

Westerham Practice

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

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 Westerham Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Westerham Practice in Westerham, Kent on 24 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- 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.
- An understanding of the clinical performance and patient satisfaction of the practice was maintained. The practice had reviewed clinical performance and implemented actions to improve.

- Feedback from patients relating to access to services and the quality of care was higher when compared with local and national averages. This was corroborated by written and verbal feedback collected during the inspection.
- The continued development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. We saw evidence and staff we spoke with told us they are supported to acquire new skills and share best practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to and made improvements as a result.
- The leadership team drove continuous improvement and staff were accountable for delivering change. There was a clear proactive approach to seek out and embed new ways of providing care and treatment.

The areas where the provider should make improvement are:

Summary of findings

- Review the business continuity plan to include emergency contact and specific cascade contact information.
- Continue to review patient outcomes to ensure that patients receive appropriate care and treatment. This would include a review of the system in place to promote completion of dementia care plans in order to increase patient uptake.
- Formalise how training, learning and development needs are identified via re-introducing a programme of appraisals.
- Improve patient awareness of access to translation services and how to provide feedback.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice. Learning was based on a thorough analysis and investigation.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- National patient safety and medicine alerts were disseminated within the practice in a formal way and there was a system to record that these had been appropriately dealt with.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There were systems in place to protect patients from the risks associated with medicines management.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were higher when compared to the local and national averages. In 2015/16, the practice had achieved 99% of points (local CCG was 96% and national average was 95%).
- The most recent published exception reporting was higher when compared to the CCG and national averages. 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. The practice had identified the increased levels of exception reporting as an area for improvement and formulated action plans to reduce exception reporting.
- Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.

Summary of findings

- Clinical audits demonstrated quality improvement.
- Although there had been a temporary pause in the appraisal programme there was evidence of performance monitoring, identification of personal or professional development. The continued development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. We saw evidence and staff we spoke with told us they are supported to acquire new skills and share best practice.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- We observed patients were respected and valued as individuals.
- Verbal and written patient feedback and their families about the way staff treated people was continually and overwhelmingly positive.
- Data from the latest national GP patient survey showed that patients rated the practice highly for the majority of aspects of care.
- 93% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care. This was higher when compared to the local clinical commissioning group (CCG) average (86%) and national average (85%).
- 96% of patients said the receptionists are helpful. This was higher when compared to the local CCG (89%) and national average (87%).
- Information for patients about the services available was easy to understand and accessible.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and West Kent Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good accessible facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- Data collected via the national GP patient survey reported patients found access was excellent. For example, 83% of patients said they found it easy to get through to the practice by telephone, CCG average was 76% and national average was 73%.
- Furthermore, 83% of patients described their experience of making an appointment as good. This was higher when compared to the CCG average (78%) and national average (73%).
- All of the verbal and written feedback received on the day of the inspection, was positive about access and highlighted good access to appointments.
- Although not on display, information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

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

- The practice had a clear vision with quality, safety and learning as their top priorities. Staff we spoke with were clear about the vision and their responsibilities in relation to it.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients, there was an active patient participation group (PPG) which influenced practice development.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Older people at risk of isolation within the community were identified and discussed at meetings including multi-disciplinary meetings to address any additional support required.
- The practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice identified if patients were also carers; information about support groups was available in the waiting areas.
- The practice provided GP services to a local residential home; a designated GP provided services to which included a weekly ward round. Feedback from the care home praised the service and said the service they received was professional and empathic and they were very happy with the GP service they receive.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older patients were higher when compared with local and national averages. For example, performance for osteoporosis (osteoporosis is a condition that weakens bones, making them fragile and more likely to break) indicators were higher than both the local and national averages. The practice had achieved 100% of targets which was higher when compared to the CCG average (95%) and the national average (88%).

People with long term conditions

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

Good



- The number of patients registered at the practice with a long-standing health condition was higher than local and national averages. For example, 60% of patients had a long-standing health condition, this was higher than the local CCG average (52%) and national average (54%). This could result in an increased demand for GP services.

