As part of our inspection we visited Sunlight Centre, 105 Richmond Road, Gillingham, Kent, ME7 1LX only, where the provider delivers registered activities.
- Sunlight Centre has a registered patient population of approximately 6,900 patients. The practice is located in an area with a higher than average deprivation score.

Are services safe?

At our previous inspection on 3 October 2017, we rated the practice as requires improvement for providing safe services.

- The practice was unable to demonstrate that all staff who acted as chaperones were trained for the role.
- The practice did not keep records of the hepatitis b status of all clinical staff.
- The practice was unable to demonstrate that all relevant staff had received up to date infection prevention and control training.
- The practice was unable to demonstrate they had a reliable system that managed test results and other incoming correspondence in a timely manner.
- Risks to patients, staff and visitors were not always assessed and managed in an effective and timely manner.
- The arrangements for managing medicines did not always keep patients safe.

The practice had responded to these issues when we undertook a comprehensive follow up inspection on 2 May 2018.

The practice is now rated as good for providing safe services.

Safety systems and processes

The practice had systems, processes and practices to help 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.
- Non-clinical staff who acted as chaperones were trained for the role. Nursing staff told us that chaperone training was included in their basic nurse training. However, there were no records to confirm this.
- The practice provided assurances that safety was promoted in their recruitment practices.
- The practice's system that recorded the hepatitis b status of all clinical staff had been revised and records were now up to date.
- The practice had revised arrangements to help ensure that facilities and equipment were safe and in good working order. Records showed that a fire drill had taken

place at the practice on 28 December 2017 and that staff were now up to date with fire safety training. We looked at clinical equipment in GP's home visit bags and found that they were either new (not yet requiring calibration checks) or were up to date with calibration.

- There was an effective system to manage infection prevention and control. Records showed that relevant staff were now up to date with infection prevention and control training.
- The practice had systems for notifiable safety incidents.

Risks to patients

Risks to patients, staff and visitors were assessed and managed in an effective and timely 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, non-clinical staff had not received awareness training in the identification and management of patients with severe infections. For example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- There were comprehensive risk assessments in relation to safety issues. Records showed that the action plan to address issues identified by the health and safety risk assessment carried out since our last inspection had been implemented. This also included actions to address issues regarding the control of substances hazardous to health (COSHH). Monitoring of the effects of actions taken was ongoing but demonstrated a reduction in most identified issues. Staff told us that action had been taken in line with the action plan that had been developed to address issues identified by the legionella risk assessment dated July 2017. For example, the water heater had been replaced on 4 October 2017. (Legionella is a germ found in the environment which can contaminate water systems in buildings). Records confirmed this and demonstrated that the action plan contained a timeline for remaining action to be completed by.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Are services safe?

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 made improvements in the timely processing of incoming records that required the attention of clinical staff. For example, test results and other incoming correspondence. Records showed that the practice manager was now monitoring the timeliness of clinicians reviewing incoming test results and correspondence. We looked at the system that managed incoming test results and correspondence and saw that there were no items awaiting review or action by a clinician.
- 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 helped keep patients safe.

- The practice had revised their systems for managing and storing medicines, including vaccines, to help minimise risks.
- Records showed that the use of blank prescription forms and pads was now being monitored.
- Records showed that designated staff were now allocated on a daily basis to monitor and record the temperature of the refrigerators used to store medicines in the practice twice daily. Staff told us that the practice had purchased electronic equipment that constantly recorded the temperature of each medicines refrigerator. Written guidance for staff to follow on the management of medicines that required refrigerated

storage had been updated. For example, the standard operating procedure – ordering, storage, transport and disposal of vaccines and medicines requiring refrigerated storage. Appropriate temperature checks for refrigerators used to store medicines had been carried out and records of those checks were made. These records showed that the maximum temperature of one medicine refrigerator was outside of the recommended storage range of between two and eight degrees centigrade on 19 April 2018. Records showed that appropriate action was taken to keep these medicines safe. Staff told us that they had also contacted the manufacturers of affected medicines for advice. However, there were no records to confirm this.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately.
- 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?

At our previous inspection on 3 October 2017, we rated the practice as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed the results for practice management of patients with long-term conditions were good. (QOF is a system intended to improve the quality of general practice and reward good practice). However, the practice's exception reporting rate was high. (Exception reporting is the removal of patients from QOF calculations where, for example, patients are unable to attend a review meeting or certain medicine cannot be prescribed because of side effects).
- The practice was unable to demonstrate that all relevant staff were up to date with essential training.

The practice had responded to these issues when we undertook a comprehensive follow up inspection on 2 May 2018.

The practice, and all of the patient population groups, is now rated as good for providing effective services.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17).

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.

