

Hildenborough & Tonbridge Medical Group

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?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Hildenborough & Tonbridge Medical Group	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hildenborough and Tonbridge Medical Group on 21 November 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and a system for reporting and recording significant events.
- Risks to patients were not always assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure that systems and processes are implemented or reviewed, in order to ensure the safe management of medicines and associated prescriptions.

Summary of findings

- Ensure that the cleaning of the practice meets the criteria as specified in The Health and Social Care Act 2008, Code of Practice on the prevention and control of infections and related guidance.
- Ensure that all staff are aware of the process and policy for reporting and managing significant events. As well as ensuring that records are maintained in a thorough manner and demonstrate accountability.

The areas where the provider should make improvement are:

- Continue to ensure that dispensing Standard Operating Procedures (SOPs) are signed by staff.
- Continue to ensure that action taken relating to cold chain storage and medicine safety alerts are appropriately recorded.
- Continue to ensure that dispensing errors and near misses are recorded by dispensary staff to enable learning.
- Revise processes in order to ensure that minutes of meetings are detailed and demonstrate accountability.
- Continue to ensure that the programme of clinical audits is further developed and monitored.

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 requires improvement for providing safe services.

Requires improvement



- There was a system for reporting and recording significant events. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, the system was not implemented effectively across the entire practice and not all staff had an understanding of the practice's policy and process or were aware of outcomes.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Risk to patients who used services were not always assessed and the systems and processes to address these risks did not always ensure patients were kept safe. For example medicine management and infection control and prevention.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice engaged with the CCG in relation to medicines optimisation.
- Patients described the overall experience of the practice as being fairly good or very good. There was continuity of care, with urgent appointments available the same day. However, three patients reported that they did not always find it easy to make an appointment with a named GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk, with the exception of medicine management and infection control and prevention issues.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- Continuous learning and improvement was seen to be important.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice offered a dosette box service to supply medicines to older people in a more convenient manner.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice attended meetings in relevant residential care homes and a nursing home for the elderly and mentally infirm.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding 1 August to 31 March was 99% compared to the clinical commissioning group (CCG) average of 93% and the national average of 94%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90% compared to the CCG average of 88% and the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



Summary of findings

- 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.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 86% compared to the clinical commissioning group (CCG) average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a drop-in clinic at a branch site for young people.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice held quarterly children and families multi-disciplinary team meetings to discuss vulnerable patients, safeguarding and child protection issues.
- Family planning services were offered.
- The practice hosted Genito-Urinary Medicine and Sexual Health Clinics.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered telephone and email consultations. It also offered extended hours on Monday evenings and Saturday mornings.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Good



Summary of findings

- 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.
- The practice had arrangements to deliver medicines to vulnerable patients when necessary.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, was 90% which was comparable to the Clinical Commissioning Group (CCG) average of 85% and the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 100% compared to the CCG average of 89% and the national average of 90%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 97% compared to the CCG average of 88% and the national average of 88%.
- 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.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and nineteen survey forms were distributed and 125 were returned. This represented 1% of the practice's patient list.

- 70% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 60 comment cards, 57 of which were positive about the standard of care received. Three cards contained mixed reviews, the negative aspect referring to obtaining appointments. Patients described staff as helpful, efficient, that they treated patients with dignity and respect and that they were very satisfied with their care.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. For the year 2016 up to 31 July, analysis of the practices friends and families test comment cards showed that 95% of patients stated that they were either likely or highly likely to recommend the practice to others, 3% were unlikely to recommend the practice and 1% were unsure.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that systems and processes are implemented or reviewed, in order to ensure the safe management of medicines and associated prescriptions.
- Ensure that the cleaning of the practice meets the criteria as specified in The Health and Social Care Act 2008, Code of Practice on the prevention and control of infections and related guidance.
- Ensure that all staff are aware of the process and policy for reporting and managing significant events. As well as ensuring that records are maintained in a thorough manner and demonstrate accountability.

