

# White Horse Surgery & Walk - in Centre

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

|  |      |   |
|--|------|---|
| Overall rating for this service            | Good |  |
| Are services safe?                         | Good |  |
| Are services effective?                    | Good |  |
| Are services caring?                       | Good |  |
| Are services responsive to people's needs? | Good |  |
| Are services well-led?                     | Good |  |

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at White Horse Surgery and Walk In Centre on 7 October 2014. During the inspection we gathered information from a variety of sources. For example, we spoke with patients, members of the patient participation group, interviewed staff of all levels and checked that the right systems and processes were in place.

Overall the practice is rated as good. This is because we found the practice to be good for providing safe, effective, caring, responsive, well-led services. It was also good for providing services for all population groups.

Our key findings were as follows:

- White Horse Surgery and Walk In Centre is a busy, high activity practice that we found was working hard to keep pace with the increasing demands of rapidly increasing patient registrations.
- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was

recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep people safe.

- Data showed patient outcomes were at or above average for the locality. NICE guidance is referenced and used routinely. People's needs are assessed and care is planned and delivered in line with current legislation. This includes assessment of capacity and the promotion of good health. Staff have received training appropriate to their roles and further training needs have been identified and planned. The practice can identify all appraisals and the personal development plans for all staff. Multidisciplinary working was evidenced.
- Data showed patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

# Summary of findings

- The practice reviewed the needs of their local population and engaged with the NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients reported good access to the practice and a named GP and continuity of care, 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 an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff and other stakeholders.
- The practice had a clear vision and strategy to deliver this. Staff were clear about the vision and their responsibilities in relation to this. 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 regular governance meetings had taken place. There were systems to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this had been acted upon. The practice had an active patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events.

We saw several areas of outstanding practice including:

- Primary medical services were available to patients registered elsewhere or not registered at all, via a walk in service.
- An interpreter service was available for patients whose first language was not English and we saw there was a multilingual computerised touch screen booking in system available to all patients in the reception.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Review the risks associated with not monitoring or recording the temperature of areas, other than refrigerators, where medicines are stored securely.
- Review the risks of storing sterile and other clean equipment in dirty utility rooms.
- Ensure all relevant staff have up to date knowledge of the Mental Capacity Act 2005.
- Review their whistleblowing policy and complaints procedure policy to ensure contact details of relevant complaints bodies are available to staff and patients.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for safe. White Horse Surgery and Walk In Centre had systems to monitor, maintain and improve safety and demonstrated a culture of openness to reporting and learning from patient safety incidents. The practice had policies to safeguard vulnerable adults and children who used services. They monitored safety and responded to identified risks. There were systems for medicines management and infection control as well as action plans to make improvements to them. Sufficient numbers of staff with the skills and experience required to meet patients' needs were employed. There was enough equipment, including equipment for use in an emergency, to enable staff to care for patients. Staff were trained and the practice had plans to deal with foreseeable emergencies.

Good



### Are services effective?

The practice is rated as good for effective. Staff at the White Horse Surgery and Walk In Centre followed best practice guidance and had systems in place to monitor, maintain and improve patient care. There was a process to recruit, support and manage staff. Equipment and facilities were monitored and kept up to date to support staff to deliver effective services to patients. The practice worked with other services to deliver effective care and had a proactive approach to health promotion and prevention.

Good



### Are services caring?

The practice is rated as good for caring. Patients were satisfied with the care provided by White Horse Surgery and Walk In Centre and were treated with respect. Staff were careful to keep patients' confidential information private and maintained patients' dignity at all times. Patients were supported to make informed choices about the care they wished to receive and felt listened to.

Good



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

The practice is rated as good for responsive. The practice was responsive to patients' individual needs such as language requirements, mobility issues as well as cultural and religious customs and beliefs. Access to services for all patients was facilitated in a wide variety of ways. For example, routine appointments with staff at White Horse Surgery and Walk In Centre as well as telephone consultations and a walk in service. Patients' views, comments and complaints were used by the practice to make positive improvements to the services patients received.