Summary of findings

- Performance for diabetes related indicators showed the practice had achieved 100% of targets which was higher when compared to the CCG average (89%) and the national average (90%).
- Performance for Chronic Obstructive Pulmonary Disease (known as COPD, a collection of lung diseases including chronic bronchitis and emphysema) indicators showed the practice had achieved 100% of targets which was higher when compared to the CCG average (96%) and the national average (96%).
- Anticoagulant management clinics were held at the practice to monitor patients' blood to determine the correct dose of anti-coagulant medicine. This provided better improved access, standardised delivery in monitoring dosage, 'one-stop-visit' testing obtaining results and adjustments in dose, with the opportunity to discuss results during the same visit.
- Longer appointments and home visits were available when needed.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were similar when compared with local averages and national averages for standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 85%, which was similar when compared to the CCG average (83%) and the national average (82%).
- 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.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Services were flexible, provided choice and ensured continuity of care for example, telephone consultations was available for patients that chose to use this service.
- There was a range of appointments including early morning and evening appointments. These appointments were specifically for patients not able to attend outside normal working hours but there were no restrictions to other patients accessing these appointments.
- On-line booking for appointments was available for patients' convenience. The practice website was well designed, clear and simple to use featuring regularly updated information.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with caring commitments.
- The practice offered longer appointments for patients whose circumstances may make them vulnerable.
- The practice provided GP services to a local specialist school for pupils with physical disabilities or complex medical needs. There was specific designated GP point of contact for the school (approximately 50 people). Contact details of the designated GP were shared with the relevant staff, enabling continuity of care and quick access to the right staff at the practice.
- In January 2017, the practice patient population list was 8,200. The practice had identified 147 patients, who were also a carer; this amounted to 1.8% of the practice list.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Summary of findings

- 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.

People experiencing poor mental health (including people with dementia)

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

- The practice offered flexible longer appointments for patients with complex mental health needs.
- 89% of people experiencing poor mental health had a comprehensive care plan documented in their record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This was similar when compared to the CCG average (91%) and the national average (89%).
- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower when compared to the local CCG average (84%) and the national average (84%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Several members of staff had additional training in recognising and supporting people with dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice had higher performance in terms of patient satisfaction when compared with the local clinical commissioning group (CCG) and national averages. Specifically, patient's satisfaction for aspects relating to accessing care and the quality of care provided by the practice was higher than CCG and national averages. On behalf of NHS England, Ipsos MORI distributed 227 survey forms and 126 forms were returned. This was a 56% response rate and amounted to approximately 1.5% of the patient population.

- 83% of patients found it easy to get through to this practice by telephone (CCG average 76%, national average 73%).
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 95% of patients described the overall experience of this GP practice as good (CCG average 88%, national average 85%).
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 82%, national average 78%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 21 comment cards all feedback was positive about the standard of care received. Furthermore, patients commented on receipt of excellent service from the GPs, nurses and the dispensary.

We spoke with four patients during the inspection and two members of the patient participation group. Verbal

feedback aligned to the high level of satisfaction which was highlighted in the national GP patient survey and the written feedback we received. All four patients and both members of the patient participation group praised the care they received and thought staff were approachable, committed and caring.

We spoke with a local residential home for older people which Westerham Practice provides GP services for. They told us the practice was very responsive to patients needs including complex medicine needs and treated them with dignity and respect.

Furthermore, we also spoke with the local foundation, specialist school for children and young people with physical disabilities or complex medical needs which accesses GP services from the practice. Similar to other feedback received they also praised the care the children and young people received.

During the inspection we reviewed information and patient feedback about the practice collated via the NHS Friends and Family Test. This national test was created to help service providers and commissioners understand whether their patients were happy with the service provided, or where improvements were needed.

