

Care Quality Commission

Inspection Evidence Table

Inspection date: Tuesday 17 April 2018

Date of data download: 27 March 2018

Safe

Safety systems and processes

Source	
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs).	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
Explanation of any 'No' answers:	
Add commentary here	
<ul style="list-style-type: none">• The safeguarding lead was responsible for children and adults.• Staff had an understanding of the single point of contact.• The practice was introducing practical learning from legislation such as Sarah and Claire's Law and serious case reviews.	

Recruitment Systems	
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place.	Yes
Explanation of any 'No' answers:	
Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/Test: May 2017.	Yes
There was a record of equipment calibration. Date of last calibration: May 2017.	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals.	Yes
Fire procedure in place.	Yes
Fire extinguisher checks.	Yes
Fire drills and logs.	Yes
Fire alarm checks.	Yes
Fire training for staff.	Yes
Fire marshals.	Yes
Fire risk assessment. The fire risk assessment was revised in February 2018.	Yes
Actions were identified and completed.	Yes
Additional observations:	NA
Health and safety	
Premises/security risk assessment? Date of last assessment:	Yes 02/2018
Health and safety risk assessment and actions Date of last assessment:	Yes 02/2018
Additional comments:	NA

<p>Infection control</p> <p>Risk assessment and policy in place. Date of last infection control audit: March 2018. The provider acted on any issues identified.</p> <p>Detail:</p> <ul style="list-style-type: none"> • The practice was a low risk as they did not conduct any intrusive procedures. • There was an action plan in place and progress was monitored and actions completed. 	<p>Yes Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any 'No' answers:</p>	<p>NA</p>

Risks to patients

<p>The practice had systems in place to monitor and review staffing levels and skill mix.</p>	<p>Yes</p>
<p>There was an effective approach to managing staff absences and busy periods.</p>	<p>Yes</p>
<p>Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance</p>	<p>Yes</p>
<p>Staff knew how to respond to emergency situations.</p>	<p>Yes</p>
<p>Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.</p>	<p>Yes</p>
<p>The practice had equipment available to enable assessment of patients with presumed sepsis.</p>	<p>Yes</p>
<p>There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.</p>	<p>Yes</p>
<p>The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.</p>	<p>Yes</p>
<p>Explanation of any 'No' answers:</p>	<p>NA</p>

Information to deliver safe care and treatment

Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any 'No' answers:	

Safe and appropriate use of medicines

Medicine Management	
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Partial
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial
Up to date local prescribing guidelines were in use. Clinical staff were able to access the local CCG medicine management team for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	NA
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Partial
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	No
There was medical oxygen on site. The practice had a defibrillator. Both were checked regularly and this was recorded.	Yes Yes Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Explanation of any 'No' answers:	
<ul style="list-style-type: none"> The practice did not accurately manage and monitor the use of prescriptions in line with guidance. 	

- The practice did not have a risk assessment in place for GPs not carrying emergency medicines on home visits.
- There was not an effective system established to ensure patients on high risk medicines had been appropriately reviewed. We checked clinical records and saw the monitoring of patients was dependent on the professionalism of individual clinicians.
- We found the emergency medicines did not include medicines to treat patients who may fit, require pain relief and one medicine for the treatment of asthmatics was out of date. Our findings were shared with the practice on the day and they confirmed they would be ordering appropriate medicines and ensuring they were in date.

Track record on safety and lessons learned and improvements made

Significant events	
There was a system for recording and acting on significant events.	Yes
Staff understood how to report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months.	8
Number of events that required action.	8

Example(s) of significant events recorded and actions by the practice;

Event	Specific action taken
Incorrect medicine prescribing.	The practice reviewed and amended the prescribing policy aligning processes including the authorisation of medicines.
Inappropriate conduct by patient towards practice team.	Review of patient care conducted to determine if their needs were being met. Written warning sent to the patient regarding acceptable behaviour. Patient records flagged for the attention of staff. Patient spoken to in person and agreed to terms of engagement with the practice and is now seen by two staff members.
Management of patient information.	The practice conducted a review of their systems. Advised the staff of their processes and risks if they were not adhered.

Safety Alerts	
There was a system for recording and acting on safety alerts.	Yes
Staff understand how to deal with alerts.	No
Comments on systems in place:	

There was a system for sharing MHRA and safety alerts. However, despite the appointment of a medicine management lead the management of alerts was not actively overseen to ensure all applicable safety alerts had been actioned. For example, a search of their system identified five potential patients at risk due to not being spoken to about risks associated with their medicine. The practice manager had conducted their own search of the clinical system and due to different parameters being entered had not identified the patients and believed none were adversely affected. The search had not been discussed, reviewed or agreed with a clinician.

