

# West Malling Group Practice

## Quality Report

116 High Street,  
West Malling, Kent, ME19 6LX  
Tel: 01732 870212  
Website: [www.westmallinggpr.nhs.uk](http://www.westmallinggpr.nhs.uk)

Date of inspection visit: 23 February 2016  
Date of publication: 14/06/2016

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	Requires improvement	
Are services safe?	<b>Requires improvement</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Requires improvement</b>	
Are services well-led?	<b>Good</b>	

# 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

### Detailed findings from this inspection

Our inspection team	12
Background to West Malling Group Practice	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	25

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at West Malling Group Practice on 23 February 2016. Overall the practice is rated as requires improvement.

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

- There was a system to review and investigate incidents and near misses. Incidents were investigated and changes were made to help prevent their recurrence. However, not all staff understood and fulfilled their responsibilities to report incidents.
- The practice received national patient safety alerts and communicated them to relevant staff. However, they did not maintain records of the actions staff took in response to national patient safety alerts.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience 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.
- Patients said they did not find it easy to make an appointment with a GP, although the practice had taken steps to address this and urgent appointments were available the same day. The practice made efforts to ensure patients understood how to make an appointment and kept the process for accessing appointments under review.
- 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. However, governance arrangements were not always effectively implemented.
- The practice acted on feedback from staff and patients.

# Summary of findings

- The practice had an active patient participation group that worked with the management of the practice to improve services to patients.

The areas where the provider must make improvements are:

- Ensure all staff understand their responsibilities to report safety incidents and near misses and revise national patient safety alert management to ensure staff record that they have read them and taken action when appropriate.
- Revise governance management to ensure governance arrangements are effectively implemented.
- Ensure that access arrangements are continually monitored and improved, and clearly communicated to patients.

In addition the provider should:

- Ensure that all risks to patients are assessed and action taken to reduce risk where possible especially in relation to appropriate recruitment checks prior to employment for all staff.
- Proactively identify patients who are carers and offer them support.
- Ensure that verbal complaints that are informally resolved are recorded and analysed.
- Revise consent forms to ensure that the GPs' explanations of possible side effects and complications can be recorded.

**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.

- There was a system to review and investigate incidents and near misses. Incidents were investigated and changes were made to help prevent their recurrence. However, not all staff understood and fulfilled their responsibilities to report incidents.
- The practice did not keep records to demonstrate there was a system to help ensure staff read and took any action in response to national patient safety alerts.
- When unintended or unexpected safety incidents were investigated, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had systems, processes and practices to keep patients safe and safeguarded from abuse.
- Appropriate recruitment checks had not always been undertaken by the practice prior to employment of all staff.
- The practice employed a pharmacist who undertook medicines audits to help improve the safety of medicines at the practice.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice comparable to others for several aspects of care.
- 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 requires improvement for providing responsive services.

- Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care.
- Patients said they did not find it easy to make an appointment with a GP although the practice had taken steps to address this and urgent appointments were available the same day.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was significantly below local and national averages. However, the practice had made changes to the system for accessing care and treatment as a result of this feedback.
- The practice continued to make efforts to ensure patients understood the system for accessing appointments and advice. The Patient Participation Group (PPG) worked with the practice to continue to review and improve access arrangements.
- 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.

Requires improvement



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

Good



# Summary of findings

- 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. However, governance arrangements were not always effectively implemented.
- The partners encouraged a culture of openness and honesty.
- The practice acted on feedback from staff and patients. The patient participation group was very engaged and influenced the development of the practice.
- There was a strong focus on continuous learning and improvement at all levels. The practice provided support and mentorship to GPs whose need for additional training had been recognised.

# 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 requires improvement for the care of older people. The provider is rated as requires improvement for providing safe and responsive services and good for providing well-led, caring and effective services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- 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.
- All patients over 75 years old were allocated a named GP, to help ensure that they knew which GP to access or see when they needed medical treatment or a review.
- The practice looked after patients in a local 50 bed residential home. A named GP visited the home weekly to see patients with acute and chronic problems, as well as providing continuity for this patient group.

Requires improvement



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider is rated as requires improvement for providing safe and responsive services and good for providing well-led, caring and effective services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- 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 was comparable to the national average.
- 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.

Requires improvement



# Summary of findings

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider is rated as requires improvement for providing safe and responsive services and good for providing well-led, caring and effective services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- 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 accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months was comparable to the national average.
- 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 percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years was comparable to the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



## Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider is rated as requires improvement for providing safe and responsive services and good for providing well-led, caring and effective services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The age profile of patients at the practice is mainly those of working age, and children.
- 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 offered extended opening hours for appointments to suit working people who were unable to attend appointments during office hours.