We saw the amount of responses was not representative of the number of patients using the service. For example, in the last six months (December 2016 to July 2016) there had only been nine responses. Using these responses, eight out of nine responses (89%) would recommend Westerham Practice, with six responses extremely likely and two responses likely.

Westerham Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Westerham Practice

Westerham Practice is a GP teaching practice based across two sites in the North Downs area of Kent, from Limsfield to Riverhead and Westerham to Marlpit Hill, including many small villages, Toys Hill, Brasted and Tatsfield. Westerham Practice is one of the practices within West Kent Clinical Commissioning Group (CCG) and provides general medical services to approximately 8,200 registered patients.

Services are provided from:

- Winterton Surgery, Russell House, Market Square, Westerham, Kent, TN16 1RB.
- The Medical Centre, 173 Main Road, Sundridge, Sevenoaks, Kent, TN14 6EH.

According to data from the Office for National Statistics, the area has high levels of affluence, low incidence of substance misuse and severe mental health problems and low levels of deprivation.

Ethnicity based on demographics collected in the 2011 census shows the population of Westerham and the surrounding area is predominantly White British. Although the surrounding area has a growing Eastern European community; this is reflected in the patient population list as there was a growing number of Polish and Romanian patients registered with the practice.

The practice population has a lower proportion of patients aged between 20 and 40 and a higher proportion of patients aged over 50 when compared to the national average. The prevalence of patients with a long standing health condition is 60% compared to the local CCG average of 52% and national average of 54%. This could result in an increased demand for GP services.

The practice has a dispensary based at site in Sundridge and dispenses to 18% of its patients (1,500 out of 8,200).

The practice also provides primary care GP services for a local residential homes (approximately 30 people) and a local foundation, specialist school for children and young people with physical disabilities or complex medical needs (approximately 50 people).

The practice comprises of six GP Partners (three female and three male) who are supported by a two female salaried GPs, one female FY2 Doctor, two GP Registrars (one female and one male) and a female Physician Associate. The practice is a teaching and training practice for medical students, Foundation Doctors (FY Doctors) and GP Registrars. Foundation Doctors are junior Doctors who are undertaking a GP placement as part of their speciality and GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine.

The all-female nursing team consists of a nurse practitioner, a senior practice nurse, an additional practice nurse and three health care assistants.

The practice manager and a team of reception, administrative and secretarial staff undertake the day to day management and running of Westerham Practice.

One of the GPs is the designated dispensary lead and the dispensary team consists of a head dispenser, a dispenser and a prescription clerk.

Detailed findings

The main practice in Westerham is open between 8am and 6.30pm Monday to Friday (appointments between 8am and 11.30am and 3pm and 6pm). The branch surgery in Sundridge is open between 9am and 6pm Monday to Friday (appointments between 9am and 12pm and 3pm and 6pm) with the exception of Wednesday when the surgery closes at 1pm.

The dispensary has core opening hours between 9am and 12pm every weekday and additional afternoon opening hours between 3pm and 6pm every Tuesday and Thursday. Each week extended hours for pre-bookable appointments were available every Tuesday and Wednesday evening until 7.30pm at the practice in Westerham and every Thursday morning from 7am at both the practice in Westerham and the practice in Sundridge.

The practice has opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 telephone service. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on both practices door and over the telephone when the surgery is closed.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included information from West Kent Clinical Commissioning Group (CCG), NHS England and Public Health England.

We carried out an announced visit to Westerham Practice on 24 January 2017. During our visit we:

- Visited both the Winterton Surgery in Westerham and the branch surgery in Sundridge.
- Spoke with a range of staff. These included GPs, GP Registrar, nurses, a health care assistant, the practice manager and several members of the administration and reception team. We also spoke with members of the dispensary team.
- Spoke with four patients who used the service, the local residential home and local specialist school which the practice provides primary care GP services for.
- Observed how patients were being cared for and how medicines were dispensed.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 21 Care Quality Commission (CQC) comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed records relevant to the management of the service.
- Carried out observations and checks of the premises and equipment used for the treatment of patients.

