

# Sydenham House 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 effective?                    | Good |  |
| Are services responsive to people's needs? | 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 Sydenham House Medical Centre on 2 November 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Sydenham House Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 30 August 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 2 November 2016. 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:

- The practice demonstrated that significant events were investigated and discussed thoroughly, actions taken and lessons learnt and disseminated, and that the accuracy of recording of significant events and complaints had been improved.
- The practice demonstrated that clinical audits and re-audits were carried out to drive quality improvement.
- The practice had implemented systems to routinely check the equipment used in emergencies was safe, within its expiry date and fit for purpose.
- The practice were able to demonstrate that that systems and processes to govern activity were effective and identified all areas of risk.

The practice had also taken appropriate action to address areas where they should make improvements:

- The practice had identified 163 patients as carers; in addition to 81 patients who were cared for. Together this constituted approximately 2% of the practice's list and was an increase of approximately 20% of patients identified since the last inspection.

# Summary of findings

- The practice demonstrated that there were appropriate recruitment checks for all members of staff including Disclosure and Barring Service (DBS) checks.
- Improvements had been made to ensure that the practice had acted on patient feedback regarding access to services.
- Action had been taken to address the areas of concern identified in respect of infection control in accordance with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.

The areas where the provider should make improvement are:

- Continue with their action plan in order to help ensure learning and outcomes from significant events are maintained appropriately.
- Continue to monitor and review the appointment system, in order to ensure improvements are sustained.

**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?

The practice is rated as good for providing safe services.

- Since our inspection in November 2016, the practice had improved its systems and processes in order to ensure significant events were investigated and discussed thoroughly, actions taken and lessons learnt and disseminated, and that the accuracy of recording of significant events and complaints was stronger.
- The practice was able to demonstrate that action had been taken to address the areas of concern identified in respect of infection control in accordance with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.
- The practice demonstrated that there were appropriate recruitment checks for all members of staff including Disclosure and Barring Service (DBS) checks.
- The practice had improved the systems to ensure the equipment used in emergencies was safe, routinely checked, within its expiry date and fit for purpose.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Since our inspection in November 2016, the practice had improved its clinical audit programme, in order to ensure they improved patient outcomes. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the Clinical Commissioning Group (CCG) and national average. For example,
- The percentage of patients with COPD ) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months were shown as 97% which was above the CCG and the national average of 90%
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



# Summary of findings

- Since our inspection in November 2016, the practice could demonstrate they had acted upon patient feedback regarding access to services. The practice had introduced a new system for appointments. The practice had a combination of routine, on the day and telephone triage appointments. Patients with chronic, but not urgent issues were also able to book routine appointments.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

## Are services well-led?

The practice is rated as good for being well-led.

- The practice had implemented all planned improvements to their governance arrangements and were able to demonstrate that these arrangements were effective.
- The practice had continued to implement and evaluate their action plan to improve patient satisfaction with services.

**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 the provision of safe, effective, responsive and well-led care identified at our inspection on 2 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



### People with long term conditions

The provider had resolved the concerns for the provision of safe, effective, responsive and well-led care identified at our inspection on 2 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- 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 were comparable to the local and national average. For example, 72% of patients with diabetes, on the register, in whom the last IFCCHbA1c is 64 mmol/mol (a blood test to check blood sugar levels) or less in the preceding 12 months (local average 79% and national average 78%).

Good



### Families, children and young people

The provider had resolved the concerns for the provision of safe, effective, responsive and well-led care identified at our inspection on 2 November which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- 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

- 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 practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 82% and the national average of 81%.
- 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 provider had resolved the concerns for the provision of safe, effective, responsive and well-led care identified at our inspection on 2 November which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- 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. For example, the practice was open 9.30am to 12.30pm on Saturday (for pre booked appointments only).

Good



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

The provider had resolved the concerns for the provision of safe, effective, responsive and well-led care identified at our inspection on 2 November which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.