Requires improvement





# Summary of findings

- 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.

## People whose circumstances may make them vulnerable

The provider is rated as requires improvement for providing safe and responsive services and good for providing well-led, caring and effective services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.
- However, the practice had not taken adequate steps to identify patients who were carers and may therefore be in need of additional support.

Requires improvement



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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider is rated as requires improvement for providing safe and responsive services and good for providing well-led, caring and effective services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Requires improvement



# Summary of findings

- 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 received special training for dementia awareness and dementia screening. The practice worked closely with old age psychiatry as well as health and social care coordinators to provide support to affected families and patients.
- 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 on 2 July 2015. The results showed the practice was performing less well when compared to local and national averages. 301 survey forms were distributed and 120 were returned. This represented 0.6% of the practice's patient list.

- 35% of respondents found it easy to get through to this practice by telephone compared to a clinical commissioning group (CCG) average of 75% and a national average of 73%.
- 79% of respondents were able to get an appointment to see or speak with someone the last time they tried (CCG average 88%, national average 85%).
- 82% of respondents described the overall experience of their GP practice as fairly good or very good (CCG average 87%, national average 85%).
- 76% of respondents said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (CCG average 81%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received only five completed comment cards. Two of the respondents were positive about the service they experienced at West Malling Group Practice. Three comment cards contained both positive and negative comments about the practice.

We spoke with 12 patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring. The most recent Friends and Family Test (January 2016) indicated that 90% of patients who responded would recommend the practice to their friends and family.

# West Malling Group Practice

## 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 second CQC inspector and a practice manager specialist adviser.

### Background to West Malling Group Practice

West Malling Group Practice provides primary care services for West Malling, Kent and the surrounding area from three sites in West Malling, Kings Hill and Leybourne.

West Malling, Milverton, 116 High Street, West Malling ME19 6NE.

Kings Hill, 37 Queen Street, Kings Hill, ME19 4JF.

Leybourne, Avicenna Medical Centre, Oxley Shaw Lane, Leybourne, ME19 5PY.

Patient areas on all sites are accessible to patients with mobility issues, as well as parents with children and babies.

The practice staff consists of 11 GPs (8.25 Whole Time Equivalents (WTE)), six of whom are partners, one advanced nurse practitioner (0.75 WTE), five nurses (3.5 WTE), two healthcare assistants (2 WTE) and a pharmacist (0.75 WTE) as well as reception and administrative staff. There is a business manager and a practice manager. Six of the GPs are male and five are female. All of the nurses and healthcare assistants are female. West Malling Group Practice is a training practice (training practices have GP trainees and Foundation Year Two trainee doctors).

The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

The practice is open between 8.15am and 6pm Monday to Friday at all sites. Appointments at all sites are from 8.30am to 10.30am, 11.30am to 1pm and 4pm to 6pm daily. Extended surgery hours are offered at all sites with GPs from 6.30pm to 8pm and with nurses from 7.30am to 8.15am on Mondays. GP appointments are also available every Saturday from 9am to 11.30am at Leybourne. There are walk-in clinics from 8.30am to 10.30am Monday to Friday at West Malling and Kings Hill. There is also a duty doctor available daily for urgent advice. There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

The practice has a patient population of approximately 19,810. The proportions of patients who were of working age and who were children, were higher than national averages. The practice was in an area with a low deprivation score and lower than average levels of unemployment.

We inspected the sites at West Malling and Kings Hill. We did not inspect the site at Leybourne.

### Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

# Detailed findings

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 23 February 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, managers and reception staff. We spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 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 told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. However, most reception and administrative staff we spoke with were unsure what constituted a significant event. A member of staff told us that they would try to deal with any minor incident themselves and if successful would not make a record of the incident.
- We saw that staff dealt with significant events appropriately. For example, following an incident that occurred in 2015, where the supply of influenza immunisations was lost due to a refrigerator failure, staff ensured that refrigerators were monitored. However, the incident had not been logged as a serious incident.
- The practice carried out a thorough analysis of reported significant events. Thirteen incidents were recorded as significant events during 2015. These were discussed at a clinical meeting and we saw from the minutes of these meetings that actions were taken to prevent recurrence of the incidents.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw that two patients who had undergone minor surgery at the practice had suffered complications following their treatment. The staff discussed these at a clinical meeting and subsequently held a teaching session on how to improve identification of patients who might be at risk of complications.

When the practice received national patient safety alerts, the practice manager cascaded this information to relevant staff. However, there was no system to record that staff read the alerts or taken the action required.