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).

Detailed findings

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 an effective system in place 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. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. For example, we discussed a recent national patient safety alert. The alert was recorded and disseminated to all clinical members of staff (including dispensary staff) and processes reviewed to ensure all potential stores of medicines were checked.

We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw a significant event analysis following a concern that the 'cold chain' had been broken. 'Cold chain' is a term used to describe the cold temperature conditions in which certain products need to be kept during storage and distribution.

Following this incident, there was a full review which included an analysis of the existing cold chain policy and refrigerator processes. It was agreed as a result of the investigation to install downloadable temperature recording equipment in all refrigerators including the refrigerators in the dispensary. All members of staff we spoke with were aware of the change in process.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible including 'best interest' meetings and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. For example, GPs were trained to Safeguarding Children level three, nurses were trained to Safeguarding Children level two and both GPs and nurses had completed adult safeguarding training.
- Notices at both the practices 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 (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Both the sites which the practice provided clinical services from maintained appropriate standards of cleanliness and hygiene. The nurse practitioner had been appointed as the infection control lead. They had attended external training and had allocated time to complete this extended role which included liaison with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all practice staff had received up to date training. Annual infection control audits were undertaken. We saw the latest audit for completed in August 2016. We reviewed subsequent action that was taken to address any improvements identified as a result, for example installing foot pedal bins to reduce the risk of cross contamination. However, through observations made during the inspection we saw the practice had not replaced disposable curtains at six monthly intervals in accordance to national

Are services safe?

specifications for cleanliness in the NHS and national patient safety agency guidance. Once highlighted the practice made arrangements for the curtains to be replaced immediately.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Medicines Management

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) had been adopted by the practice to allow the practice nurses and health care assistants to administer medicines in line with legislation.
- The practice dispensed to approximately 18% of its patients (1,500 out of 8,200) and dispensed approximately 1,800 items each month. The practice had a designated GP lead for the dispensary. The dispensary had documented processes which they referred to as Standard Operating Procedures (SOPs). All staff involved in the procedure had signed, read and understood the SOPs and agreed to act in accordance with its requirements. Standard Operating Procedures covered all aspects of work undertaken in the dispensary. The SOPs that we saw would satisfy the requirements of the Dispensary Services Quality Scheme (DSQS). The SOPs had been reviewed and updated in the last 12 months and there was a written audit trail of amendments.
- The practice in Sundridge held stocks of controlled drugs (medicines that required extra checks and special storage arrangements because of their potential for

misuse) and had in place standard procedures that set out how they were managed. These were being followed by practice and dispensary staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff in the dispensary were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy displayed which identified local health and safety representatives. The practice did not have an up to date fire risk assessment (the most recent was completed in February 2013). The risk assessment covered both practices, highlighted the level of risk as tolerable with four areas for action and recommended a further assessment within two years. Although a risk assessment had not been completed within the recommended period, the practice had completed all four areas for concern. For example, arranged and displayed correct fire safety signage throughout the practices. We also saw a record of scheduled fire drills completed every six months, all staff had fire safety training and two members of staff had completed additional fire safety training and were designated fire marshals. Following the inspection the practice provided additional information advising a fire risk assessment would be completed as soon as possible by an independent fire specialist. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor staff safety and safety of the premises such as control of substances hazardous to health (COSHH) and a legionella assessment. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Several members of staff had

Are services safe?

received training and worked dual roles to support these arrangements. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty at peak times of the day.

Arrangements to deal with emergencies and major incidents

The practice had suitable arrangements in place 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 were available.
- There was an Automated External Defibrillator (AED) and oxygen with adult and children's masks available at both premises.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of both practices. All staff knew of their location and all the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. However, the plan did not include emergency contact numbers or specific cascade contact information 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 in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice effectively used the clinical commissioning group (CCG) web based portal to access local guidelines.
- 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 99% of the total number of points available; this was similar when compared to the local CCG average (96%) and the national average (95%). The most recent published exception reporting was higher when compared to the CCG and national averages, the practice had 15% exception reporting, the CCG average exception reporting was 11% and the national average was 10%. (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).