Good



# Summary of findings

## Are services well-led?

The practice is rated as good for well-led. There was a clear leadership structure with an open culture that adopted a team approach to the welfare of patients and staff at White Horse Surgery and Walk In Centre. The practice used a variety of policies and other documents to govern activity and there were regular governance meetings. There were systems to monitor and improve quality. The practice took into account the views of patients and those close to them as well as engaging staff when planning and delivering services. The practice valued learning and had systems to identify and reduce risk.

Good



# Summary of findings

## What people who use the service say

During our inspection we spoke with seven patients, all of whom told us they were satisfied with the care provided by the practice. They considered their dignity and privacy had been respected and that staff were polite, friendly and caring. They told us they felt listened to and supported by staff, had sufficient time during consultations and felt safe. They said the practice was well managed, clean as well as tidy and they did not experience difficulties when making appointments. Patients we spoke with reported they were aware of how they could access out of hours care when they required it as well as the practice's telephone consultation service.

We looked at 23 patient comment cards. 21 comments were positive about the service patients experienced at White Horse Surgery and Walk In Centre. Patients indicated that they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said that staff treated patients with dignity and respect.

Patients had sufficient time during consultations with staff and felt listened to as well as safe. Two comments were less positive but there were no common themes to these. For example, there was only one comment about patients who experienced a long wait to see a GP when they used the walk in centre.

We looked at the NHS Choices website where patient survey results and reviews of White Horse Surgery and Walk In Centre were available. Results ranged from 'among the best' for the percentage of patients who would recommend this practice, through 'average' for scores for consultations with doctors and nurses. Results were 'among the best' for scores for opening hours and the practice was rated 'among the best' for patients rating their ability to get through on the telephone as very easy or easy. The practice was also rated 'among the best' for patients rating this practice as good or very good.

## Areas for improvement

### Action the service SHOULD take to improve

The practice should review the risks associated with not monitoring or recording the temperature of areas, other than refrigerators, where medicines are stored securely.

The practice should review the risks of storing sterile and other clean equipment in dirty utility rooms.

The practice should ensure all relevant staff have up to date knowledge of the Mental Capacity Act 2005.

The practice should review its whistleblowing policy and complaints procedure policy to ensure contact details of relevant complaints bodies are available to staff and patients.

## Outstanding practice

Primary medical services were available to patients registered elsewhere or not registered at all, via a walk in service.

An interpreter service was available for patients whose first language was not English and we saw there was a multilingual computerised touch screen booking in system available to all patients in the reception.

# White Horse Surgery & Walk - in Centre

## 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 and a practice manager specialist advisor.

## Background to White Horse Surgery & Walk - in Centre

White Horse Surgery and Walk In Centre is part of the NHS Dartford, Gravesham and Swanley Clinical Commissioning Group.

The practice is situated in Gravesend, Kent and has a registered patient population of approximately 9,000 (4,400 male and 4,600 female). There are approximately 2,700 registered patients under the age of 19 years (1,400 male and 1,300 female), approximately 6,100 registered patients between the age of 20 and 74 years (2,900 male and 3,200 female) and approximately 150 registered patients over the age of 75 years (60 male and 90 female).

Primary medical services are provided Monday to Sunday between the hours of 8.00am and 8.00pm. Primary medical services are available to patients registered at White Horse Surgery and Walk In Centre via an appointments system. These services are also available to patients registered at White Horse Surgery and Walk In Centre, as well as patients registered elsewhere or not registered at all, via a walk in service. There are a range of clinics for all age groups as

well as the availability of specialist nursing treatment and support. There are arrangements with another provider to deliver services to patients outside of White Horse Surgery and Walk In Centre's working hours.

The practice staff are comprised of five salaried GPs (four male and one female), one practice manager (female), three nurse practitioners (all female), three practice nurses (all female), one health care assistant (female), six administrators (one male and five female) and seventeen receptionists (two male and fifteen female). The practice also employs locum GPs of both sexes. There is a reception and a waiting area on the ground floor and a second waiting area on the first floor. All patient areas are wheelchair accessible.

Regulated activities are provided at White Horse Surgery and Walk In Centre, Vale Road, Gravesend, Kent, DA11 8BZ only.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

## How we carried out this inspection

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

# Detailed findings

- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care

- People experiencing a mental health problems

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 7 October 2014. During our visit we spoke with a range of staff (three GPs, the practice manager, one nurse practitioner, one practice nurse, two receptionists and one administrator) and spoke with patients who used the service. We also talked with carers and family members of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.



