

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Kelsey Healthcare Limited

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Tel: 02089153100

Date of Inspection: 20 August 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Kelsey Healthcare Limited
Registered Manager	Dr. Kevin Carroll
Overview of the service	Kelsey Healthcare Limited operates a GP practice-Cator Medical Centre which is located in Beckenham, in the London borough of Bromley. The surgery shares its premises, staff and policy documents, and has combined staff meetings with its sister concern Elm House Surgery.
Type of services	Doctors consultation service Doctors treatment service Mobile doctors service Urgent care services
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Management of medicines	9
Requirements relating to workers	10
Assessing and monitoring the quality of service provision	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 August 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff, were accompanied by a specialist advisor and used information from local Healthwatch to inform our inspection.

What people told us and what we found

People told us they were very happy with the medical care and treatment at the practice. One person said "the staff here are very good". "They go the extra yard". Another person told us the receptionist staff were "wonderful" and "very helpful". One person we spoke with said, theirs had always been an "entirely positive experience". Most people we spoke with told us they were very happy with the appointment booking system. One person said they found booking the appointments online "very easy and straight forward".

We found that people were given appropriate information regarding the services available, were involved in their care and their privacy and dignity was respected. Their needs were assessed and care was planned in a way that met these needs, and was delivered based on national guidance. There were proper measures in place for the protection of children and vulnerable adults. The practice had suitable recruitment procedures for all staff, and medicines were managed appropriately. The practice had systems in place to ensure that the quality of the service was regularly assessed and monitored.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected and their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People we spoke with said they were treated with respect and dignity by all staff including the receptionists and the GPs. Information about the services provided by the surgery was available on the provider's website and displayed in the reception area. Leaflets regarding the different services and health promotion issues were available for patients. People could book their appointments and request repeat prescriptions online.

We received mostly positive comments from people who used the service as regards the ease of booking an appointment. Most of the people we spoke with found the online appointment system suited them. A few patients we spoke with however said they had to wait a long time over the phone to book an appointment. Another patient we spoke with said, "if you want to see a specific GP, appointment waiting time can be long", but also said that they had been seen fairly quickly in an emergency. Another person said, they never had any issue and "always had a positive experience".

People who used the service were given appropriate information and support regarding their care or treatment. One person said they had accessed the practice's website and found it useful. People who use the service and their representatives were asked for their views about their care and treatment and they were acted on. The practice had developed a Patient Representative Group (PPG) and consulted with them about issues such as appointments and what surveys the practice ought to undertake. The practice developed surveys for people using the service and published the results online on their website. One person said they received emails and regular feedback on what actions had been undertaken.

People could express their views and were involved in making decisions about their care and treatment. People told us that the doctors took time to explain things to them. One person said that they were able to book double appointment if required, discuss issues with the clinician, and ask questions, and that their treatment issues were properly explained to them. People said they had received advice on healthy living.

Reception staff were aware of maintaining confidentiality and privacy while handling patient information. Information was displayed in the reception area and consultation rooms regarding the availability of chaperone services. A chaperone policy was available and staff we spoke with had received training as regards their roles and responsibilities if they were required to chaperone. A complaints policy was available which however needed to be updated. The provider may also wish to note that the complaints procedure was not displayed in the reception or other accessible areas of the practice.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The medical records we checked showed evidence of suitable assessment of people's needs. The staff explained to us the procedures for reminding people of their check-ups and vaccinations, such as the seasonal flu jabs.

The practice had weekly clinical and business meetings where issues relevant to patient care, and complaints and significant events were discussed. The practice maintained records for people receiving palliative care. There were periodic multi-disciplinary meetings attended by the palliative care nurses to discuss the care of people on palliative care pathways. The practice took into account National Institute for Health and Clinical Excellence (NICE) guidelines. Staff were aware of procedures to follow to ensure that patients on the Quality and Outcomes Framework (QOF) register were contacted and recalled at suitable intervals. In most cases of QOF outcomes the practice was ahead of the trajectory to meet targets. The practice may wish to note that their recall systems could be improved for patients with depression, patients over 85 years of age with chronic kidney disease and patients with chronic obstructive pulmonary disease.

The GPs carried out clinical audits to ensure the treatment they offered people were in line with relevant guidance. For example, an audit had been undertaken on the use of high-dose steroid inhalers. Interventions in the form of lowering the strength of inhalers had been made and the use of high dose steroid inhalers had been re-audited.