During the inspection we saw the practice had already reviewed the levels of exception reporting including a detailed investigation into clinical indicators with significantly high levels. We saw evidence that contact was attempted with these patients on three different occasions. Staff explained that they would not exception report any patients until their QOF submission was due in March to provide as much time as possible to provide all patients with condition reviews who required one.

Further actions included regular reviews of QOF performance, targeted clinical audits, increased awareness of the importance of regular recalls to all patient groups and additional training for members of staff involved in the management of long term conditions.

Data from 2015/16 showed the practice was in line and above the QOF (or other national) clinical targets:

- Performance for diabetes related indicators showed the practice had achieved 100% of targets which was higher when compared to the CCG average (89%) and the national average (90%).
- Performance for hypertension (high blood pressure) related indicators showed the practice had 100% of targets which was similar when compared to a CCG average (98%) and the national average (97%).
- Performance for mental health related indicators showed the practice had achieved 99% of targets which was higher when compared to the CCG average (95%) and the national average (93%).

There was evidence of quality improvement including clinical audit.

- The practice was a training practice and we saw evidence of a long tradition of audit activity to monitor the quality of care offered to patients. We saw the audits were discussed at the practice team meetings, reflected upon and learning shared with the full practice team. Furthermore, we saw the practice participated in local audits, national benchmarking, accreditation and peer review.
- There had been four clinical audits undertaken in the last year, one of these was a completed audit where the improvements made were implemented and monitored. We also saw a detailed yearly audit of all cancer diagnoses which started in 2013.
- We reviewed all four of the clinical audits and saw the findings were used by the practice to maintain and improve services. For example, one of the recently completed clinical audits reviewed the prescribed medicines used in the management of diabetic patients aged over 80.

Are services effective?

(for example, treatment is effective)

- The second cycle (completed in January 2017) demonstrated continued effective management of diabetes and adherence to NICE guidelines. The audit also highlighted the potential for more frequent reviews as diabetes prevalence and life expectancy increases.

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. Throughout the inspection we saw evidence and staff spoke highly of the development of their skills, competence and knowledge. The leadership team recognised this was integral to ensure high-quality care. For example, one member of staff joined the practice in 2015 as a receptionist, through ongoing support they became a dispenser. Following further training supported by the practice and mentored by the nursing team they became a health care assistant in October 2016. Furthermore, there was evidence of community and patient specific training planned, for example, a phlebotomy study day in March 2017 (phlebotomy is a service to draw blood from patients).
- The learning needs of staff were identified by the practice manager through a system of meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.
- In the previous two years, there had been a significant amount of change within the management of the practice with three different practice managers. During this period of transition there was a temporary pause in the appraisal programme and during this period non-clinical staff did not receive a formal appraisal. Although no formal appraisal had been recorded, staff told us, and we saw evidence that the practice continued to informally identify training, learning and development needs. We saw evidence that

re-introducing a programme of appraisals was a top priority. The practice manager had a planned appraisal schedule with a view to complete appraisals for all members of staff within six months of the inspection.

- Records showed that all members of staff involved in the dispensing process had received appropriate training. We spoke with the practice manager and head dispenser who had records to demonstrate that the dispensers' competence had been checked regularly. When we spoke with the dispensary staff they were aware that their competence had been checked since they obtained their qualifications.
- Westerham Practice participated in the Dispensary Services Quality Scheme (DSQS). The dispensary team had the correct levels of dispensary training (NVQ2) and minimum 1000 hours experience.
- 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation received support or were signposted to the relevant service.
- Information from Public Health England showed 98% of patients who were recorded as current smokers had been offered smoking cessation support and treatment. This was higher when compared with the CCG average (92%) and the national average (94%). Smoking cessation advice was available externally and on an opportunistic basis from members of the nursing team.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Nine patients were on the learning disabilities register and all had been invited for an annual health check. Information provided by the practice showed four of the nine patients (44%) had a completed annual health check and the remaining five patients had an annual health check planned.
- Written feedback from several patients referred to the additional healthy living support and guidance the practice had provided. Further comments highlighted members of the nursing team who provided clear, concise information and allowed time to explain information to support patients living healthier lives. As part of the diabetes performance monitoring plan, we saw the practice had arranged and facilitated a diabetes