Action the service **SHOULD** take to improve

- Continue to ensure that dispensing Standard Operating Procedures (SOPs) are signed by staff.
- Continue to ensure that action taken relating to cold chain storage and medicine safety alerts are appropriately recorded.
- Continue to ensure that dispensing errors and near misses are recorded by dispensary staff to enable learning.
- Revise processes in order to ensure that minutes of meetings are detailed and demonstrate accountability.
- Continue to ensure that the programme of clinical audits is further developed and monitored

Hildenborough & Tonbridge Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and a CQC Pharmacy Inspector.

Background to Hildenborough & Tonbridge Medical Group

Hildenborough and Tonbridge Medical Group is a GP practice based in Hildenborough, Kent. There are 15 989 patients registered with the practice.

The demographics of the patient population shows that 22% of patients are under the age of 18 and 22% are aged 65 years and over. The practice is situated in a popular and more affluent commuter area. The number of patients between the ages of 40 to 54 years is slightly above the England average and the number of patients between the ages of 20 to 39 years is below the England average.

Hildenborough and Tonbridge Medical Group consists of four practices:

- Hildenborough Medical Centre, Westwood, Tonbridge Road, Hildenborough, Kent TN11 9HL.
- Trenchwood Medical Centre, 264 Shipbourne Road, Tonbridge, Kent TN10 3ET.

- Leigh Surgery, Rear of Leigh village hall, High Street, Leigh, Kent TN11 9RL.
- Weald Surgery, Morleys Road, Weald, Kent TN14 6QX:

All four practices are staffed and managed from Hildenborough Medical Centre, Westwood, Tonbridge Road, Hildenborough, Kent TN11 9HL.

Hildenborough Medical Centre is able to provide dispensary services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy premises. This service is delivered by a dispensary team of two dispensers.

The branch surgeries at Trenchwood, Leigh and Weald were not visited during the inspection.

The practice operates under a General Medical Service contract. There are 10 GP partners (six male and four female). The practice manager is also a partner. The GP partners are supported by a female salaried GP, the practice manager, six female practice nurses, one female practice nurse assistant and one female health care assistant, two dispensers and a team of administrators, secretaries and receptionists.

The practice is a training/teaching practice. There are two female GP trainees and two foundation year 2 doctors (one female and one male) working at the practice. The practice also offered placements of three to eight weeks for medical students.

Hildenborough Medical Centre is open between 8am and 6.30pm Monday to Friday. Appointments are offered from 8am to 11.30am and 4pm to 6.30pm on Mondays, 8am

Detailed findings

to 11.30am and 12.40pm to 6.30pm on Tuesdays, 8am to 11am and 3.30pm to 6.30pm on Wednesdays, 8am to 2pm and 4pm to 6.30pm on Thursdays and from 8am to 11.30am and 3.30pm to 5.30pm on Fridays.

Trenchwood Medical Centre is open between 8am and 6.30pm Monday to Friday. Appointments are offered from 8am to 11.30am and 3pm to 6.30pm on Mondays, 8am to 11.30am and 2.30pm to 6.30pm on Tuesdays, 8am to 11.30am and 1.45pm to 6.30pm on Wednesdays, 8am to 12pm and 4pm to 6.30pm on Thursdays and 8am to 11.30am and 3.30pm to 5.30pm on Fridays.

Appointments are offered at Leigh surgery 2pm to 3pm on Mondays, 12pm to 1pm on Tuesdays, 1pm to 2pm on Wednesdays, 8am to 9am on Thursdays and 1pm to 2pm on Fridays.

Appointments are offered at Weald Surgery 12pm to 1pm on Mondays, 2.30pm to 3.30pm on Tuesdays, 12pm to 1pm on Wednesdays, 1pm to 2pm on Thursdays and 2pm to 3pm on Fridays.

Extended hours appointments are offered on Monday evenings from 6.30pm to 8pm at Trenchwood Medical Centre and 8am to 12pm on Saturdays at Hildenborough Medical Centre.

Patients requiring a GP outside of normal working hours are advised to contact the NHS GP out of hour's service on telephone number 111.

We visited and inspected Hildenborough Medical Centre. The practices at Trenchwood, Leigh and Weald were not visited during the inspection.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 November 2016.