# Are services safe?

## Our findings

### Safe Track Record

The practice used a range of information to identify risk and improve quality regarding patient safety. For example, reported incidents and accidents, national patient safety alerts as well as comments and complaints received.

National patient safety alerts were disseminated electronically to practice staff. Staff told us that patient safety alerts were discussed at staff meetings and we saw records that confirmed this.

Patients' records were in electronic and paper form. Records that contained confidential information were held in a secure way so that only authorised staff could access them.

### Learning and improving from safety incidents

There was a culture of openness to reporting and learning from patient safety incidents.

The practice had a system for reporting, recording and monitoring incidents, accidents and significant events. All staff we spoke with were aware of how to report incidents, accidents and significant events.

We saw that the practice had a system to investigate and reflect on incidents, accidents and significant events that occurred. All reported incidents, accidents and significant events were managed by dedicated staff. Feedback from investigations were discussed at weekly clinical meetings and relevant information was shared at wider staff meetings.

### Reliable safety systems and processes including safeguarding

The practice had systems to safeguard vulnerable adults and children who used services. We saw that there were policies for safeguarding vulnerable adults and children. There were also other documents readily available to staff that contained relevant information for them to follow in order to recognise potential abuse and report it to the relevant safeguarding bodies. For example, a safeguarding Kent and Medway document. We saw that contact details of relevant safeguarding bodies were available for staff to refer to if they needed to report any allegations of abuse. The practice had dedicated staff appointed as leads in safeguarding vulnerable adults and children. All staff we spoke with were aware of the dedicated appointed leads in

safeguarding as well as the practice's safeguarding policies and other documents. Staff said that they were up to date with training in safeguarding and we saw records that confirmed this. We saw records that the safeguarding leads were trained to the highest level (level three) in safeguarding. When we spoke with staff they were able to describe different types of abuse that patients may have experienced as well as how to recognise them and how to report them.

The practice had a whistleblowing policy that contained relevant information for staff to follow that was specific to the service. The policy detailed the procedure staff should follow if they identified any matters of serious concern. The provider may find it useful to note that the policy did not contain contact details of external bodies that staff could approach with concerns, for example, the General Medical Council. All staff we spoke with were aware of this policy and able to describe the actions they would take if they identified any matters of serious concern.

The practice had a monitoring system to ensure staff maintained their professional registration. For example, professional registration with the General Medical Council or Nursing and Midwifery Council.

We saw records that demonstrated all staff had Disclosure and Barring Service clearance (a criminal records check). This was to help ensure that patients who used the practice were protected and safe during interaction with any member of staff.

The practice had a chaperone policy and that information about it was displayed in public areas informing patients that a chaperone would be provided if required. One patient we spoke with told us they had used this service. We saw records that showed non-clinical staff who acted as chaperones had received relevant training.

### Medicines Management

White Horse Surgery and Walk In Centre had a policy on the management of medicines. Staff told us that they accessed up to date medicines information and clinical reference sources when required via the internet and through published reference sources such as the British National Formulary (BNF). The BNF is a nationally recognised medicines reference book produced by the British Medical Association and Royal Pharmaceutical Company. The practice had a copy of the BNF dated March to September 2014 accessible for staff to refer to when prescribing or

## Are services safe?

dispensing medicines. The practice received input from a prescribing advisor and one member of staff attended a medicines optimising group. Up to date information on medicines was disseminated to staff via the practice computer system and we saw records that showed this was also discussed at clinical meetings.

Patients were able to obtain repeat prescriptions either in person or by completing paper or on-line repeat prescription requests.

The practice had a system to monitor and keep blank prescription forms safe.

The practice held vaccines and medicines on site but did not hold any controlled drugs. Medicines that were held included those for use in emergency situations. Medicines and vaccines were stored securely in areas accessible only by practice staff.

Appropriate temperature checks for refrigerators used to store medicines had been carried out and records of those checks made. We found that the temperature of the areas where other medicines were stored securely was not monitored.

We saw records that confirmed medicines held by the practice for use in emergency situations were checked regularly and records that confirmed the practice had system to monitor and record all medicine stock levels.

### Cleanliness & Infection Control

The premises were clean and tidy. Patients we spoke with told us they always found the practice clean and had no concerns over cleanliness or infection control.