prevention event in October 2016. This event included education on healthy eating and lifestyle and help to lose weight, both of which together have been proven to reduce the risk of developing the disease.

The practice encouraged patients to attend national screening programmes. For example:

- The practice's uptake for the cervical screening programme was 85%, which was similar when compared to the CCG average (83%) and the national average (82%). There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Furthermore, data from Public Health England indicated success in patients attending national screening programmes:

- 58% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was similar when compared to the CCG average (61%) and national average (58%).
- 75% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was similar when compared to the CCG average (73%) and higher than the national average (72%).

Childhood immunisation rates for the vaccinations given were comparable to the national averages. For children under two years of age, there are four areas where immunisations are measured; each has a target of 90%. Although the practice only achieved the target in one of four areas; in two of the remaining three areas they scored 89%. These measures can be aggregated and scored out of 10, with the practice scoring 7.5 (compared to the national average of 9.1). Immunisation data for children aged five, was comparable to local averages and higher than national averages. For example, 96% of children within the five year age group had received MMR dose 2, this was higher when compared to the local CCG average (86%) and national average (88%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

- Curtains and separate changing facilities were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. There had been a concern regarding confidentiality at the Sundridge practice. As a result the practice had made modifications including new doors to reduce the likelihood of private conversations being overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All feedback from patients and their families about the way staff treated people was overwhelmingly positive. Every one of the 21 patient Care Quality Care (CQC) comment cards we received was positive about the service experienced. Patients expressed gratitude towards staff and stated how fortunate they felt to have such an excellent service locally.

Results from the national GP patient survey aligned to the written feedback we received. For example:

- 95% of patients said the last GP they saw or spoke to was good at listening to them (CCG average 91%, national average 89%).
- 92% of patients said the last GP gave them enough time (CCG average 89%, national average 87%).
- 85% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 95% of patients said the nurses was good at listening to them (CCG average 93%, national average 91%).

- 96% of patients said the nurses gave them enough time (CCG average 94%, national average 92%).
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 96% of patients said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

Care planning and involvement in decisions about care and treatment

Verbal and written patient feedback highlighted patients 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. Through discussions with staff, the local residential home, the local specialist school and additional feedback from patients it was evident practice staff were committed to working in partnership with patients.

We also saw that care plans were personalised and patient specific which indicated patient and their carers were involved in decisions about care and treatment.

Results from the national GP patient survey showed a highly positive response in relation to questions about patient involvement in planning and making decisions about their care and treatment which aligned to the verbal and written feedback we received. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 89%, national average 86%).
- 83% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 97% of patients said the last nurse they saw was good at explaining tests and treatments (CCG average 91%, national average 90%).
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

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

Are services caring?

- Patients registered at the practice were predominantly white British with little call for translation services. All staff we spoke with were aware that translation services were available for patients who did not have English as a first language. However, information about translation services was not clearly displayed in patient waiting areas or the reception area.

Patient and carer support to cope emotionally with care and treatment

Through discussions with patients and practice staff it was clear staff knew their patients very well, which allowed for good continuity of care. Written and verbal feedback told us how much they and the Westerham community valued the support of the practice.

Patient information leaflets and notices were available in the patient waiting areas and on the practice website which told patients how to access a number of support groups

and organisations. Discussions with the practice manager confirmed the practice was reviewing the patient literature available to ensure it was more specific to the patient population the practice served.