Good



# Summary of findings

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

The provider had resolved the concerns for the provision of safe, effective, responsive and well-led care identified at our inspection on 2 November which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- 82% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 79% and national average of 84%.
- Performance for mental health related indicators were higher than the local and national average. For example, 98% 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 (local average 90% and national average 89%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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

## Areas for improvement

### Action the service **SHOULD** take to improve

- Continue with their action plan in order to help ensure learning and outcomes from significant events are maintained appropriately.
- Continue to monitor and review the appointment system, in order to ensure improvements are sustained.

# Sydenham House Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a practice manager specialist advisor and a CQC inspector.

## Background to Sydenham House Medical Centre

Sydenham House Medical Centre offers general medical services to people living and working in Ashford and the surrounding areas. There are approximately 13,600 patients on the practice list. The practice population has a higher than average proportion of patients with a long standing health condition. They also have a higher than average percentage of unemployment and higher than average single parent families with higher income deprivation affecting children. The practice is placed in the fifth most deprived decile. The practice building is arranged over two storeys, with all the patient accessible areas being located on the ground floor. There is easy parking and full disabled access.

The practice is similar across the board to the national averages for each population group. For example, 20% of patients are aged 0 -14 years of age compared to the clinical commissioning group and national average of 17%. Scores were similar for patients aged under 18 years of age and those aged 65, 75 and 85 years and over. The practice

is located near Ashford town centre, Kent, where there are areas of deprivation and has a 90% White British population, with small percentages of Asian/Asian British and Black/Black British.

The practice holds a General Medical Service contract and consists of two partner GPs (both male) and nine salaried GPs (six female and three male). The GPs are supported by a practice manager, a clinical nurse manager/nurse prescriber, five practice nurses (female), five health care assistants (four female and one male), a phlebotomist (female) and an administrative team. A wide range of services and clinics are offered by the practice including asthma and diabetes.

Sydenham House Medical Centre is open 8am to 6.30pm Monday to Friday and 8am to 2pm on Saturday (for pre booked appointments only). There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

Services are provided from:

- Sydenham House Medical Centre, Mill Court, Ashford, Kent, TN24 8DN

## Why we carried out this inspection

We undertook a comprehensive inspection of Sydenham House Medical Centre on 2 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires

# Detailed findings

improvement. The full comprehensive report following the inspection on 2 November 2016 can be found by selecting the 'all reports' link for Sydenham House Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Sydenham House Medical Centre on 30 August 2017. This 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

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the

focussed inspection had been addressed. During our visit we spoke with the practice manager as well as staff from Sydenham House Medical Group (the service improvement manager, the clinical governance manager and the risk manager) as well as reviewed information, documents and records kept at the practice.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

At our previous inspection on 2 November 2016, we rated the practice as requires improvement for providing safe services.

- The practice was unable to demonstrate that significant events were investigated and discussed thoroughly, actions taken and lessons learnt and disseminated.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, oxygen used for medical emergencies was not always routinely checked. Additionally, appropriate action had not always been undertaken to address areas of concern in respect of infection control and prevention.

These arrangements had significantly improved when we undertook a follow up inspection on 30 August 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

Since our last inspection the provider was able to demonstrate that significant events were investigated and discussed thoroughly, actions taken and lessons learnt and disseminated, and had ensured that the accuracy of recording of significant events and complaints was stronger.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we looked at 20 significant events, and whilst the provider was able to demonstrate that improvements had been made, there were a few inconsistencies where learning and outcomes were not evident in meeting minutes and there were one or two emails/communications with staff which were missing.

### Overview of safety systems and processes

The practice demonstrated that since our inspection in November 2016 systems and processes had improved.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw that the fabric seating in the patient waiting areas had been removed and replaced with plastic chairs. Additionally, cleaning schedules had also been updated. The practice had taken action to address the removal of plugs and overflows from hand wash basins in accordance with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.

Since the last inspection the provider had reviewed and made improvements to human resource's policies. For example, there were new protocols for recording the recruitment and induction of new staff.

We reviewed six personnel files. In five cases we found that the files were complete and well organised. Appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. In one case we found that important information concerning an individual's satisfactory conduct in previous employment was not in the file. The provider confirmed that the information was available, though not in the individual's file, and sent us evidence of this, within the required timescale.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies.