Effective

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
If no please explain below:	

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least three monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF) .	Yes

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received.	54
Number of CQC comments received which were positive about the service.	50
Number of comments cards received which were mixed about the service.	4
Number of CQC comments received which were negative about the service.	NA

Examples of feedback received:

Source	Feedback
Comment cards	<ul style="list-style-type: none"> • My care at Birchington Medical Centre has been second to none. I have had appointments when needed and in good time scale. Thank you to all the staff. • I cannot praise the staff here at Birchington Medical Centre enough. All staff from receptionists, nurses, HCAs and doctors has been brilliant over the last year. They have been kind, caring and compassionate not only face to face but with telephone and home visits to my aging and very poorly parents. They have also shown compassion towards me throughout this trying period of our lives. They all need to be recognised and thanked. For me the care is second to none. Well done team BMC. • When having to come to Birchington Medical Centre I always am listened to and can ask questions. Today it was thorough and friendly and seen on time. • This has been an ongoing process that requires me to have blood tests every (number) weeks. Every effort has been made to offer appointments to fit in with the plan and others that are required at local hospital. Very impressed with the service. • Excellent and positive attitude giving full explanation of illness and required medication/treatment. Friendly and relaxing appointment.

National GP Survey results

The practice carries out its own patient survey/patient feedback exercises Yes

Date of exercise	Summary of results
National GP patient survey 2017	<p>The National GP patient survey distributed 222 surveys in 2017. One hundred and twenty five were returned resulting in a completion rate of 56% and amounting to 1% of their patient population.</p> <ul style="list-style-type: none"> • 83% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.

<p>March 2018 internal practice patient survey.</p>	<ul style="list-style-type: none"> • 80% of patients who responded said the GP gave them enough time; CCG - 86%; national average - 86%. • 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%. • 85% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 84%; national average - 86%. • 97% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%. • 97% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 92%. • 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average – 97%. • 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 94%; national average - 91%. • 88% of patients who responded said they found the receptionists at the practice helpful; CCG - 86%; national average - 87%. <p>The practice conducted their own internal survey in response to the areas where they did not perform as they had hoped. They revisited seven questions from the national patient survey to determine if they had improved. They drew comparisons with their CCG and national average data. The practice received 174 questionnaire responses from patients and carers who had used the service in the past 12 months.</p> <p>The practice had identified improvements in all seven areas. Patient satisfaction rates exceeded the local and national averages in five of the seven areas relating to access to services and appointments. Satisfaction rates relating to phone access and accessibility of clinicians were comparable with the CCG and national averages.</p>
---	---

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
<p>GP National Survey data 2017.</p>	<ul style="list-style-type: none"> • 82% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%. • 78% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 79%; national average - 82%. • 95% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 93%; national average - 90%. • 92% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 88%; national average - 85%.

National GP Survey results

Interpretation services were available for patients who did not have English as a first language. Yes

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. Yes

Information leaflets were available in easy read format. Yes on request.

Information about support groups was available on the practice website. Yes

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 190 patients as carers on their clinical system 2% of their patient list.
How the practice supports carers.	<ul style="list-style-type: none"> • Literature was available of services in their area. • The practice held regular carers open days in partnership with a charity. • Late appointments were available to patients. The practice recognised specifically that carers may benefit from evening appointments when a spouse or family member may return from work or take over caring responsibilities to enable them to attend the practice. • The practice worked with the Thanet volunteer driver scheme to ensure patients could access services. • The practice worked with care home patients to ensure suitable transport arrangements were in place and the practice held dedicated clinical sessions seasonally.
How the practice supports recently bereaved patients.	The practice wrote or called bereaved families and offered them a consultation if appropriate or signposted them to support services.

Privacy and dignity

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk.	The receptionists are experienced and notices were displayed at reception advising patients they could speak in private should they wish.

Consultation and treatment room doors were closed during consultations. Yes

A private room was available if patients were distressed or wanted to discuss sensitive issues. Yes

Examples of specific feedback received:

Source	Feedback
Comment card.	I was treated with empathy and great care understanding and dignity they listened to my problems and showed a great deal of understanding and prescribed the way forward to deal with my illness and appropriate medication.

Responsive

Responding to and meeting people's needs

Appointments available.	Yes a wide range of appointment with clinicians including home visits.
Extended hours opening.	Yes, GP and Advanced Nurse Practitioner (prescribing nurse) till 7pm twice a week.

