

# West Malling Group 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 responsive to people's needs?

Requires improvement 

# 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 West Malling Group Practice on 23 February 2016. Breaches of the legal requirements were found.

- There was a system to review and investigate incidents and near misses. Incidents were investigated and changes were made to help prevent their recurrence. However, not all staff understood and fulfilled their responsibilities to report incidents.
- The practice received national patient safety alerts and communicated them to relevant staff. However, they did not maintain records of the actions staff took in response to national patient safety alerts.
- Patients said they did not find it easy to make an appointment with a GP, although the practice had taken steps to address this and urgent appointments were available the same day. The practice made efforts to ensure patients understood how to make an appointment and kept the process for accessing appointments under review.

- There was a clear leadership structure and staff felt supported by management. However, governance arrangements were not always effectively implemented.

Therefore, Requirement Notices were served in relation to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulations 12 - Safe care and treatment and Regulation 17 - Good Governance.

Following the comprehensive inspection, the practice wrote to us to tell us what they would do to meet the legal requirements in relation to the breaches.

We undertook this focussed inspection on 30 November 2016, to check that the practice had followed their plan and to confirm that they now met the legal requirements. At our focussed follow-up inspection on 30 November 2016, the practice provided records and information to demonstrate that the requirements had been met in relation to providing safe services. However, the practice remained rated as requires improvement for providing responsive services. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for West Malling Group Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Summary of findings

The areas where the provider should make improvement are:

- Continue with their action plan in order to help ensure national patient survey results improve.

**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?

At our previous comprehensive inspection on 23 February 2016 the practice had been rated as requires improvement for providing safe services.

- There was a system to review and investigate incidents and near misses. However, not all staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- The practice did not keep records to demonstrate there was a system to help ensure staff read and took any action in response to national patient safety alerts.

At our focussed follow-up inspection on 30 November 2016, the practice provided records and information to demonstrate that the requirements had been met.

- The practice had revised their systems and processes for reporting and recording significant events. Records and staff we spoke with confirmed that the systems and processes now ensured patients' safety.
- Records demonstrated that significant events were appropriately reported and actions were planned and undertaken.
- The systems and processes for managing and responding to national patient safety alerts had been improved. Staff we spoke with and records viewed confirmed this.

Good



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

At our previous comprehensive inspection on 23 February 2016 the practice had been rated as requires improvement for providing responsive services.

- Patients said they did not find it easy to make an appointment with a GP although the practice had taken steps to address this and urgent appointments were available the same day.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was significantly below local and national averages.

At our focussed follow-up inspection on 30 November 2016, the practice provided records and information to demonstrate that the requirements had been met.

Requires improvement



# Summary of findings

- The practice had taken significant action to ensure they continually monitored and reviewed national patient survey results. However, as it was too early to test the outcome of the new systems embedded, patient survey results remained significantly lower than the local and national averages.

# 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

At our previous comprehensive inspection on 23 February 2016 the practice had been rated as requires improvement for the care of older people. The provider had been rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 30 November 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe services and requires improvement for providing responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



### People with long term conditions

At our previous comprehensive inspection on 23 February 2016 the practice had been rated as requires improvement for the care of people with long-term conditions. The provider had been rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 30 November 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe services and requires improvement for providing responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



### Families, children and young people

At our previous comprehensive inspection on 23 February 2016 the practice had been rated as requires improvement for the care of families, children and young people. The provider had been rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 30 November 2016, the practice provided records and information to demonstrate that the

Good



# Summary of findings

legal requirements had been met. The provider is rated as good for providing safe services and requires improvement for providing responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

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

At our previous comprehensive inspection on 23 February 2016 the practice had been rated as requires improvement for the care of working age people (including those recently retired and students). The provider had been rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 30 November 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe services and requires improvement for providing responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group

Good



## **People whose circumstances may make them vulnerable**

At our previous comprehensive inspection on 23 February 2016 the practice had been rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider had been rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 30 November 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe services and requires improvement for providing responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



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

At our previous comprehensive inspection on 23 February 2016 the practice had been rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider had been rated as requires improvement

Good



# Summary of findings

for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 30 November 2016, the practice provided records and information to demonstrate that the legal requirements had been met. The provider is rated as good for providing safe services and requires improvement for providing responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- Continue with their action plan in order to help ensure national patient survey results improve.

# West Malling Group Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and an Assistant Inspector.

### Background to West Malling Group Practice

We undertook an announced focused inspection of West Malling Group Practice on 30 November 2016. This inspection was carried out to check that improvements had been made to meet the legal requirements planned by the practice, following our comprehensive inspection on 23 February 2016.

We inspected this practice against two of the five questions we ask about services; is the service safe and is the service well-led. This is because the service was not meeting some of the legal requirements in relation to these questions.

### Why we carried out this inspection

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the comprehensive inspection had been addressed. During our visit we spoke with two GP partners, the practice manager, the business manager, the reception service manager, the practice pharmacist and two receptionists and the patient participation group (PPG) chair person; as well as reviewed information, documents and records kept at the practice.

### How we carried out this inspection

West Malling Group Practice provides primary care services for West Malling, Kent and the surrounding area from three sites in West Malling, Kings Hill and Leybourne. The practice has a patient population of approximately 19,370.

The practice is similar across the board to the national averages for each population group. For example, 6% of patients are aged 0 -12 months compared to the CCG and national averages of 6% and 25% are aged under 18 years compared to the CCG average of 22% and the national average of 21%. Scores were similar for patients aged 65, 75 and 85 years and over. The practice is in one of the least deprived areas of Kent.

