

Wateringbury Surgery


Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wateringbury Surgery on 10 December 2015. Overall the practice is rated as good. Specifically, we found the practice to require improvement for providing safe services. It was good for providing effective, caring, responsive and well-led services.

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.

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

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.

- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met people's needs.
- Urgent appointments were available the same day and pre bookable appointments were available up to 12 weeks in advance.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of survey responses and complaints received.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.
- The practice had a clear vision which had quality and safety as its top priority. A business plan was in place, was monitored, regularly reviewed and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.
- There was a clear leadership structure and staff felt supported by management.

However there were areas where the provider should make improvements.

Importantly the provider MUST:

- Ensure that medicines which have been dispensed and are ready for collection by patients (at Watlingbury Surgery), are stored securely overnight when the practice is unoccupied.
- Ensure that issues recorded within the infection control audit are addressed, in order to reduce the risk and spread of infection.
- Ensure that portable appliance tests are conducted, in order to ensure that equipment is safe and fit for purpose.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. Portable appliance tests had not been conducted, in order to ensure that equipment was safe and fit for purpose. Medicines which had been dispensed and were ready for collection by patients, (at Watringbury Surgery), were not stored securely overnight when the practice was unoccupied. Issues recorded within the infection control audit had not been addressed, in order to reduce the risk and spread of infection.

- Staff understood and fulfilled their responsibilities to raise concerns, and to 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.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely.
- Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing patients' mental capacity and promoting their good health.
- Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams. Staff worked with other health care teams and there were systems to ensure appropriate information was shared. For example, multidisciplinary team meetings took place on a monthly basis and care plans were routinely reviewed and updated.

Good



Are services caring?

The practice is rated good for providing caring services.

Good



Summary of findings

- Feedback from patients about their care and treatment was consistently and strongly positive. For example, data from the National GP Patient Survey showed 98% of respondents said that the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 87% and national average of 85%. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Data from the National GP Patient Survey July 2015 showed that patients rated the practice better than others for all aspects of care compared to local and national averages.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice offered minor operations, as well as ultra sound clinics. Services were planned and delivered to take into account the needs of different patient groups.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated good for being well-led.

- It had a clear vision and strategy.
- Governance arrangements were underpinned by a clear leadership structure and staff felt supported by management.
- Staff were aware of and understood the practices policies and procedures which governed activity.
- There were systems in place to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- Staff had received induction, regular performance reviews and attended staff meetings and events.
- The practice was aware of future challenges.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The provider was rated as requires improvement for providing safe care. The concerns which led to this rating apply to everyone using the practice, including this population group. The provider was rated as good for providing effective, caring, responsive and well-led services.

- The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits, if necessary as well as rapid access appointments for those with enhanced needs.
- The practice had daily contact with district nurses and participated in monthly or quarterly meetings with other healthcare professionals to discuss any concerns.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicine needs were being met.
- For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- 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 high for all standard childhood immunisations, meaning that the majority of children registered at the practice received their immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 81%, which was slightly below the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs of this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for providing safe care. The concerns which led to this rating apply to everyone using the practice, including this population group. The provider was rated as good for providing effective, caring, responsive and well-led services.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had carried out annual health checks for all patients with a learning disability. Where patients had declined or requested a check at a later date, this had been clearly recorded in the patients' record. It offered longer appointments for people with a learning disability.

Good



Summary of findings

- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff had been trained 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.

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 provider was rated as requires improvement for providing safe care. The concerns which led to this rating apply to everyone using the practice, including this population group. The provider was rated as good for providing effective, caring, responsive and well-led services.

- All patients
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.
- Staff had received training on how to care for people with mental health needs and dementia.
- All the patients
- The practice provided space for other providers to run mental health and counselling clinics.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2015 (data collected during July-September 2014 and January-March 2015), showed the practice was performing above the local and national averages. 283 survey forms were distributed and 181 were returned (which equates to 2.7% of the practice's patient list).

- 87% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 72% and national average of 60%.
- 96% of respondents say the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 87% and national average of 85%.
- 98% of respondents say the last GP they saw or spoke to was good at listening to them compared with a CCG average of 90% and national average of 89%.

The practice also scored higher than average in terms of patients seeing or speaking to nurses. For example:

- 97% of respondents said the last nurse they saw or spoke to was good at giving them enough time compared with a CCG average of 94% and national average of 92%.
- 99% of respondents had confidence and trust in the last nurse they saw or spoke to compared with a CCG average of 98% and national average of 97%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all positive about the standard of care received and many named individual staff members as being 'Excellent'. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with compassion and that GPs went the extra mile to provide care when patients required extra support.