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
If yes, describe how this was done	
The receptionists have a detailed assessment criteria template which is referred to the Duty GP for a decision and response. We tracked through two cases and saw good adherence to the system and appropriate and timely care.	

Timely access to the service

National GP Survey results

Examples of feedback received from patients:

Source	Feedback
National GP patient survey 2017.	<ul style="list-style-type: none"> 70% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%. 86% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 80%; national average - 84%. 80% of patients who responded said their last appointment was convenient; CCG - 78%; national average - 81%.
March 2018 internal practice patient survey.	<p>The practice conducted their own internal survey in response to the areas where they did not perform as they had hoped. They revisited seven questions from the national patient survey to determine if they had improved. They drew comparisons with their CCG and national average data. The practice received 174 questionnaire responses from patients and carers who had used the service in the past 12 months.</p> <p>The practice had identified improvements in all seven areas. Patient satisfaction rates exceeded the local and national averages in five of the seven areas relating to access to services and appointments. Satisfaction rates relating to phone access and accessibility of clinicians were comparable with the CCG and national averages.</p>

Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations. Yes. (See *My expectations for raising concerns and complaints* and *NHS England Complaints policy*)

Information was available to help patients understand the complaints system. Yes

Complaints	
Number of complaints received in the last year.	11
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1
Additional comments:	
<ul style="list-style-type: none">• The deputy practice manager was the practice lead for responding to complaints and had received additional training along with a member of the reception team. They responded to and managed complaints to assist in their timely resolution and mitigate the risks of them escalating. We checked the practice records and found evidence of verbal complaints being recorded, investigated and learning shared with the practice team.• A complaint had been referred to the Parliamentary and Health Service Ombudsman but was not upheld and the practice was found to have acted appropriately in accordance with their Duty of Candour.	

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values
The practice had a published mission statement known to staff.

Culture

Examples of feedback from staff or other evidence about working at the practice.

Source	Feedback
Staff members.	The inspection team spoke with clinical and administrative staff members who told us that they enjoyed coming to work. They were supportive and positive about their working environment and colleagues but acknowledged the challenges they faced through growing patient demand and expectations.

Examples of changes made by the practice as a result of feedback from staff and patients.

Source	Example
Staff conversations.	Appointment of new members of the clinical team to provide more responsive and effective care to patients.

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour).

Source	Example
	Refer to significant event logs, complaints and clinical meeting minutes showing sharing and learning from incidents.

Examples of concerns raised by staff and addressed by the practice.

The practice's speaking up policies were in line with the NHSI National Raising Issues Policy.	Yes
--	-----

Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Staff safety.	Promoting safe staff areas where access is restricted by a code.
Patient Participation Meeting minutes 1 February 2018.	Carpark lighting approved for the safety of patients and staff.

Examples of action taken by the practice to promote equality and diversity for staff.

Source	Example
Personnel.	The practice employs a range of clinical and non-clinical staff working and

	promoting flexible working arrangements to complement their personal and religious preferences.
--	---

Examples of actions to improve quality in past two years.

Area	Impact
Recruitment.	The practice have appointed advanced nurse practitioners and retained the community matrons to deliver quality improvements in service accessibility.

Examples of service developments implemented in past two years.

Development area	Impact
Personnel.	The practice conducted a review of their work processes mapping work flow and identifying savings in time and money. This resulted in the appointment of additional administrative staff and the freeing up of management time.
Environment.	The introduction of high riser chairs for patients with restricted mobility.
Environment.	The introduction of electronic front doors to assist entry.

Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails.	Yes
---	-----

Engagement with patients, the public, staff and external partners

Examples of methods of engagement used by the practice.

	Method	Impact
Patients.	Questionnaires In person Through local media Practice publications on paper and their multi-media screen within the reception area.	Positive relationships encouraged.
Public.	In person Through local media Practice publications on paper.	Positive relationships encouraged.
Staff.	In person Team meetings One to ones.	Positive relationships encouraged.
External partners.	In person through practice management meetings Learning opportunities and clinical commissioning group meetings.	Positive relationships encouraged.

Feedback from Patient Participation Group;

Feedback
No members of the patient participation group were spoken to on the day of the inspection.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Appointment of apprentices.	The practice had a number of apprentices working with the practice to develop their understanding of the administrative duties involved in the practice. The current assistant practice manager was approaching the end of their apprenticeship and was considered by both patients and staff as an invaluable member of the team.
Working with their CCG.	The practice was working with their neighbouring practices and the CCG to assess the merits of recruiting a pharmacist to work across multiple sites and support their management of medicines.