During our visit we:

- Spoke with a range of staff including four GPs, one nurse, one healthcare assistant, dispensary staff, non-clinical staff and the practice manager.
- Spoke with five patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 60 comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, the system was not implemented effectively across the entire practice and not all staff had an understanding of the practice's policy and process or were aware of outcomes. Some staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. We raised this with the practice manager, who sent us documentary evidence two days post inspection to show that the procedure for managing incidents had been reviewed and emailed to all staff. The practice was aware of the requirement to record notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information and an apology.
- The practice carried out an analysis of the significant events.
- Staff told us of action taken in relation to patient safety alerts, however this was not recorded.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were discussed and action was taken to improve safety in the practice. For example, an incorrect dosage of a controlled drug was dispensed to a patient. The patient was contacted and an apology and advice given. The practice had also reviewed and changed its processes to ensure all future controlled drugs dispensed were checked by a GP in the absence of a second dispenser.

Overview of safety systems and processes

The practice had systems, processes and practices which did not always keep patients safe:

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. Clinical staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice did not maintain appropriate standards of cleanliness and hygiene. We observed the premises to be tidy. Mops were stored incorrectly and unable to dry out. We observed consultation and clinical rooms to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken. However, the audit had not identified any areas for improvement in relation to cleaning. We raised this with the practice manager, who sent us documentary evidence two days post inspection to show that the cleaning schedules had been reviewed and shortened and that the cleaning contract was being reviewed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Repeat prescriptions were processed without a GP signature and there was no system for monitoring and tracking prescriptions. We raised this with the practice manager, who sent us documentary evidence two days post inspection to show that a new protocol for the issue of repeat prescriptions had been implemented.

Are services safe?

- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to help ensure prescribing was in line with best practice guidelines. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There was a named GP responsible for the dispensary. All members of staff involved in dispensing medicines had received appropriate training, as well as opportunities for continuing learning and development. Any medicines incidents were recorded as significant events. However, there was no dispensary error/near miss log and not all stocks of open liquids had been labelled with dates of opening. Dispensary staff showed us Standard Operating Procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). However, these had not been signed by staff. We raised this with the practice manager, who sent us documentary evidence two days post inspection to show that an error/near miss log had been implemented and the SOPs signed.
- We saw that records were held to monitor the cold chain. However, action taken in relation to cold chain events had not been recorded.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them. However, returned and unused controlled drugs were not entered into the controlled drugs register at the time of receipt. There were arrangements for the destruction of controlled drugs.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Health and Safety meetings were held every six months.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was a telephone system which could be used to alert staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

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). The most recent published results were 94% of the total number of points available with 9% exception reporting (compared to the CCG average of 9%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for one area of the QOF (or other national) clinical targets. Data from 01/04/2014 to 31/03/2015 showed:

Performance for diabetes related indicators was similar to the clinical commissioning group (CCG) and national average.

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 81% compared to the CCG average of 80% and the national average of 81%
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the last 12 months) was 140/80 mmHg or less was 75% compared to the CCG average of 78% and the national average of 78%.

- The percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding 1 August to 31 March was 99% compared to the CCG average of 93% and the national average of 94%.

Performance for mental health related indicators was similar to the CCG and national average.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 97% compared to the CCG average of 88% and the national average of 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 100% compared to the CCG average of 89% and the national average of 90%.

There was one area of QOF where the practice had not performed well.

- The percentage of patients with COPD who had had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 76% compared to the CCG average of 88% and the national average of 90%.

This area for improvement had been recognised by the practice and additional staffing resources had been identified and allocated to increase the number of appointments to address the shortfall.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit to reduce the number of patients prescribed a certain anti-inflammatory medicine and had changed those patients to a suitable alternative, following the issue of new guidance. The results of the three cycles of

Are services effective?

(for example, treatment is effective)

audit between December 2013 to 2015 showed a reduction of 90% in prescribing of this medicine, reducing existing risks to those patients meeting the criteria and potential future risks for all other patients involved.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety and confidentiality. Additional post-induction training in topics such as safeguarding and infection prevention and control were arranged at the appropriate level for each role.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, information governance and infection prevention and control. This was arranged at the appropriate level for each role.
- Staff had access to and made use of e-learning training modules and in-house training.
- The practice was a training/teaching practice which takes foundation year two doctors and also had two Speciality Training year 3 (ST3) GP Registrars working at

the practice. Two of the GP partners were GP trainers. The practice was subject to scrutiny by Health Education Kent, Surrey and Sussex (called the Deanery) as the supervisor of training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

Are services effective?

