

Sheppey Healthy Living 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 Sheppey Healthy Living Centre on 20 June 2017. The overall rating for the practice was requires improvement. The full comprehensive report from the 20 June 2017 inspection can be found by selecting the 'all reports' link for Sheppey Healthy Living Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 16 November 2017 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 20 June 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- There was a system for receiving and acting on safety alerts. The practice learned from patient and medicine safety alerts.
- There were systems to monitor patients on high risk medicines.

- The repeat prescribing policy had been updated. Patients who did not collect their prescriptions were contacted and the clinician was informed.
- The process to record significant events had been updated and provided an audit trail of actions taken and outcomes of investigations.
- The process to record complaints had been strengthened to include verbal complaints. Lessons were learned from individual concerns and complaints and also from the analysis of trends.
- The practice had identified 38 patients as carers (1.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them.
- The practice had reviewed the needs of patients to ensure services were accessible. As a result of this review the practice was planning to provide a patient leaflet in Polish.
- A hearing loop was available at the practice.
- The practice had a process to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative

Summary of findings

emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

- The practice had a policy for patients who did not attend appointments. Patients were sent a reminder 48 and 24 hours prior to their appointment. Patients who failed to attend appointments were contacted and the practice kept a record of why patients did not attend. This information was used for learning to improve accessibility.

- The practice had a patient participation group which had two members. The practice made efforts to attract additional patients to the forum. To increase opportunities to collect patient feedback and communicate with patients the practice had set up a virtual patient group which had 61 members.

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 inspection on 20 June 2017 we rated the practice as requires improvement for the provision of safe services. The practice did not have defined and embedded systems and processes to minimise risks to patients or to ensure the safe management of medicines.

These arrangements had significantly improved when we undertook a follow up focused inspection on 16 November 2017. The practice is now rated as good for providing safe services.

We reviewed evidence to show that the practice had taken action to address the areas where the previous inspection identified they must make improvement. We found that:

- There was a system for receiving and acting on safety alerts. The practice learned from patient and medicine safety alerts.
- The practice had updated their prescribing policy and there were systems to monitor and audit patients on high risk medicines.
- There was a system in place for monitoring the use of blank prescription forms.
- The practice repeat prescribing policy had been updated. Patients who did not collect their prescriptions were contacted and the clinician was informed.
- The process to record significant events had been updated and provided an audit trail of actions taken and outcomes of investigations. The practice carried out a thorough analysis of significant events. Learning was shared within the practice and externally and action was taken to improve safety in the practice. The practice also monitored trends in significant events.
- Annual infection control audit documentation was improved and now reflected where all actions had been completed.

We reviewed evidence to show that the practice had taken action to address the areas where they should make improvements in the provision of safe services. We found that:

- Emergency medicines were available in line with best practice.
- There were cleaning schedules and monitoring systems in place.

Good



Summary of findings

Are services well-led?

At our previous inspection on 20 June 2017 we rated the practice as requires improvement for providing well-led services. We found that systems or processes were not established and operating effectively to assess, monitor and improve the quality and safety of services.

These arrangements had significantly improved when we undertook a follow up focused inspection on 16 November 2017. The practice is now rated as good for well-led.

We reviewed evidence to show that the practice had taken action to address the areas where the previous inspection identified they must make improvement. We found that:

- The process to record complaints had been strengthened to include verbal complaints. Lessons were learned from individual concerns and complaints and from the analysis of trends. Action was taken as a result to improve the quality of care.
- There was evidence of appraisals and personal development plans for all staff.
- The practice had a business plan in place and practice staff had been involved in the development of the plan.

We reviewed evidence to show that the practice had taken action to address the areas where they should make improvements in the provision of safe services. We found that:

- Verbal complaints were recorded and lessons were learned from these. An analysis of trends was conducted. Action was taken as a result of complaints to improve the quality of care.

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 provider had resolved the concerns for safe and well-led services identified at our inspection on 20 June 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safe and well-led services identified at our inspection on 20 June 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safe and well-led services identified at our inspection on 20 June 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safe and well-led services identified at our inspection on 20 June 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safe and well-led services identified at our inspection on 20 June 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safe and well-led services identified at our inspection on 20 June 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Sheppey Healthy Living Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a CQC Assistant Inspector.

Background to Sheppey Healthy Living Centre

Sheppey Healthy Living Centre is located on the Isle of Sheppey, an island off the northern coast of Kent, in the Thames Estuary. It has high levels of unemployment and deprivation. Both men and women have lower levels of life expectancy than the national average.

Sheppey Healthy Living Centre is managed by Minister Medical Group, a GP partnership.