The practice had an infection control policy that contained procedures for staff to refer to in order to help them follow the Code of Practice for the Prevention and Control of Health Care Associated Infections. The code sets out the standards and criteria to guide NHS organisations in planning and implementing control of infection.

The practice had an identified infection control team. Staff we spoke with told us they had been trained in infection control and we saw records that confirmed this.

The treatment and consulting rooms were clean, tidy and uncluttered. Personal protective equipment including disposable gloves, aprons and coverings were available for

staff to use. Staff were able to describe how and when they would use these items in order to comply with the practice's infection control policy and reduce the risk of the spread of infection.

We saw that some clean and sterile disposable equipment were stored in the dirty utility rooms at White Horse Surgery and Walk In Centre. For example, sterile hypodermic needles and sterile disposable scissors were stored in a dirty utility room. An open box of clean peak flow tubes (a socially clean disposable part of breathing assessment equipment) was stored on the work surface in the dirty utility room. Patients could not be sure that this equipment had not been contaminated by dirt, dust or aerosol from other use of the dirty utility room.

There was antibacterial gel available throughout the practice for staff and patients to use. Antibacterial hand wash and paper towels were available at all clinical wash-hand basins in the practice.

There was a system for safely handling, storing and disposing of clinical waste. This was carried out in a way that reduced the risk of cross contamination. Clinical waste was stored securely in locked, dedicated containers whilst awaiting collection from a registered waste disposal company.

There were cleaning schedules in place and we saw that there was a supply of approved cleaning products. The practice had a contract with a cleaning company to clean the premises daily. Records were kept of cleaning that was carried out in the practice. Staff told us that they cleaned equipment such as an ECG machine (a piece of equipment used to monitor the electrical activity of a patient's heart), between patients but did not formally record such activity.

The last infection control audit / risk assessment was carried out on 3 March 2014. This identified potential issues for the practice to address. We saw records that demonstrated actions had been taken to address identified issues.

The practice had a system for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). We saw records that confirmed the practice was carrying out regular checks in line with this policy in order to reduce this risk of infection to staff and patients.

# Are services safe?

## Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this.

## Staffing & Recruitment

Personnel records we looked at contained evidence that appropriate checks had been undertaken prior to employment. For example, proof of identification, references and interview records. The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw they had a rota system in place for all the different staffing groups to ensure they had enough staff on duty.

The practice had a system to assess and monitor the number and skill mix of staff required to meet patients' needs. Staff told us that staffing levels were reviewed on a monthly basis and decisions to recruit additional staff were made at governance meetings. We saw records that confirmed this. Records showed that the number of patients registered with the practice had increased from 1,570 in September 2010 to 9,110 in September 2014. We saw that the practice had increased the number of staff in order to meet the increased medical needs of registered patients, and those patients using the walk in service, over this period of time.

## Monitoring Safety & Responding to Risk

The practice had a health and safety policy to help keep patients, staff and visitors safe. Health and safety information was displayed for staff to see and the practice had a dedicated health and safety representative.

A fire risk assessment had been undertaken that included actions required in order to maintain fire safety.

There were up to date business continuity plans to manage foreseeable events such as loss of the practice building. This document contained relevant contact details for staff to refer to in the event they required to report business continuity issues.

Staff told us there were a variety of systems to keep them, and others, safe whilst at work. They told us they had the ability to activate an alert on the computer system in order to summon help in an emergency or security situation.

There was a system governing security of the practice. For example, visitors were required to sign in and out using the dedicated book in reception.

Clinical and administration areas of the practice were secured by electronic fob activated locks that only staff were able to access. Patient toilets and the lift were equipped with alarms so that help could be summoned if required.

## Arrangements to deal with emergencies and major incidents

Staff told us that they were trained in basic life support and we saw records that confirmed that staff had received this training. Emergency equipment was available in the practice, including emergency medicines, access to medical oxygen and an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency). Staff told us that this equipment was checked regularly and records confirmed this.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

We saw evidence that the practice operated a clinical audit system that continually improved the service and followed up to date best practice guidance. For example, a smoking cessation advice audit.