### Overview of safety systems and processes

The practice had systems, processes and practices to help keep patients safe and safeguarded from abuse.

- There were arrangements to safeguard children and vulnerable adults from abuse that reflected relevant

legislation and local requirements and 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 were notices in reception and in other staff areas giving staff the necessary contact information. There was a lead member of staff for safeguarding. The practice maintained a list of vulnerable children. 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 relevant to their role. GPs were trained to child Safeguarding level three. Nurses were trained to Safeguarding level two as a minimum.

- Notices in the waiting room and in each treatment room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Patients told us they found the practice to be clean and tidy. The lead nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations in the practice, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to help ensure prescribing was in line with best practice guidance. There were systems to help ensure that patients whose medicines meant that they needed to have regular checks, such as blood tests, received them. When patients did not attend for checks, the time before their repeat prescription fell due was reduced to help the practice ensure that their medicines remained

## Are services safe?

safe for them. Prescription pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed six personnel files and found that three files for staff who had been recently employed by the practice contained evidence that appropriate recruitment checks had been undertaken prior to employment. However, in the three other files for staff who had been employed by the practice for some time, some of the required information was missing. For example, photographic identification and full employment history were missing, although evidence of DBS checks and employment references were present.
- There were systems to help ensure results were received for all blood samples sent for testing and the practice followed up patients who had abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to help ensure the equipment was safe to use and clinical equipment was checked to help 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).

- 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 help ensure that enough staff were on duty. The practice manager reviewed staff numbers in relation to numbers of patients, appointment needs, and took into account changing skills levels of nurses and their changing role. They also looked at local developments in terms of future growth of the patient list.
- Clinical staffing levels were reviewed annually as part of the practice's business planning meeting.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted 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 and accident book were 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 fit for use.
- 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 peoples' 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 80% of the total number of points available, with 15% exception reporting. (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 not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was comparable to the clinical commissioning group (CCG) and national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 80% compared to 78% nationally. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 84% compared to 88% nationally.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that included an assessment of asthma control (01/04/2014 to 31/03/2015), was the same as the national average at 75%.

- Performance for mental health related indicators was similar to the CCG and national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 94% compared to a national percentage of 88%. However, the percentage of patients with physical and/or mental health conditions whose notes recorded smoking status in the preceding 12 months (01/04/2014 to 31/03/2015) was only 87% compared to 94% nationally. The practice told us that they planned to collect more information about patients' smoking status to improve figures for 2015-2016.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last 12 months, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review. For example, the practice monitored its rates of Accident and Emergency (A&E) attendances and antibiotic prescription in relation to other practices within the CCG.
- Findings were used by the practice to improve services. The practice pharmacist had undertaken a review into the use of certain anti-coagulant medicines. As a result six patients had had changes to their medicines proposed and other patients had been written to so that they could attend the practice for discussion.

### 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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered



# Are services effective?

## (for example, treatment is effective)

vaccinations 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. We spoke with staff members who told us that the practice was very supportive of staff training requests. They gave examples of training needs that they had identified with their managers during their appraisals which the practice had supported them to achieve. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house 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. Information such as NHS patient information leaflets were also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. For example, the practice held monthly meetings with representatives from local hospices and outreach services involved in the care of patients receiving end of life care.

### 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 patients were attending for minor surgery, practice staff obtained their consent at a separate appointment prior to their surgery. This helped to ensure the patient had time to reflect on their decision prior to proceeding.
- Doctors told us that they explained possible side effects and complications to patients when seeking their consent and recorded this in patients' notes. However, there was not sufficient space on the consent form used by the practice and signed by patients to record these explanations.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, alcohol consumption and smoking cessation. Posters in the waiting areas signposted patients to the relevant service.
- The practice had identified patients living with long-term conditions and ran clinics for diabetes, heart disease, anti-coagulation and asthma.
- The practice employed a clinical pharmacist to support the care of these patient groups.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the national average of 82%.

Childhood immunisation rates for the vaccinations given to under two year olds were above CCG averages ranging from 78% to 97% (compared to CCG averages from 69% to 91%). Immunisation rates for five year olds ranged from 88% to 96% and were comparable to CCG averages which ranged from 82% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

## Are services effective? (for example, treatment is effective)

NHS health checks for people 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 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.
- Staff told us that a private room was available near the reception desk should a patient wish a more private area in which to discuss any issues.
- Telephones were answered behind a screen in the reception area so that conversations could not be overheard by patients at the reception desk itself. Background music was played to help prevent private conversations from being overheard.