People with long-term conditions:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had achieved 45 out of 45 points (100%) in the four clinical domain indicators for asthma (the same as the results published at the time of our inspection in October 2017) as well as 31 out of 35 points (90%) in the six clinical domain indicators for chronic obstructive pulmonary disease (slightly less than the result of 100% published at the time of our last inspection in October 2017)..
- The practice had achieved 29 out of 29 points (100%) in the three clinical domain indicators for atrial fibrillation (the same as the results published at the time of our last inspection in October 2017) as well as 35 out of 35 points (100%) in the four clinical domain indicators for secondary prevention of coronary heart disease (the same as the results published at the time of our last inspection in October 2017).
- The practice had achieved 11 out of 11 points (100%) in the two clinical domain indicators for cancer (a large improvement over the result of 46% published at the time of our last inspection in October 2017).
- The practice had achieved 75 out of 86 points (88%) in the 11 clinical domain indicators for diabetes mellitus (slightly less than the result of 100% published at the time of our last inspection in October 2017).

Families, children and young people:

- There were systems to help ensure results were received for all samples sent for the cervical screening programme and that the practice had followed up women who were referred as a result of abnormal results.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were lower than the target percentage of 90% or above.

Where uptake rates for the vaccinations given were lower than the target percentage of 90% or above the practice had developed and implemented an action plan to address the results and improve uptake. For example, the practice was in the process of improving the system that followed up children who did not attend for their childhood immunisations.

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

Are services effective?

- The practice was proactive in offering some online services, as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- 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 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 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):

- The practice had achieved 26 out of 26 points (100%) in the seven clinical domain indicators for mental health (an improvement over the result of 98% published at the time of our last inspection in October 2017).
- 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 comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example:

- QOF results for Sunlight Centre were comparable with local and national averages.
- The overall exception rate published at the time of our last inspection in October 2017 was 27%. This had significantly improved since then and the latest published result was 12%.
- 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 practice provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment.

- The learning and development needs of staff were assessed and the provider had a programme of learning and development to meet their needs.
- Records showed that all relevant staff were now up to date with infection control training, fire safety training and chaperone 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.

Are services effective?

- 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?

At our previous inspection on 3 October 2017, we rated the practice as good for providing caring services.

The practice remains rated 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 comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses.

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 patients responded positively to questions about their involvement 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.
- Incoming telephone calls and 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?

At our previous inspection on 3 October 2017, we rated the practice as good for providing responsive services.

The practice, and all patient population groups, remains rated as good for providing caring 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 also offered walk in appointments for patients registered with them.
- 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.
- Staff from a local supported housing complex for older people were able to contact the practice via a dedicated telephone line. This permitted residents immediate access to a clinician.

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.
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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.
- The practice offered patients with back pain, joint pain or movement issues an appointment with a prescribing physiotherapist.
- The practice offered services to students at a local university.

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.

Are services responsive to people's needs?

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.
- Improvements had been made to the practice to help ensure appropriate access for patients 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

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 below local clinical commissioning group (CCG) averages and national averages.

Where national GP patient survey results were below average the practice had developed and implemented an action plan to address the findings and improve patient satisfaction. For example, the practice had installed an additional telephone line to help improve patient access.

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.
- 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?

At our previous inspection on 3 October 2017, we rated the practice as requires improvement for providing well-led services.

- Governance arrangements were not always effectively implemented.

The practice had responded to these issues when we undertook a comprehensive follow up inspection on 2 May 2018.

The practice is now rated as good for providing well-led services.

Leadership capacity and capability

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

- Managers 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 management.
- Staff told us the managers were approachable and always took time to listen to all members of staff.

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 which reflected their vision.
- Most of the staff we spoke with were aware of the practice's vision or statement of purpose.
- 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.
- Staff we spoke with told us they felt respected, valued and supported by managers in the practice.

Governance arrangements

The practice had made improvements to 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.
- Corporate policies were implemented and were available to all staff. At our last inspection in October 2017 we looked at 26 such policies and guidance documents and found that two were overdue review. The practice had revised the system that kept governance documentation up to date and we saw that the two documents that were overdue review were now up to date.

Managing risks, issues and performance

The practice had revised risk management and risks to patients, staff and visitors were now being assessed and managed in an effective and timely manner.

- The practice had revised their systems for managing and storing medicines, including vaccines, to help minimise risks.
- The practice was now monitoring the use of blank prescription forms and pads.
- Vaccines and other medicines that required refrigeration were now being stored in accordance with national guidance.
- Improvements had been made in the assessment and management of the potential risk of legionella in the building's water system as well as the risks associated with the lack of an effective system that managed test results and other incoming correspondence.

Are services well-led?

- Records showed that staff were now up to date with essential training and the practice had an effective system that recorded the hepatitis b status of all clinical staff.
- The practice had a system for completing clinical audits in order to drive quality improvement.
- The practice had arrangements to deal with major incidents.

Appropriate and accurate information

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 robust 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 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.