Staff told us they attended personal updates and practice meetings where best practice guidance and outcomes from clinical audits were discussed. Staff also had access to best practice guidance via the internet and access to specialists such as tissue viability nurses.

The practice worked with district nurses and palliative care services to deliver end of life care to patients. We saw records that showed the practice held staff meetings that included district nurses and palliative care staff where best practice could be discussed.

### Management, monitoring and improving outcomes for people

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice. The QOF data for this practice showed it was performing in line with national standards. We saw that results were discussed at a review meeting in April 2014 and action plans made to maintain or improve outcomes for patients.

The practice also had a system for completing clinical audit cycles. Examples of clinical audits carried out by the practice include an audit on patients discharged from hospital and an audit on smoking cessation advice. We saw that action plans were made to address any issues identified by the clinical audits as well as further audit activity to monitor and assess the result of the planned interventions. The results of one clinical audit demonstrated improvements in patient care had occurred as a result of the implementation of the action plan made following a previous clinical audit. Staff told us that clinical audit results were discussed at clinical meetings and wider staff meetings as appropriate.

### Effective staffing

Personnel records we reviewed contained evidence that appropriate checks had been undertaken prior to

employment. For example, proof of identification, references and interview records. We also saw that Disclosure and Barring Service (DBS) checks (criminal records checks) had been carried out on all staff.

We saw examples of the induction training staff underwent on commencement of employment with the practice. Staff told us that they received yearly appraisals and GPs said they carried out relevant appraisal activity that now included revalidation with their professional body at required intervals. We saw records that confirmed this. There was evidence in staff files of the identification of training needs and continuing professional development.

The practice had processes to identify and respond to poor or variable practice including policies such as the management of sickness and absence policy as well as a disciplinary procedure.

Equipment and facilities were kept up to date to ensure staff were able to deliver effective care to patients.

### Working with colleagues and other services

There were regular staff meetings that involved multi-professional staff from the primary health care team and other services. For example, midwives, health visitors and community nursing teams to share information about patients and their treatment and care plans.

The practice had a system for transferring and acting on information about patients seen by other doctors out of hours and patients that had been discharged from hospital.

The practice had a system to refer patients to other services such as hospital services or specialists.

Staff told us that there was a system to review and manage blood results on a daily basis. Results that required urgent attention were dealt with by the duty GP at the practice promptly, and out of hours doctors as well as palliative care staff were involved when necessary.

### Information Sharing

Relevant information was shared with other providers in a variety of ways to help ensure patients received timely and appropriate care. For example, the practice met regularly with other services, such as hospices, to discuss patients' needs.

The practice had a system to alert the out-of-hours service or duty doctor to patients dying at home.

# Are services effective?

(for example, treatment is effective)

All information about patients received from outside of the practice was captured electronically in the patients' records. For example, letters received were scanned and saved into the patients' records by the practice.

## Consent to care and treatment

The practice had a consent policy that governed the process of patient consent and guided staff. The policy described the various ways patients were able to give their consent to examination, care and treatment as well as how that consent should be recorded. The policy contained examples of consent forms that patients could sign to give their consent to investigation or treatment, such as minor surgical procedures, as well as forms for patients to complete in order to withdraw any consent they had already given.

Staff told us that they obtained either verbal or written consent from patients before carrying out examinations, tests, treatments, arranging investigations or referrals and delivering care. They said that parental consent given on behalf of children was documented in the child's medical records. Whilst there was no evidence of formal staff training on the Mental Capacity Act 2005, staff we spoke with were able to describe how they would manage the situation if a patient did not have capacity to give consent for any treatment they required. Staff also told us that patients could withdraw their consent at any time and that their decisions were respected by the practice.

## Health Promotion & Prevention

There were a limited range of posters and leaflets available in the reception / waiting area. These provided health promotion and other medical and health related information for patients such as prevention and management of shingles as well as details of organisations that offered support to carers.

The practice provided dedicated clinics for patients with certain conditions such as diabetes and asthma. Staff told us that these clinics enabled the practice to monitor the on-going condition and requirements of these groups of patients. They said the clinics also provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration. Patients who used this service told us the practice had a recall system that alerted them when they were due to re-attend these clinics.

Patients told us that they were able to discuss any lifestyle issues with staff at White Horse Surgery and Walk In Centre. For example, issues around eating a healthy diet or taking regular exercise. They said that they were offered support with making changes to their lifestyle. For example, referral to the practice's smoking cessation service.