All of the five patient comment cards we received were positive about the care experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group. 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 patients 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 comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and national average of 89%.
- 88% of respondents said the GP gave them enough time (CCG average 88%, national average 87%).
- 95% of respondents said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).

- 85% of respondents said the last GP they spoke with was good at treating them with care and concern (CCG average 87%, national average 85%).
- 87% of respondents said the last nurse they spoke with was good at treating them with care and concern (CCG average 93%, national average 90%).
- 85% of respondents said they found the receptionists at the practice helpful (CCG average 88%, national average 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 on the comment cards we received was also positive and aligned with these views.

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 broadly in line with local and national averages. For example:

- 85% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 85% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 81%).
- 81% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient had been identified as a carer. However, the practice had only identified 0.3% of patients on the practice list as carers. The practice did not actively seek to identify carers or offer them additional support other than when they registered with the practice.

## Are services caring?

The patients we spoke with on the day of our inspection and the comment cards we received were positive about

the emotional support provided by the practice. For example, these highlighted that staff responded compassionately when patients needed help and provided support when required.

# 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 patient population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- All patients at the practice had been allocated a designated GP to oversee their care and treatment requirements.
- Extended surgery hours were offered at all sites with GPs from 6.30pm to 8pm and with nurses from 7.30am to 8.15am on Mondays. GP appointments were also available every Saturday from 9am to 11.30am at Leybourne.
- One of the nurses was an advanced nurse practitioner who was able to see and treat people with minor illnesses or injuries.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions at the walk-in clinics held from 8.30am to 10.30am Monday to Friday at West Malling and Kings Hill.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately or could choose to be referred to other clinics for vaccines available privately.
- There were disabled facilities and a hearing loop available.
- At the premises we inspected, there was a lowered area of the reception desk for access by people who used wheelchairs. Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.
- The practice's business planning process included consideration of growing/changing patient population needs and development of premises where necessary to meet demand. The practice was aware of future housing developments within the practice area and was working to provide modern facilities that would meet the increased needs.
- The practice participated in the Medicines Optimisation Scheme to identify patients at risk of the need for emergency medication-related admission to hospital. The practice was able to demonstrate that, as a result of

this scheme, fewer patients were recalled for further testing or monitoring, and that at least one possible hospital admission had been avoided during the three months to November 2015.

- The practice had a named doctor who oversaw the care of all people who lived in a local care home, and who undertook a weekly visit to all patients in the home.

### Access to the service

The practice was open between 8.15am and 6pm Monday to Friday at all sites. Appointments at all sites were available from 8.30am to 10.30am, 11.30am to 1pm and 4pm to 6pm daily. Extended surgery hours were offered at all sites with GPs from 6.30pm to 8pm and with nurses from 7.30am to 8.15am on Mondays. GP appointments were also available every Saturday from 9am to 11.30am at Leybourne. There were walk-in clinics from 8.30am to 10.30am Monday to Friday at West Malling and Kings Hill. There was also a duty doctor available daily for urgent advice. There were urgent appointments available for people who needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages.

- 68% of respondents were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 35% of respondents said they could get through easily to the practice by telephone (CCG average 75%, national average 73%).
- 52% of respondents said they always or almost always see or speak with the GP they prefer (CCG average 73%, national average 60%).

All of the patients we spoke with on the day of the inspection told us that they had difficulty getting through to the practice on the telephone to make appointments. Three of the five patients who completed comment cards also told us that they had difficulty contacting the practice.

The practice had taken steps to address concerns raised by patients about their ability to telephone the surgery and make an appointment. For example, they had set up daily walk-in clinics and allocated a duty doctor each day for urgent queries. A new telephone system had also been introduced, so that calls "queued" to be answered instead of patients hearing the engaged tone. Patients were able to register for on-line access to appointments and repeat

# Are services responsive to people's needs?

(for example, to feedback?)

prescriptions. The practice, together with the patient participation group (PPG), had produced a leaflet to explain ways that patients could access appointments and advice from the practice.

The arrangements for accessing appointments were complex. For example, patients could attend the walk-in clinic, call at 8.15am for a same day appointment, or call at 10.30am for an appointment two days ahead. However, patients who contacted the practice for urgent advice or an appointment were able to speak to or see a doctor on the same day.

There was no system whereby patients with particular urgent needs, such as those who were receiving palliative care, could access the practice without going through the main telephone number. However, the practice did include details of palliative care patients on the "Share My Care" register which it then passed to the NHS 111 service so that those patients had quicker access to out of hours care.