The practice's computer system alerted GPs if a patient was also a carer. In January 2017, the practice patient population list was 8,200. The practice had identified 147 patients, who were also a carer; this amounted to 1.8% of the practice list.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Patient feedback received during the inspection highlighted the compassion of practice staff when supporting patients at vulnerable stages within their lives.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Longer appointments were available for patients. Double appointment slots and 30 minute appointments could be booked for patients with complex needs. Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice also provided GP services to a local residential home and a local specialist school with a lead GP designated to both the home and the school. The designated GP held regular weekly sessions to review patients with non-urgent health problems; this time was also used to proactively identify and manage any emerging health issues and undertake medication reviews.
- Both practices were accessible for people with disabilities and mobility difficulties. We saw that the waiting areas and consulting and treatment rooms were large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Although there was not an automatic door entrance at either practice, there was step free and ramp access to help those with mobility difficulties. Portable hearing loops were available at both practices and the main practice had a lowered reception desk to support people who used a wheelchair.
- People's individual needs and preferences were central to the planning and delivery of tailored services. Services were flexible, provided choice and ensured continuity of care. For example, telephone consultations were available for patients that chose to use these services.

- The practice provided a dispensary service for 18% of their registered patients, ensuring easy and rapid access to medicines for patients residing across the local rural area.
- The practice provided a range of services on site to help avoid journeys for patients to access care. This included anticoagulant management, phlebotomy, minor surgery, ECGs, spirometry, ear syringing, leg dressings, ambulatory blood pressure monitoring, travel advice and vaccinations.
- The practice website was well designed, clear and simple to use featuring regularly updated information. The practice encouraged patients to use on-line services.

Access to the service

The main practice in Westerham was open between 8am and 6.30pm Monday to Friday (appointments between 8am and 11.30am and 3pm and 6pm). The branch surgery in Sundridge was open between 9am and 6pm Monday to Friday (appointments between 9am and 12pm and 3pm and 6pm) with the exception of Wednesday when the surgery closed at 1pm. The dispensary had core opening hours between 9am and 12pm every weekday and additional afternoon opening hours between 3pm and 6pm every Tuesday and Thursday. Each week extended hours for pre-bookable appointments were available every Tuesday and Wednesday evening until 7.30pm at the practice in Westerham and every Thursday morning from 7am at both the practice in Westerham and the practice in Sundridge.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher when compared to local and national averages, for example:

- 83% of patients said they could get through easily to the practice by telephone (CCG average 76%, national average 73%).
- 71% of patients said they usually got to see their preferred GP (CCG average 73%, national average 59%).
- 92% of patients who were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).

Are services responsive to people's needs?

(for example, to feedback?)

- 98% of patients who say the last appointment they got was convenient (CCG average 94%, national average 92%).
- 75% of patients were satisfied with the practice's opening hours (CCG average 76%, national average 76%).

Written feedback on CQC comment cards and verbal feedback regarding access to appointments aligned to the survey results and patients commented they could always access appointments.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice. All patient satisfaction was positive; as a result the number of complaints was low.
- We saw that information was available to help patients understand the complaints system. This information was displayed within the practice leaflet and on the

practice website. However, details of the complaints procedure were not displayed in the waiting or reception areas. Staff we spoke with were aware of their role in supporting patients to raise concerns.

We looked at a random sample of complaints received in the last 12 months and found all the complaints were satisfactorily handled and dealt with in a timely way. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with the practice manager and/or one of the GP Partners. We saw lessons were learnt from individual concerns and complaints. An analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice identified an emerging pattern of complaints regarding reception staff. As a result of these complaints, the practice provided timely additional customer service training including modules on managing difficult situations to all reception staff. The most recent results from the national GP patient survey showed that patient's satisfaction regarding receptionists was higher than both the local and national averages. For example, 96% of patients said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

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

Westerham Practice had a clear vision and aimed to achieve a high standard of family medicine – caring for the individual as part of the family and part of a larger community. This vision also included training, supporting and coaching the next generation of primary care staff.