There were arrangements in place to deal with foreseeable emergencies. Staff including reception staff, were provided with training in life support techniques. The provider submitted training records of staff currently employed at the practice. Of 18 clinical staff 15 had received training within the past 20 months. The practice manager told us that training planned for April 2013 had been deferred to September 2013 as the company providing training could not give dates that fitted with the practice. The practice had posters displayed in accessible areas outlining what action to take in the event of an emergency situation. We found that all emergency drugs and other equipment were in date. Staff we spoke with were aware of their roles and responsibilities in the event of an emergency situation.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

One of the GPs was the designated safeguarding lead for the practice. Policies on protection of children and vulnerable adults were available. However the provider may wish to note that the policies needed to be updated especially as regards the contacts of the local safeguarding authorities. The practice maintained a 'families of concern' register which logged the various interactions with children considered at risk of abuse and neglect. There was evidence of discussion with the community safeguarding teams.

The practice submitted training records of staff who had undergone training in safeguarding of children. 44 of 51 staff had received training in safeguarding of children within the past 14 months. Staff we spoke with were aware of issues around safeguarding of children and vulnerable adults. However the provider may wish to note that though some staff we spoke with were aware of issues around the safeguarding of adults, there had been no formal course or sharing of information in this particular area.

The practice had a policy on whistleblowing which had been reviewed in April 2013. Staff we spoke with knew what action to take and whom to report their concerns, though they were not aware of the external organisations to contact if they felt their concerns were not being attended to or if the concerns related to senior members of the practice.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to the management of medicines including safe storage and disposal of medicines at the practice.

We checked the emergency drug kit and found that all drugs were in date. There was a log maintained with the expiry dates of all the drugs available in the kit. The vaccines and other drugs requiring refrigeration were stored in fridges at the practice. All the vaccines that we checked were within their expiry date. There were daily temperature checks and the logs we checked showed temperatures within the required limits in all cases apart from a few. Staff had taken appropriate actions and sought expert advice where temperatures were outside the permissible limits. Medicines were prescribed and administered appropriately. For example the nurses ensured the GP had signed a form for yellow fever vaccinations before a person was vaccinated. Staff were aware of the proper steps for the disposal of medicines. The practice used designated sharps bin with purple lids for the disposal of sharps used to administer cytotoxic medicines.

People we spoke with said the reception staff always asked them to confirm their name and address before handing out their prescription to ensure the prescription was handed to the right person.

The practice did not handle or store controlled drugs. The provider may wish to note that though a Standard Operating Procedure (SOP) for diazepam which was stored on-site was available, a SOP covering activities like prescribing, training or dealing with significant events relating to prescription of other controlled drugs was not available at the time of our visit. The provider may also wish to note that a separate record, which is considered good practice, was not being maintained, nor appropriate proof of identity being obtained when the prescription for controlled drugs was handed to the patient to ensure that the prescription was given to the right person.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The provider had suitable processes for recruitment of all staff. The staff files we checked had suitable records of pre-employment checks. A recent photograph at the time of commencement of employment had been obtained. Staff had been provided a job description and a suitable contract of employment. There was evidence that newly appointed staff were given an appropriate induction which included explanation of their roles and responsibilities and access to relevant information about the practice including relevant policies and procedures.

Appropriate references were obtained, gaps in employment checked and the practice manager told us that the practice ensured suitable criminal record checks were undertaken for all new staff.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive and there was an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and the practice took action to make improvements based on this feedback. Touch screens were available in the reception area for patients to be able to submit comments and complete surveys. People were requested for their feedback on areas such as the ease of obtaining an appointment or access to GPs by telephone, and the results were analysed and published on the website. The practice had introduced targets like 6 hour response time for GP advice within working hours and increased access to GPs for telephone consultations. The practice manager explained to us the changes that had been made to how telephone consultation requests were actioned, and the time people had to wait on the phone monitored. This was done following feedback from patients. Surveys were also undertaken on patient satisfaction with services provided in the minor surgery unit, phlebotomy service, stop smoking service and NHS health check service.

We checked the provider's complaints records. We saw that complaints were being logged and there was evidence of responses being sent to the complainants. We were told by the GP and the administrator that significant events were discussed at the weekly clinical meetings. These were logged and reviewed in a timely manner. There was evidence of action plans initiated following such incidents and where relevant changes in procedures made.

The provider had a business continuity plan in place and arrangements with venues in the vicinity to ensure smooth running of the surgery in the event of emergency situations. Risk assessments had been undertaken for power failures and IT outages. There was evidence of regular monitoring tests on the suitability of water supply, electric equipment, power sockets and fire alarms. The practice had an influenza pandemic business continuity plan and the practice manager explained to us the steps that would be undertaken in the event of a massive flu outbreak.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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