The practice holds a General Medical Service contract and is led by six GP partners (five male and one female), who are supported by five salaried GPs (one male and four female), a business manager, a practice manager, an advanced nurse practitioner, five nurses (female), three healthcare assistants (female), a pharmacist, reception and administrative staff. There is a business manager and a practice manager.

West Malling Group Practice is a training practice and had two F2 doctors who are training to become GPs.

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

The practice is open between 8.15am and 6.00pm Monday to Friday at all sites. Appointments at all sites are from 8.30am to 10.30am, 11.30am to 1pm and 4pm to 6pm daily. Extended surgery hours are offered at all sites with GPs from 6.30pm to 8pm and with nurses from 7.30am to 8.30am on Mondays. GP appointments are also available every Saturday from 9.00am to 11.30am at Leybourne.

# Detailed findings

There are walk-in clinics from 8.30am to 10.30am Monday to Friday at West Malling and Kings Hill. There is also a duty doctor available daily for urgent advice. There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

The practice is in the process of making changes to their registration in accordance with the CQC (Registration) Regulations 2009. At the time of our visit, two registered GP partners are no longer at the practice and two new partners had been appointed. Applications are pending in order to cancel the registration of the previous partners and to register the new partners. Additionally, the practice is in the process of applying for a new registered manager.

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

Services are provided from:

- West Malling, Milverton, 116 High Street, West Malling ME19 6NE.
- Kings Hill, 37 Queen Street, Kings Hill, ME19 4JF.
- Leybourne, Avicenna Medical Centre, Oxley Shaw Lane, Leybourne, ME19 5PY.

# Are services safe?

## Our findings

### Safe track record and learning

The practice had revised their systems and processes 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. Staff we spoke with were aware of what constituted a significant event and how to access forms for recording and reported. The staff we spoke to were all aware of the new process.

- Records demonstrated that significant events were appropriately reported, recorded, monitored and investigated.

The systems and processes for managing and responding to national patient safety alerts had been significantly improved. Staff we spoke with and records viewed confirmed that the practice manager cascaded this information to relevant staff and there was a clear process to help ensure that staff read the alerts and took the required action. For example, a review of all patients highlighted as requiring a change of medicine dose following the receipt of a recent safety alert. There was an appointed person for the purpose of ensuring that all patient safety alerts were responded to appropriately.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Access to the service

The practice had made significant changes with regards to how patients accessed the service.

We saw that the practice had taken steps to address concerns raised by patients about their ability to telephone the practice and make an appointment. For example, a new telephone system had been introduced and there was a dedicated team of staff who managed telephone calls into the practice. The new system was being routinely monitored and where improvements were required changes to the system were made. For example, the recruitment of three new staff to work as telephonists at times of peak calls into the practice. Additionally, the practice had ceased the walk-in clinics and had introduced a duty doctor triage system, as result of feedback from patients and the staff team.

We spoke with the chairperson of the patient participation (PPG) who told us about the support they had provided to the practice, in relation to patients accessing the service. We saw a recent survey they had conducted to gather feedback from patients, in response to whether accessing an appointment and getting through the practice had improved. The survey had been distributed within the practice to all of the virtual PPG (of which there were 351 members) as well as on a social media site. Fifty nine responses were received; 36 of which stated they were now clear on how to book an appointment, that it was easier to book an appointment and that they were satisfied with the availability and choice of appointments available. Negative feedback had been analysed and used to further improve services. For example, the online booking system has not worked efficiently for many months and the comments related to not knowing that this issue had been resolved. As a consequence, the PPG had created posters, newsletters and information leaflets to inform patients of the change in the way appointments were accessed and to inform patients of the different ways in which they could access the service. The PPG had plans to repeat the survey at the end of January 2017, when the new system had been operational for four months. The practice supports the PPG to carry out these surveys and provide feedback to patients by means of regular meetings, as well as access to online facilities and printing and producing all relevant documentation.

We spoke with the practice management team and two GP partners, who told us that there had been a long term issue with their online access being non-operational, which in turn had an impact on patients being able to access appointments in this manner. Records we saw showed that the practice had been responsive in reporting these issues to the clinical commissioning group (CCG) appointed company who manage their website, on a consistent basis. Additionally, the PPG had tested the online services in order to gain an insight into a patient's experience of using the website. This showed that response times for the website were slow and often got halted for no apparent reason to the user. The practice management team were planning on conducting an audit of the online and IT facilities, in order to get further support with improving this service.

Results from the national GP patient survey July 2015 showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages.

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

Published results from the national GP patient survey July 2016 showed that some improvements had been made. Two hundred and thirty survey forms were distributed between July-September 2015 and January-March 2016; with 129 being returned (this represented 1% of the practice's patient list).

- 68% of respondents were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 39% of respondents said they could get through easily to the practice by telephone (CCG average 75%, national average 73%).
- 57% of respondents said they always or almost always see or speak with the GP they prefer (CCG average 73%, national average 60%).

## Are services responsive to people's needs? (for example, to feedback?)

The published results showed that there had been no change in the percentage for satisfaction with the practices' opening hours, a 4% increase for getting through to the practice by telephone and a 5% increase for seeing or

speaking with a GP they prefer. However, these results do not reflect the changes in systems and processes that have been embedded by the practice, after these results were published.