Areas for improvement

Action the service MUST take to improve

- Ensure that medicines which have been dispensed and are ready for collection by patients (at Wateringbury Surgery), are stored securely overnight when the practice is unoccupied.
- Ensure that issues recorded within the infection control audit are addressed, in order to reduce the risk and spread of infection.
- Ensure that portable appliance tests are conducted, in order to ensure that equipment is safe and fit for purpose.

Wateringbury Surgery

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 advisor and a second CQC inspector.

Background to Wateringbury Surgery

Wateringbury Surgery is a GP practice based in Wateringbury, with a branch surgery in Larkfield. There are 6,500 patients on the practice list.

There are three partner GPs (one male and two female) and two salaried GPs (one male and one female). The GPs are supported by a practice manager, two practice nurses, three dispensers and an administrative team.

Wateringbury Surgery was open 8am to 6pm Monday to Friday and 7.30am to 8am on Tuesday and Wednesday. As well as, 8.30am to 11.15am every second Saturday of the month.

The George Holding Centre was open 8.30am to 12.30pm and 3.30pm to 6.00pm on Monday and Wednesday, 8.30am to 12.30pm and 2.30pm to 5.00pm on Tuesday, 8.30 am to 12.00pm and 1.30pm to 5.00pm Thursday, 8.30am to 12.30pm and 2.00 pm to 5.00 pm on Friday. As well as 7.30am to 8.00am on Thursdays.

A duty doctor system is operated from Wateringbury Surgery from 6pm to 6.30pm (Monday to Friday), to ensure that patients can access the practice during 'core hours'.

Patients requiring a GP outside of normal working hours are advised to contact the GP Out of Hours service provided by Integrated Care 24 (known as IC 24).

The practice has a General Medical Service (GMS) contract and also offers enhanced services for example; minor operations, extended hours and joint injections. Wateringbury Surgery is a dispensing practice, staffed by trained dispensers.

Services are delivered from;

- Wateringbury Surgery, 14 Pelican Court, Wateringbury, Kent, ME18 5SS.
- The George Holding Centre, Chaucer Way, Larkfield, Kent ME20 6SS.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal 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

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

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
- 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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as the local Healthwatch, clinical commissioning group and NHS England to share what they knew.

We carried out an announced visit on 10 December 2015. During our visit we spoke with a range of staff including three GPs, a practice nurse, three dispensers, four administration staff and the practice manager. We spoke with seven patients who used Watringbury Surgery and/or The George Holding Centre, a member of the patient participation group and reviewed 41 comment cards where patients and members of the public shared their views and experiences of using the practice. We observed how telephone calls from patients were dealt with. We toured the premises at both Watringbury Surgery and The George Holding Centre and looked at policy and procedural documentation. We observed how patients were supported by the reception staff in the waiting area before they were seen by the GPs.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- People affected by significant events received a timely apology and were told about actions taken to improve care.
- All complaints received by the practice were entered onto the system and automatically treated as a significant event.
- The practice carried out an analysis of the significant events and this also formed part of the GPs' individual revalidation process.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. For example, a patient had been dispensed an incorrect dose of a medicine. This was discovered and reported, without any adverse effect to the patient, and the practice had conducted a review of processes and made changes to ensure patients' safety. This was investigated, discussed at a clinical meeting and a record was made of how the learning was shared amongst relevant staff.

Overview of safety systems and processes

- The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety and staffing.
- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The lead GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room, advising patients that nurses and administrative staff would act as chaperones, if required. All staff who acted as chaperones had received a disclosure and barring check (DBS). Records viewed confirmed this.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments.

However, electrical equipment was due to be checked to ensure the equipment was safe to use and was working properly, the last recorded portable appliance test (PAT) was 2012. This meant that electrical equipment had not been checked in order to ensure it was safe to use. We have subsequently received information from the practice manager, following our visit, detailing that PAT has been arranged for the near future.

We found at The George Holding Centre a water dispensing machine was located next to a portable radio player and an electrical socket. The boiler cupboard, which was used for the storage of the cleaners' equipment, was not securely locked and contained exposed hot pipes to the boiler. We also found exposed hot pipes in a consultation room. We raised this with the practice manager, who subsequently sent us photographic evidence to show that these areas of high risk had been addressed within the required 48hrs following our visit.

The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health.

- The practice nurse was the clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. All staff were aware of who the lead was as recorded in the practice's infection control and prevention policy. There was an infection control protocol in place and staff had received up to date training. The practice had carried out Legionella risk assessments and regular monitoring. Infection control audits had been undertaken at both premises within the last six months, Health Building Note 00-09: Infection control in the built environment.

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicine audits were carried out with the support of the local clinical commissioning group pharmacy teams to ensure the practice was prescribing in line with best practice guidelines. Prescription pads were securely stored and there was a system to monitor their use.