- The practice was aware of national and local challenges, including increased demand on GP services and had a visible strategy to manage these challenges. The strategy and supporting business plans were regularly monitored by the GP Partners and practice manager.
- Practice staff had worked together to produce a set of core values which were adopted by the full practice team as part of their everyday work. These values focused on patient care and being a highly skilled and professional team. Our discussions with staff and patients indicated the vision and values were embedded within the culture of the practice.

Governance arrangements

Governance and performance management arrangements had been reviewed and took account of current models of best practice. These arrangements ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. We spoke with clinical and non-clinical members of staff who demonstrated a clear understanding of their roles and responsibilities.
- The practice had recently been re-branded including a review of policies. We saw practice and dispensary specific policies were implemented and were available to all staff via the computer system, protocol file and staff handbook. We looked at a sample of policies and found them to be available and up to date.
- A comprehensive understanding of the performance of the practice and patient satisfaction was maintained using the Quality and Outcomes Framework (QOF) and other performance indicators. We saw that QOF data, specifically higher levels of exception reporting, was regularly discussed and actions taken to maintain or improve outcomes for patients.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We looked at examples of significant event and incident reporting and actions taken as a consequence.

Leadership and culture

The GP partners and practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

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

This included support training for all staff on communicating with patients about notifiable safety incidents. The GP partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- On the day of inspection we saw there was strong collaboration and support across all staff and a common focus on improving quality of care. Staff told us there was a relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues.
- The continued development of staff skills, competence and knowledge was recognised by the leadership team as integral to ensuring high-quality care. We saw evidence and staff we spoke with told us they are supported to acquire new skills and share best practice.
- Despite services provided across two bases, staff told us there was a feeling of 'one team' and all members of staff were invited to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

- Westerham Practice was a GP teaching and training practice. We spoke with one of the GP Registrars during our inspection, who spoke of the quality of leadership and support received at the practice. GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine.

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

We found the practice to be involved and actively encouraged and valued feedback from patients, the public and staff. It proactively sought staff opinions, patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through a patient participation group (PPG) and through surveys and feedback received. The PPG was a small but active group. A designated GP and the practice manager attended PPG meetings, we saw the group members received regular communication from the practice and were prepared to submit proposals for improvements to the management team. We spoke with two members of the PPG and they were positive about the role they played and told us they felt engaged with the practice.
- There was evidence of patient involvement in undertaking practice supported initiatives. For example, the PPG was currently reviewing car park arrangements which were causing concern amongst patients.
- Although there had been a temporary pause in the appraisal programme; we saw the practice had gathered feedback from staff through staff meetings and discussions. Staff spoke highly of recent practice away days including a 'bread baking' team away day.

Continuous improvement

The leadership team drove continuous improvement and all staff were accountable for delivering change. Safe innovation was celebrated, and there was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- The practice had reviewed recent studies regarding extending appointments. As a result one of the GPs was set to pilot longer appointments, extending appointments from 10 minute appointments to 15 minute appointments. The aim of this extension was part of the drive to manage long-term conditions in primary care.

There was a strong focus on continuous learning and improvement at all levels within the practice. For example:

- Staff told us that the practice was very supportive of training and we reviewed the training record which confirmed staff were active in taking up a wide range of training opportunities. We also learnt that staff were given protected time to complete their online training courses. The practice was a GP training practice and hosted GP Registrars, Foundation Doctors (junior doctors who are undertaking a GP placement as part of their speciality) and medical students. The practice was also hosting the placement of a trainee practice nurse. It supported the learning of this member of staff and allowed them time to attend relevant college training.
- The practice had recognised existing challenges and potential future threats. The practice was highly active and worked collaboratively with the clinical commissioning group, local medical committee and the local GP federation. (A federation is the term given to a group of GP practices coming together in collaboration to share costs and resources or as a vehicle to bid for enhanced services contracts).