

# Aylesford Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Aylesford Medical Centre on 9 February 2016. Breaches of the legal requirements were found, in that:

The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse. However, not all GPs had received appropriate training in safeguarding adults.

The practices systems and processes were established but were not operated effectively to enable the practice to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from risks identified. For example, fire safety checks were inadequate.

As a result, the care and treatment was not always safe and well-led. Therefore, a Requirement Notice was served in relation to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 - Good governance.

Following the comprehensive inspection, the practice wrote to us to tell us what they would do to meet the legal requirements in relation to the breaches and how they would comply with the legal requirements, as set out in the Requirement Notices.

We undertook this desk based inspection on 26 May 2016, to check that the practice had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Aylesford Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

At our previous comprehensive inspection on 9 February 2016 the practice had been rated as requires improvement for providing safe services, as there were areas where it should make improvements. For example, not all GPs had received appropriate training in safeguarding adults. Risks to patients were assessed and well managed, with the exception of those relating to fire safety checks.

As part of our desk based inspection on 26 May 2016, the practice provided evidence, records and documentary information to demonstrate that the requirements had been met.

- The lead GP for safeguarding adults had completed comprehensive training in safeguarding adults to the correct level.
- The practice had an up to date fire risk assessment and records of routine fire drills were being maintained.

Good



### Are services well-led?

At our previous comprehensive inspection on 9 February 2016 the practice had been rated as requires improvement for being well-led. We found that there was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify most areas of risk. However, issues relating to the recording of fire safety checks and safeguarding adult training of GPs had not been identified. Staff told us the practice held regular team meetings. However, there were no minutes of meetings maintained for practice nurse meetings, nor meetings attended by the whole team.

As part of our desk based inspection on 26 May 2016, the practice submitted records and documentary evidence to demonstrate they had improved their systems and processes to ensure they were operated effectively. This enabled the practice to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk, arising from the issues identified above.

- GPs had completed comprehensive training in safeguarding adults to the correct level.
- The practice had an up to date fire risk assessment and that records of routine fire drills were being maintained.
- Team meetings were minuted.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice population included a high number of patients who are aged 75 and over, who have good health and those who may have one or more long-term physical or mental condition. It included patients who live at home as well as those who are in a residential or nursing home, where the practice maintained long term and end of life care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with other healthcare professionals such as the community nurses.

Good



### People with long term conditions

The practice is rated as good for the care of 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.
- Performance for diabetes related indicators was 96%, which were better than the CCG and national average of 91%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines 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.

Good



### Families, children and young people

The practice is rated as good for the care of 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



# Summary of findings

- The percentage of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months was 79%, which were better than the CCG and national average of 75%.
- 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.
- The percentage women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years<sup>84</sup>
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice were piloting email consultations, in order to provide care to working age patients.

**Good**



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- It had carried out annual health checks for all patients with a learning disability. It offered longer appointments for people with complex needs that related to their circumstances as well as their health concerns. The practice identified that there were a number of Nepalese and Eastern European patients registered with them and had translation services available if needed.

**Good**



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.

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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider is rated as requires improvement for providing safe, responsive and well-led services and good for effective and caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- 96% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months, which was above the CCG and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



## Summary of findings

# Aylesford Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The desk based inspection was completed by a CQC Lead Inspector.

## Background to Aylesford Medical Centre

Aylesford Medical Centre is a GP practice based in Aylesford, Kent. There are 6,700 patients on the practice list. The practice is located within the Royal British Legion Village and has more patients aged over 64 years, as well as patients aged 18 and under than national averages. There are significantly more patients (63%) with a long standing health condition, compared to the national average (54%). The practice also had considerable numbers of Nepalese, Eastern European and ex service personnel patients registered with them.

There are two partner GPs (female) and one salaried GP (male). The GPs are supported by a practice manager, an advanced nurse practitioner (also a partner), a practice nurse, a healthcare assistant and an administrative team.

Aylesford Medical Centre is open 8.00am to 12.30pm and 1.30pm to 6.30pm Monday to Friday. Extended hours with the advanced nurse practitioner are available Monday to Friday from 7am to 8am. There is an emergency number for patients to be able to contact the practice during the hours of 12.30pm to 1.30pm.

There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

The practice has a general medical service (GMS) contract and also offers enhanced services for example; minor operations and joint injections.

The practice had previously been inspected on 27 November 2013 and was found non-compliant in areas relating to infection control. A further focussed inspection was carried out on 15 August 2014 and the practice was found to be compliant. Additionally, a comprehensive inspection of the practice was carried out on 9 February 2016. Breaches of the legal requirements were found and as a result, the care and treatment was not always safe and well-led. Therefore, a Requirement Notice was served in relation to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 - Good governance. Following the comprehensive inspection, the practice wrote to us to tell us what they would do to meet the legal requirements in relation to the breaches and how they would comply with the legal requirements, as set out in the Requirement Notices.

Services are delivered from;

Aylesford Medical Centre, Admiral Moore Drive, Aylesford, Kent, ME20 7SE

## Why we carried out this inspection

We undertook a desk based inspection of Aylesford Medical Centre on 26 May 2016. This inspection was carried out to check that improvements had been made to meet the legal requirements planned by the practice, following our comprehensive inspection on 9 February 2016.

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



# Are services safe?

## Our findings

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse. The lead GP for safeguarding adults had completed comprehensive training in safeguarding adults to the correct level. Documentary evidence confirmed this.

### Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures for monitoring and managing risks to patient and staff safety. The practice had an up to date fire risk assessment and records of routine fire drills carried out were being maintained. Documentary evidence 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

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions had been improved. This enabled the practice to identify the risks associated with the lead GP for

safeguarding adults not having the required level of training, fire risk assessments being out of date and minutes of nursing team and whole staff team meetings not being recorded. Documentary evidence confirmed this.

### Leadership and culture

There was a clear leadership structure and staff felt supported by management. The practice held regular team meetings and minutes of meetings were maintained for practice nurse meetings and meetings attended by the whole team. Documentary evidence confirmed this.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.