New patients and patients reaching the age of 40 years were offered health checks. Sexual health advice was available to all patients and we saw that free chlamydia testing kits were available at the practice for patients under the age of 25 years. Services were available at the practice for patients who were experiencing problems with their memory or who were diagnosed with dementia. Cholesterol checks as well as drugs and alcohol screening were available at the practice. Staff told us that they offered appropriate opportunistic advice, such as breast self-examination and testicular self-examination, to patients who attended the practice routinely for other issues.

The practice provided childhood immunisations, seasonal influenza inoculations and relevant vaccinations for patients planning to travel overseas.

# Are services caring?

## Our findings

### **Respect, Dignity, Compassion & Empathy**

We spoke with seven patients, all of whom told us they were satisfied with the care provided by the practice. All patients we spoke with considered their dignity and privacy had been respected. Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained whilst they undressed / dressed and during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private. The practice switchboard was located away from the reception desk which helped keep patient information private. There was a system to allow only one patient at a time to approach each receptionist at the reception desk. There was also a glass partition wall between the reception desk area and the main waiting area. This prevented patients overhearing potentially private conversations between patients and reception staff. Staff told us that a private room was also available at the reception desk should a patient wish a more private area in which to discuss any issues.

There were policies that governed patient confidentiality at White Horse Surgery and Walk In Centre. For example, the

confidentiality policy for practice staff and confidentiality code of practice. There was also a confidentiality policy specifically relating to patients under the age of 18 years that guided staff and protected the rights of young people. There were information governance policies that helped maintain patient confidentiality.

### **Care planning and involvement in decisions about care and treatment**

Patients told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they chose to receive. Patients told us they felt listened to and supported by staff and had sufficient time during consultations in order to make an informed decision about the choice of treatment they wished to receive. Patient comment cards also indicated patients had sufficient time during consultations with staff and felt listened to.

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

Timely support and information was provided to patients and their carers to help the cope emotionally with their care, treatment or condition. Information on support offered by other services was also available. For example, the Autumn Newsletter of Carers First in Kent and Medway was available in the practice waiting area.

The practice supported and empowered patients to manage their own health, care and wellbeing and to maximise their independence. Clinics provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

An interpreter service was available for patients whose first language was not English and we saw there was a multilingual computerised touch screen booking in system available to all patients in the reception.

Patients over the age of 75 years had been allocated a dedicated GP to oversee their individual care and treatment requirements. Staff told us that patients over the age of 75 years were informed of this by letter. Specific health promotion literature was available as well as details of other services for older people. The practice held regular multi-professional staff meetings that included staff who specialised in the care of older people.

Patients were able to receive care and treatment in their own home from practice staff as well as community based staff such as district nurses and palliative care staff.

Patients told us that they were referred to other services when their condition required it. For example, one patient told us they were referred to the local hospital for urgent treatment that the practice was not able to provide locally.

Patients were provided with information on when it was appropriate to seek help from other services. For example, the patient information leaflet indicated that patients experiencing emergencies such as major bleeding and chest pain should call 999 and ask for an ambulance. Patients that had minor injuries such as cuts, burns and grazes were directed to attend the minor injuries unit at Gravesend Community Hospital. During our inspection we saw reception staff direct two patients to the minor injuries unit. Staff told us that they were given training during orientation and we saw that there was written guidance available to staff that gave definitions of the minor injuries that they should advise patients to go to the minor injuries unit in order to receive treatment. Staff told us that if they were unsure if a patient should be seen at the practice or at the minor injuries unit they would refer the decision to a GP or Nurse.

The practice ran various group meetings in order to address the health requirements of a diverse range of patients. For example, the charity Porchlight attended the practice weekly to offer support and advice to patients that were homeless or due to be evicted from their homes. The practice also worked closely with the mental health charity

Mind who attended the practice three times each week to offer support and advice to patients at risk of or experiencing poor mental health. Clinical Commissioning Group (CCG) counselling services were also available at the practice.

There was an area of the reception desk that was lowered in order that patients using a wheelchair could speak with reception staff without a physical barrier between them. Staff told us that disabled patients' needs had been taken into account when planning the current building White Horse Surgery and Walk In Centre was using.