Wateringbury Surgery had an on-site dispensary. We looked at the arrangements for the dispensing of medicines to patients. We spoke with dispensing staff, who had received appropriate training in pharmacy services. Medicines were prepared, and the prescriptions checked and counter-signed by doctors on a daily basis before being issued to patients.

The dispensary was located in a secure room and there were systems to ensure that medicines were stored safely and securely. However, prescriptions that had been prepared and were awaiting collection by patients were not stored appropriately. We saw that these were stored in labelled bags and placed at the back of the reception area, where there were no means of securing access when the practice was closed overnight.

Sharps containers were appropriately assembled and all had audit labels completed to identify their origin and the date they were assembled or sealed. There were clear stock records and audit checks kept of the medicines held in the dispensary. Staff told us that annual and routine stock checks were undertaken and expiry dates were checked. There was a system for two staff to check all medicines, to ensure they were dispensed safely.

Security procedures for the dispensary were formally recorded, for example, to identify how and when the room was locked and who had access to it. The dispensary had appropriate arrangements for the secure storage and administration of controlled drugs, including the control of keys, a separate drugs register and two signatures were recorded when a controlled drug was dispensed.

Adverse incidents relating to medicines were appropriately recorded and actions had been taken to

address them, for example, a patient was dispensed an incorrect medicine and upon discovery the incident was immediately resolved and the patient received the correct medication without harm being caused.

We saw at The George Holding Centre that a cupboard which contained medicines was not securely locked. We raised this with the practice manager, who subsequently sent us photographic evidence to show that this had been addressed within the required 48hrs following our visit.

We spoke with GPs, dispensing staff and members of the non-clinical team, who told us there was a system for checking that repeat prescriptions were issued according to medicine review dates and to ensure, that patients on long-term medicines were reviewed on a regular basis. Patients told us and commented in cards that they had not experienced any difficulty in getting their repeat prescriptions.

- Nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw evidence that the nurse had received appropriate training and been assessed as competent to administer the medicines referred to under a PGD.
- Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were 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 available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator and oxygen with adult and children's masks available at both of the premises. There was also a first aid kit and accident book available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

- The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date.
- The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients with atrial fibrillation.
- The practice had systems for reviewing NICE guidance and alerts.
The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- NICE guidance and alerts were routinely discussed and monitored however they were not listed as an agenda item at GP or practice meetings.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The most recent published results were 96.8% of the total number of points available (541 out of a possible 559 points), with 8.7% exception reporting. Patients who had long term conditions were continuously followed up throughout the year to ensure they attended health reviews. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes assessment and care was 81.7%, which was better than the local clinical commissioning group (CCG) average of 80.4% and the national average of 80.6%.
- The percentage of patients with hypertension having regular blood pressure tests was 85%, which was better than the CCG average of 83.8% and the national average of 83.7%.

- Performance for mental health assessment and care was 93%, which was better than the CCG average of 88% and the national average of 88%.
- The dementia diagnosis rate was 92%, which was above the CCG average of 88% and the national average of 88%.

The practice had conducted a number of audits. These had ranged from participating in medicines audits with the CCG, through to a review of patients prescribed disease-modifying antirheumatic drugs (DMARDs). Improvements were implemented following the audits. For example, recent action taken as a result of a medicines audit included reviewing and changing patients' medicines. There were further audit cycles, conducted or planned, to check whether the improvements had been sustained.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patient's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

- Staff sought patients' consent to care and treatment in line with legislation and guidance. Consent forms for surgical procedures were used and scanned in to the medical records.
- 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Smoking cessation advice was available by the practice nurses as well as from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was slightly below the national average of 82%. There was a policy to make telephone contact with, as well as send written reminders to patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were above the CCG average for under one year old, two year olds and five year olds. For example, childhood immunisation rates for the vaccinations given to under one year olds was 95.7%. Compared to the CCG average of 91.3%.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

- We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone.
- Curtains 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.

All of the 41 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them.

Data from the National GP Patient Survey July 2015 showed from 181 responses that performance in all areas was considerably better than local and national averages for example,

- 98% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 95% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 95% said they found reception staff helpful compared with the CCG average of 88% and national average of 87%.

- 94% said they would recommend this surgery to someone new in the area compared with the CCG average of 81% and national average of 78%.