(for example, treatment is effective)

- Smoking cessation and dietary advice was available from the practice nurse.

The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 84% and the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice achieved comparable results in relation to its patients attending national screening programmes for bowel and breast cancer screening within six months of invitation. For example, 62% of eligible patients had been screened for bowel cancer, which was in line with the CCG

average of 61% and the national average of 58%. Eighty one percent of eligible patients had been screened for breast cancer, which was comparable to the CCG average of 74% and the national average of 73%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 62% to 96% compared to the CCG averages of 52% to 92% and five year olds from 93% to 99% compared to the CCG averages of 86% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Fifty seven out of 60 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Three cards were mixed in review and whilst they were positive about the standard of care received felt that it was not always easy to obtain an appointment.

We spoke with five members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%

- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received were also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 81 patients as carers (approximately 1% of the practice list). Written information was available to direct carers to the various

avenues of support available to them. The practice was aware of the need to identify those patients with caring responsibilities and there was a poster in the waiting area encouraging carers to come forward and register.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice engaged with the CCG medicines optimisation team.

- The practice offered extended hours on Monday evenings from 6.30pm to 8pm at Trenchwood Medical Centre and 8am to 12pm on Saturdays at Hildenborough Medical Centre for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8am and 8pm on Monday, 8am to 6.30pm Tuesday to Friday and 8am to 12pm on Saturday. Extended hours appointments were offered on Monday evenings from 6.30pm to 8pm at Trenchwood Medical Centre and 8am to 12pm on Saturdays at Hildenborough Medical Centre. In addition appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

- 70% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

All requests for home visits were triaged by a GP and prioritised. Where appropriate, concerns were managed via telephone consultation. 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 emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was an information leaflet available for patients and also a link to the practice booklet on the website. This contained useful information including the complaints process.

We looked at 10 complaints received from 1 April 2015 to 8 September 2016 and found that they were satisfactorily handled, dealt with in a timely way, and with openness and transparency. Apologies were given where appropriate. We saw evidence that complaints were discussed at partnership meetings. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. The practice identified that a number of complaints had arisen through apparent errors/misunderstandings during telephone calls with patients; as a consequence they had installed a system to record calls. We saw evidence that this enabled a number of complaints to be swiftly resolved and any relevant action taken.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- Clinical and internal audit was used to monitor quality and to make improvements. However, the programme was limited in content.
- Risks to patients were not always identified, assessed and well managed. However, once identified, the practice responded promptly in order to help reduce or eliminate that risk. For example, the immediate response and action taken to rectify concerns identified during the inspection.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go

wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management.

- Staff told us the practice held regular team meetings. Minutes of such meetings were maintained. However, they were brief in content and did not always reflect the content of discussions held.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, as a result of inviting a young person to speak to the group about the needs of young people, the group requested changes to the practice website and a drop-in clinic at a branch site focussing on sexual health. The PPG also asked for a wheelchair to be provided at the Hildenborough and Trenchwood sites in order to help less mobile patients on arrival at the practice. These were now available.

Are services well-led?

Good 

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

- The practice conducted a dispensing survey in 2015/2016. Responses from patients were mostly positive regarding ease of ordering repeat medicines, helpfulness of staff, time from ordering to collection and delivery arrangements to branch surgeries.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

Continuous learning and improvement was considered to be important within the practice. The practice was a teaching/training practice and was at the time of the inspection, supporting the on-going development of two trainee GPs and two medical students.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The registered person had failed to implement a process to ensure the management of medicines was safe. In that, there was no process for the safe security and tracking of blank prescriptions, labelling stocks of liquids was not adequately carried out, not all prescriptions were signed before collection and Controlled Drugs (CDs) were not always entered into the CD register, including those patients own CDs awaiting destruction.</p> <p>The registered person had also failed to ensure that all staff were fully aware of the correct processes for investigation into significant events and that the audit trail for recording investigations, action taken and learning outcomes was fully accountable.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>The registered person did not do all that was reasonably practicable to ensure that the premises was visibly clean or operate a cleaning schedule appropriate to the care and treatment being delivered from the premises.</p> <p>This was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>