Staff told us that patients' cultural beliefs and customs were taken into account wherever possible when delivering care. For example, patients who were fasting during Ramadan were able to have their medication prescription altered, if possible, from three times daily to twice daily for the period of time that they were fasting.

Records showed that the number of patients registered with the practice had increased from 1,570 in September 2010 to 9,110 in September 2014. We saw that the practice had increased the number of staff in order to meet the increased medical needs of registered patients, and those patients using the walk in service, over this period of time.

The practice took into account the views and comments of the patient participation group (PPG). These were discussed at staff meetings and used to make improvements to services. For example, internal sign posting at the practice had been improved following this being suggested by the PPG.

### Tackling inequity and promoting equality

White Horse Surgery and Walk In Centre had an equality and diversity policy that was followed by staff to reduce the risk of discrimination of patients. It also had a disability protocol containing details that helped staff identify patients with learning disabilities to ensure their access to relevant services.

Seating was provided in waiting areas for patients which included special smaller seating for children. All areas of the practice were accessible by wheelchair and there was a lift to facilitate access to the first floor of the premises. We saw that the seating in the first floor waiting area comprised solely of low bench style couches which patients and others with mobility difficulties may find it

# Are services responsive to people's needs?

## (for example, to feedback?)

difficult to get up from. One patient told us that they had to be assisted to get up from this seating as they were unable to do so unaided due to the lack of chair arms to push themselves up on.

Staff told us that services were delivered in a way that took into account the needs of different patients on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation. For example, staff told us that the practice ensured that whenever possible Muslim women were seen by female staff and if medical examination was required this was carried out in a way that only the part of the patient's body that required examination was exposed.

### Access to the service

Primary medical services were provided Monday to Sunday between the hours of 8.00am and 8.00pm. Primary medical services were available to patients registered at White Horse Surgery and Walk In Centre via an appointments system. Staff told us that patients could book appointments by telephoning the practice, using the on-line booking system or by attending the reception desk in the practice. The practice provided a telephone consultation service for those patients who were not able to attend the practice. The practice visited patients in their homes if they were housebound or too ill to visit White Horse Surgery and Walk In Centre. Primary medical services were also available to patients registered at White Horse Surgery and Walk In Centre, as well as patients registered elsewhere or not registered at all, via a walk in service. There were a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There were arrangements with another provider to deliver services to patients outside of White Horse Surgery and Walk In Centre's working hours.

We saw that practice opening hours as well as details of how patients could access services outside of these times was displayed on the front of the building. The practice had a website where patients could access these details as well as information regarding all services available to them at White Horse Surgery and Walk In Centre. The website also gave details of services offered by other providers, such as the Kent Addiction Service, and their contact telephone numbers.

Patients we spoke with said they experienced few difficulties when making appointments. They said that if they were unable to make an appointment that suited their needs they were able to see a doctor or nurse via the walk in service. Although they told us this sometimes resulted in a lengthy wait, they said they were always seen the same day. Some patients said that the length of waiting time when using the walk in service was acceptable and to be expected. Two patients told us that the length of time when using the walk in service was unacceptable but that reception staff kept them informed of the likely waiting time.

### Listening and learning from concerns & complaints

White Horse Surgery and Walk In Centre had a system for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. The practice complaints procedure contained the names of relevant complaints bodies but not contact details. Timescales for dealing with complaints were clearly stated and details of the staff responsible for investigating complaints were given. There was a leaflet available for patients that gave details of the practice's complaints procedure as well as a patient complaint form to assist them in making a written complaint. Patients we spoke with were not aware of the complaints procedure but none had had cause to raise complaints about the practice. The practice carried out analysis of complaints to identify trends which staff told us were discussed at staff meetings.

The practice took into account the results of annual patient surveys that were carried out. Results were discussed at staff meetings and used to make improvements to services. For example, the September 2014 patient survey results showed that some patients felt that if their appointment time was not met staff did not keep them informed. The practice had a plan to address this issue and during our inspection we saw that reception staff kept patients in the waiting areas informed when there were delays in appointment times being met by practice staff.