At our last inspection in November 2016 we found that the oxygen had not been checked for a period of two weeks, as the designated member of staff who usually checked the oxygen was on annual leave. Since our last inspection the practice had improved their weekly checks of all emergency equipment including oxygen. We looked at the log book and saw that systems had been improved, in order to ensure that the lead nurse and a practice nurse covered each other during periods of absence or annual leave

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 2 November 2016, we rated the practice as requires improvement for providing effective services.

- The practice was unable to demonstrate that clinical audits were driving quality improvement.

These arrangements had significantly improved when we undertook a follow up inspection on 30 August 2017. The practice is now rated as good for providing effective services.

### **Management, monitoring and improving outcomes for people**

There was evidence of clinical audits driving quality improvement.

- The practice had implemented their action plan and introduced a system for completing clinical audits. Eleven audits had been completed. Two cycle audits showed good results. For example, an audit of the treatment of patients who had been prescribed

Thyroxine (a medicine used to treat an ) showed a reduction in numbers of patients. We saw that an Amiodarone audit (a medicine used to help keep the heart beating normally in people with life-threatening heart rhythm disorders) had now moved from an annual audit to a monthly audit. We saw that not only completing medicines audits but also other audits. For example, intrauterine device (IUD or coil) fitting.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

Data from 2015/2016 showed:

- The percentage of patients with COPD ) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months were shown as 97% which was above the CCG and the national average of 90%.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 2 November 2016, we rated the practice as requires improvement for providing responsive services.

These arrangements had significantly improved when we undertook a follow up inspection on 30 August 2017. The practice is now rated as good for providing responsive services.

### Responding to and meeting people's needs

At the previous inspection we found that patients were not always able to get appointments when they needed them. Patients also reported difficulties in getting through on the telephone. Following our inspection the practice reviewed both its appointments system and telephone handling processes.

The practice had introduced a new system for appointments. Two staff members had visited different practices to look at different appointment systems and help identify the best combination for the practice. The system had been running since May 2017 and it was too early to assess how effective the change had been. However, initial reports from patients were positive. The practice had a combination of routine, on the day and telephone triage appointments. GPs carried out telephone triage during the morning and the afternoon and had had protected appointments on the system, enabling them to arrange for patients who needed urgent appointments to be seen that day or the following morning. Patients with chronic, but not urgent issues were also able to book routine appointments.

Data from the National GP Patient Surveys published in July 2016 reported that access to a named GP and continuity of care was not always available in a timely manner, although urgent appointments were usually available the same day. Patients rated the practice lower than others for some aspects of care. For example,

- 9% of patients stated that they always or almost always see or speak to the GP they prefer which was worse than the CCG average of 34% and national average of 35%.

The practice had developed and implemented an action plan to address the results and improve patient satisfaction. Results published in July 2017 showed there had been improvements in some areas. For example,

- 43% of patients stated that they always or almost always see or speak to the GP they prefer which was worse than the CCG average of 58% and the national average of 60%.

The practice had more staff available to answer telephone calls first thing in the morning but was constrained by the number of telephone lines into the building.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 163 patients as carers; in addition 81 patients were cared for. Together this constituted approximately 2% of the practice's list and was an increase of approximately 20% since the last inspection. All carers were offered a seasonal influenza vaccination, an annual health check and referral to other services as appropriate. Written information was available to direct carers to the various avenues of support available to them.

# 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 2 November 2016, we rated the practice as requires improvement for providing well-led services.

- Improvements to governance arrangements were ongoing and some arrangements were not sufficiently robust or effectively implemented.

These arrangements had significantly improved when we undertook a follow up inspection on 30 August 2017. The practice is now rated as good for providing well-led services.

### Governance arrangements

The practice had implemented all planned improvements to their governance arrangements and were able to demonstrate that these arrangements were effective.

- The practice was able to demonstrate that significant events were investigated and discussed thoroughly, actions taken and lessons learnt and disseminated, and ensured that the accuracy of recording of significant events and complaints had been improved.
- The practice had implemented a system of clinical audits which were driving quality improvement.
- Improvements to risk management had been made and risks to patients were now assessed and well managed.