The practice provides services to approximately 2,700 patients. The practice has three long-term sessional locum GPs (one female and two male GPs). There is one practice nurse (female) who works Tuesday. There is one healthcare assistant (female) who works on Monday performing phlebotomy, health checks and new patient checks. The practice has a clinical pharmacist (female) who works Wednesday to support medication reviews and new patient checks.

The practice is situated in shared premises and there is disabled access and car parking available on site. The practice is open between 8.30am and 6pm Monday to Friday. Appointments are from 8.40am every morning till 11.50 and afternoon surgery starts at 3pm and finishes at

6pm. In addition to pre-bookable appointments that may be booked up to four weeks in advance, urgent appointments are also available for patients that need them.

Medoc, an out of hour's health provider, manages enquiries from patients who contact the surgery between 8am to 8.30am and 6pm to 6.30pm and when the practice is closed on weekends.

The practice had a comprehensive website detailing opening times, staffing and services. It could be translated in to other languages and included screening tools and practice aide memoirs to support patients who were carers or experiencing bereavement.

The practice has a registered manager and is registered for providing treatment of disease, disorder and injury and diagnostic and screening procedures.

Why we carried out this inspection

We undertook a comprehensive inspection of Sheppey Healthy Living Centre on 20 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 20 June 2017 can be found by selecting the 'all reports' link for Sheppey Healthy Living Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Sheppey Healthy Living Centre on 16 November 2017. This

Detailed findings

inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a focused inspection of Sheppey Healthy Living Centre on 16 November 2017.

During our visit we:

- Spoke with the practice manager and one GP.
- Reviewed policies and procedures.
- Reviewed minutes of meetings.
- Looked at information the practice used to deliver care.

Are services safe?

Our findings

At our previous inspection on 20 June 2017 we rated the practice as requires improvement for providing safe services in that:

- The practice did not have systems or processes in place to action safety alerts.
- We found inconsistent monitoring practices for patients in receipt of high risk medicines.
- We found blank prescription forms and pads were securely stored but there was no system to monitor their use.
- Staff told us prescriptions which were not collected after a couple of months were shredded and registered on the patient system. However, the clinician was not informed and therefore may not follow up with the patient to check on their well-being.
- We found there was a system for reporting and recording significant events. However, the management of incidents was not consistently timely, some incidents lacked investigation, analysis and learning to support improvements.
- We reviewed the last annual infection control audit. Areas for improvement had been identified, action plans were place and tasks had been progressed. However, the documentation did not reflect where actions had been completed.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 16 November 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

- There was a system for receiving and acting on safety alerts. The patient safety alert policy and process had been updated and the process had been shared with other local practices.
- The practice had updated their prescribing policy. We found appropriate monitoring of patients receiving high risk medicines. We saw evidence that a monthly audit was undertaken to identify and monitor patients on high risk medicines. In cases where regular blood tests were undertaken by an external provider, in line with the Clinical Commissioning Groups policy, the practice undertook action to ensure that they received the patient's results.
- There was a system in place for monitoring the use of blank prescription forms.
- The repeat prescribing policy had been updated. Patients who did not collect their prescriptions were contacted and the clinician was informed.
- The process to record significant events had been updated and provided an audit trail of actions taken and outcomes of investigations. The practice carried out a thorough timely analysis of the significant events. Learning was shared within the practice and externally and action was taken to improve safety in the practice. We saw evidence that the practice held an annual meeting to monitor trends in significant events.
- There were cleaning schedules and monitoring systems in place. The practice undertook a monthly audit of cleaning using the patient safety standards tool kit.
- Annual infection control audit documentation was improved and all areas reflected where actions had been completed.

Arrangements to deal with emergencies and major incidents

- Emergency medicines were available in line with best practice.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 20 June 2017, we rated the practice as requires improvement for providing well-led services in that:

- We saw the practice responded in a timely and appropriate manner to concerns raised but needed to strengthen their recording systems.
- We found that staff had received an appraisal or they were scheduled to be conducted. However, not all staff files were reflective of this.
- The practice did not have a business plan, but told us they were intending to formalise their strategy.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 16 November 2017. The practice is now rated as good for being well-led.

Governance arrangements

- The process to record complaints had been strengthened to include the recording of verbal complaints. From a sample of documents examined we found that learning from complaints and the analysis of trends was shared with the staff team, and action was taken as a result to improve the quality of care. For example, a patient had complained when they attended an appointment for a blood test and the appropriate blood collection bottle was not available. The practice reviewed the bottle ordering process, increased the storage area for bottles and appointed a lead person to oversee stock levels. The practice wrote to the patient to apologise and explain the actions undertaken.
- There was evidence of appraisals and personal development plans for all staff.
- The practice had formalised their strategy with a business plan and practice staff had been involved in its development.