# 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**

White Horse Surgery and Walk In Centre had a clear practice vision to deliver the best available healthcare for its community. Staff we spoke with were aware of and supported this vision as well as the practice's goals to improve the health and wellbeing of local people, modernise local services, achieve individual and organisational effectiveness, deliver effective clinical practice, develop inclusive communities and achieve effective business and financial management.

### **Governance Arrangements**

The practice had a dedicated GP clinical governance lead who had received governance training. There were a variety of policy, procedure, protocol and planning documents that the practice used to govern activity. For example, the infection control policy, the chaperone procedure, the drugs storage protocol as well as the disaster handling and business continuity plan. We looked at 17 such documents and saw that all were dated within the last three years indicating when they came into use and that they were up to date. None of these documents contained a planned review date but we saw that the practice had an electronic system to ensure they were kept up to date.

### **Individual GPs had lead responsibilities such as safeguarding vulnerable adults and children.**

We saw evidence that the practice operated a clinical audit system that continually improved the service, followed up to date best practice guidance and provided the best possible outcomes for patients. For example, a controlled drugs audit. We saw records that showed clinical audit results and action plans were discussed at clinical meetings and changes were re-audited to monitor any improvements.

### **Leadership, openness and transparency**

There was a clear leadership structure with an open culture that adopted a team approach to the welfare of patients and staff. All staff we spoke with said they felt valued by the practice and able to contribute to the systems that delivered patient care.

The practice demonstrated effective human resources practices such as comprehensive staff induction training. Staff told us that they received yearly appraisals and GPs said they carried out relevant appraisal activity that now

included revalidation with their professional body at required intervals. We saw records that confirmed this. There was evidence in staff files of the identification of training needs and continuing professional development.

Staff had job descriptions that clearly defined their roles and tasks whilst working at White Horse Surgery and Walk In Centre. The practice had processes to identify and respond to poor or variable practice including policies such as the management of sickness and absence policy as well as a disciplinary procedure.

Staff told us they felt well supported by colleagues and management at the practice. They said they were provided with opportunities to maintain skills as well as develop new ones in response to their own and patients' needs.

The practice was subject to external reviews, such as fire safety and infection prevention and control. GP re-verification involved appraisal by GPs from other practices.

### **Practice seeks and acts on feedback from users, public and staff**

The practice took into account the views of patients and those close to them via feedback from the patient participation group, patient surveys as well as comments and complaints received when planning and delivering services.

We saw minutes of the patient participation group that demonstrated regular meetings where comments and suggestions were put forward by members. Staff told us that comments and suggestions put forward at these meetings were considered by the practice and improvements made where practicable.

We saw that results from annual patient surveys carried out by the practice influenced the way services were delivered.

Staff told us that reviews left on the NHS Choices website about White Horse Surgery and Walk In Centre were discussed informally. We saw that five reviews had been left on this website but the practice had not responded to any of them. Staff said that the practice had informal plans to respond to reviews left on the NHS Choices website in the future.

There were a variety of meetings held in order to engage staff and involve them in the running of the practice. For

# Are services well-led?

Good 

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

example, clinical meetings, administration meetings and staff meetings. Staff we spoke with told us they felt valued by the practice and able to contribute to the systems that delivered patient care.

## **Management lead through learning & improvement**

The practice valued learning. There was a culture of openness to reporting and learning from patient safety incidents. All staff were encouraged to update and develop their knowledge and skills.

We saw that the practice had a system to investigate and reflect on incidents, accidents and significant events that occurred. All reported incidents, accidents and significant events were managed by dedicated staff. Feedback from investigations were discussed at weekly clinical meetings and relevant information was shared at wider staff meetings.

The practice participated in a variety of learning events such as team building days. We saw that there were plans

to include training that was missed at a previous team building day into the next one. All staff we spoke with told us they had an annual performance review and personal development plan.

The practice had systems to identify and reduce risk. Risk assessments were carried out and where risks were identified action plans were made and implemented in order to reduce the identified risk. This activity was monitored in order to evaluate the effectiveness of the implemented action plan.

We saw records that demonstrated equipment such as blood pressure monitors and blood glucose testing equipment were regularly serviced and calibrated. The practice's fire risk assessment was up to date and there was contingency planning contained in the business continuity plan to manage risks, for example, loss of the computer system. On-going health and safety risk assessments were carried out in accordance with the practice's health and safety policy.