The practice also scored higher than average in terms of patients seeing or speaking to nurses. For example:

- 97% said the nurses were good at listening to them compared to the CCG average of 93% and national average of 91%.
- 97% said the nurses gave them enough time compared to the CCG average of 94% and national average of 92%.
- 99% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Data from the National GP Patient Survey July 2015 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were better than the local and national averages. For example:

- 97% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 97% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients, in different languages that this service was available.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and those identified as carers were being supported. For example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

The staff put alerts on the patient record system, that informed others when a patient had died so that they were able to respond in the most sympathetic manner. This call was either followed by a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

There was also information on the system about patients who were challenging and those who were sensitive to certain issues. Reception staff therefore received good communication about how to tailor their responses to meet the needs of individual patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the commissioners of services to improve outcomes for patients in the area. For example, the practice provided space for other providers to run mental health, counselling, physiotherapy and ultrasound clinics.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice offered appointments on every second Saturday for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

Wateringbury Surgery was open 8am to 6pm Monday to Friday and 7.30am to 8am on Tuesday and Wednesday. As well as, 8.30am to 11.15am every second Saturday of the month.

The George Holding Centre was open 8.30am to 12.30pm and 3.30pm to 6.00pm on Monday and Wednesday, 8.30am to 12.30pm and 2.30pm to 5.00pm on Tuesday, 8.30am to 12.00pm and 1.30pm to 5.00pm Thursday, 8.30am to 12.30pm and 2.00pm to 5.00pm on Friday. As well as 7.30am to 8.00am on Thursdays.

A duty doctor system was operated from Wateringbury Surgery from 6pm to 6.30pm (Monday to Friday), to ensure that patients can access the practice during 'core hours'.

In addition, patients could book appointments up to 12 weeks in advance and urgent appointments were available on the day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than the local and national averages. For example:

- 92% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 88% patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.
- 79% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64% and national average of 65%.
- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.

Patients we spoke with on the day and those who completed comment cards said they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

- The practice had a system in place for handling complaints and concerns.
- Its 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.
- Information about how to make a complaint was available in the waiting room and in a practice leaflet.
- The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.
- Information was available to help patients understand the complaints system in the form of leaflets, notices and material on the website.

Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice. However, they felt that if they had to make a complaint they would be listened to and the matter acted upon.

We looked at a log of all the complaints received in the last 12 months and found that they had been recorded, investigated and responded to within the timeframes demanded by the practice policies. Complainants received a written apology where appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Lessons were learned from concerns and complaints and action was taken as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.

Governance arrangements

The practice had an overarching governance policy which outlined structures and procedures in place which incorporated seven key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness. Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous audit cycles which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- GPs addressed their professional development needs for revalidation,
- All staff were in appraisal schemes and continued their professional development.
- The GPs had learnt from incidents and complaints.

Leadership, openness and transparency

The GPs in the practice had the experience, capacity and capability to run the practice and ensure high quality care.

They prioritised safe, high quality and compassionate care. The GPs were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. There was a culture of openness and honesty between all practice staff.

Staff told us that regular team meetings were held and that there was an open culture within the practice which gave them the opportunity to raise any issues at team meetings and feel confident and supported in doing so. Staff said they felt respected, valued and supported, particularly by the GPs in the practice. All staff were involved in discussions about how to run and develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging them in the delivery of the service.

- It had gathered feedback from patients through surveys and complaints received.
- The practice had an active patient participation group.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice had a whistleblowing policy and staff told us they were aware of the procedure to follow if they wished to raise concerns outside of the practice.

Continuous improvement

The practice was forward thinking and communicated well with other providers to improve outcomes for patients in the area. For example, the practice provided consultations for minor injuries and used the Maidstone and Tunbridge Wells NHS Trust 'Hot Reporting Service'. Meaning that patients can be seen at the practice with a minor injury and if an x-ray is deemed necessary, these are requested and conducted at the hospital on the same day.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Medicines that had been prepared and were awaiting collection by patients were not stored appropriately. These were stored in labelled bags and placed at the back of the reception area, and were not stored securely overnight</p> <p>Regulation 12 (1) (2) (g) - the proper and safe management of medicines.</p> <p>Infection control audits had been undertaken at both premises within the last six months, these identified risks but no action had been taken to address them.</p> <p>Cleaning schedules were not in place to define in detail who was responsible for cleaning which areas of the consultation rooms.</p> <p>Some clinical rooms did not have wrist or elbow operable taps fitted.</p> <p>Both premises were fitted with carpets in some of the consultation and treatment rooms. In the absence of cleaning schedules, there was no evidence to show that deep cleaning of these carpets was undertaken.</p> <p>There were sinks with exposed overflows at both premises, which did not meet the requirements of the Department of Health guidance; Health Building Note 00-09: Infection control in the built environment.</p> <p>Regulation 12 (1) (2) (h) - assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

How the regulation was not being met:

Electrical equipment had not been checked to ensure it was safe to use to ensure it was working properly. The last recorded portable appliance test (PAT) was 2012.

Regulation 15 (1) (d)