Despite the changes that the practice had made there had not been a significant enough improvement in patient satisfaction. However, the practice was continuing to work with the PPG to ensure that patients understood the arrangements for accessing care, and to review and improve arrangements where possible.

## 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 were staff with designated responsibility to handle complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a summary of the complaints process contained in the practice information folder available in the waiting room. A full version of the complaints policy was available on the practice website. The policy included the names and contact details of relevant complaints bodies that patients could contact if they were unhappy with the practice's response.

The practice had received four written complaints in the last 12 months. Records demonstrated that the complaints were investigated, the complainants had received a response, and the practice had learned from the complaints and had implemented appropriate changes. For example, following complaints about issues with the phone system where patients heard a ringing tone rather than an engaged tone, the practice had consulted with its telephone company and introduced a call queuing system where first 10 callers heard information about their position in the queue while others were asked to call back.

Staff told us that they tried to resolve verbal complaints informally. Where they did so, staff did not always record verbal complaints and the practice was therefore unable to analyse trends in informal complaints.

# 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 which was displayed within the practice staff areas and staff knew and understood the values. Information about the practice's communications strategy and who was responsible for various leadership roles was also displayed for staff.
- Team areas within the practice also had their own statements of purpose, such as the patient participation group (PPG), the pharmacist and the lead nurse. These were held on the practice's computer shared drive and available to all staff.
- 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. However, governance arrangements were not always effectively implemented.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Various staff had been identified as the lead person for certain clinical and non-clinical services, such as infection control, palliative care, safeguarding and complaints.
- Practice specific policies were implemented and were available to all staff.
- There were monthly clinical meetings and weekly practice meetings where staff discussed a range of matters including staff teaching, patient access and vulnerable children. Minutes of the meetings were recorded and were cascaded to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice was unable to demonstrate they had taken into account the risk of

staff acting as chaperones who had not received a Disclosure and Barring Service check. The practice was also unable to demonstrate there was a system to help ensure appropriate recruitment checks had been undertaken for all relevant staff prior to employment.

### Leadership and culture

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

The partners encouraged a culture of openness and honesty. The practice had systems that identified notifiable safety incidents. However, the practice was unable to demonstrate they ensured staff read national patient safety alerts or took any action required.

When there were incidents, accidents or significant events:

- The practice did not provide staff with guidance on what constituted a significant event and therefore not all significant events were reported.
- The practice investigated most of them and carried out analysis of those reported.
- The practice kept accurate records of those reported.
- The practice demonstrated that learning from those reported took place and shared this learning with all relevant staff.

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

- There was a schedule of practice team meetings. Staff confirmed that the practice held regular team meetings. They said they attended when possible and that minutes of the meetings were circulated.
- There was a clear organisation structure chart available to staff.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

# Are services well-led?

Good 

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

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.

The practice and the PPG were innovative and actively engaged in local networks to share best practice. For example:

- The practice was part of the Mid Kent GP Alliance Federation board.
- The practice represented its locality at the clinical commissioning group's (CCG) Practice Engagement Committee.

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

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

- The practice had gathered feedback from patients through the PPG and through the Friends and Family Test as well as complaints received. There were posters in the waiting areas signposting patients to the different ways to provide feedback the practice, including by email or telephone.
- There was an active and highly engaged PPG which met regularly, and submitted proposals for improvements to the practice management team. The PPG had a notice board in the waiting area with displays about its role and encouraging patient participation. There was a quarterly PPG newsletter. In addition, the PPG and the practice produced a joint news bulletin for patients.

- The PPG had been instrumental in making improvements at the practice. For example, the influenza immunisation clinic had been moved to the Kings Hill site where it could be more easily accessed by more patients.
- The practice had gathered feedback from staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, staff told us they had suggested changes to processes for travel vaccinations to help streamline processes. This had been adopted by the practice.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was one of the first wave of practices to be part of the West Kent CCG initiative of Quality Improvement through Clinical Microsystems.

The practice was a training practice and all the staff were to some degree involved in the training of future GPs. The practice provided support and mentorship to GPs whose need for additional training had been recognised. The quality of GP registrar (GPs in training) decisions was under near constant review by their trainers. The practice was subject to scrutiny by the Health Education Kent, Surrey and Sussex (called the Deanery) as the supervisor of training. Registrars were encouraged to provide feedback on the quality of their placement to the Deanery and this in turn was passed to the GP practice. Therefore GPs' communication and clinical skills were regularly under review.



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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the Regulation was not being met:</b></p> <p>Systems or processes had not been established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person, in particular, to; assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services; evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).</p> <p>This was in breach of Regulation 17(1)(2)(a)(e)(f) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.</p>