

Dr A S Pannu & Partners

Quality Report

55 St Georges Avenue
Sheerness
Kent
ME12 1QU

Tel: 01795 582880

Website: www.saintgeorgesmedicalcentre.co.uk

Date of inspection visit: 9 September 2015

Date of publication: 21/01/2016

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



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	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	11
Background to Dr A S Pannu & Partners	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	30

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr A S Pannu and Partners (also known as St Georges Medical Centre) on the 9 September 2015. During the inspection we gathered information from a variety of sources. For example, we spoke with patients, interviewed staff of all levels and checked that the right systems and processes were in place.

Overall the practice is rated as requires improvement. Specifically, we found the practice to require improvement for providing safe services. It was good for providing effective, responsive and well-led services.

Our key findings were as follows:

- 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.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group.
- 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.

Summary of findings

- Staff had received training appropriate to their roles and any further training needs had been identified and planned. However, nurse appraisals had not been conducted.
- The practice had not proactively responded to low scores in the National Patient survey, in order to improve services.
- The practice had a clear vision which had quality and safety as its top priority. A business plan was in place, was monitored and 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.

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

Importantly, the provider must:

- Ensure that the system to routinely check the equipment used in emergencies is safe. In order to ensure it is within its expiry date, sterile and fit for purpose.
- Ensure that action is taken to reduce the risk of legionella.

In addition the provider should:

- Review and risk assess how controlled drugs are recorded, in order to ensure good practice guidance is followed.
- Review the storage of equipment to be used in emergencies, in order for it to be located in one accessible place.
- Review the process for nurse appraisals, in order to ensure they are conducted annually.

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 as there were areas where it should make improvements. For example, equipment used for maintaining a patient's airway during a medical emergency was found to be out of date by four years at St Georges Medical Centre and it could not be determined at Leysdown, as the sterile packaging had been removed. The practice had a policy to underpin how the management, testing and investigation of legionella should be conducted. However, this did not include the shower which was not in use at one of the branch surgeries and posed a risk of legionella.

All emergency medicines that we looked at were within their expiry date. However, emergency medicines and equipment held at the main practice (St Georges Medical Centre) were not located in a central area, with some pieces of equipment being in one room and other emergency equipment being stored in another room.

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. The practice had effective recruitment procedures to ensure that staff employed were of good character, had the skills, experience and qualifications required for the work to be performed. The practice had both an emergency and business continuity plan. There were service and maintenance contracts with specialist contractors, who undertook regular safety checks and maintained specialist equipment.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. 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 capacity and promoting 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.

Good



Are services caring?

The practice is rated as requires improvement for providing caring services. Patients said that they did not always feel listened to by GPs and this was reflected in the National Patient Survey and the practices own survey.

Requires improvement



Summary of findings

Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

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. Patients said they found it easy to make an appointment, with urgent appointments available the same day. 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 as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. 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. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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 requires improvement for the care of older people. The provider was rated as requires improvement for providing safe and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Care and treatment of older people reflected current evidence based practice. Risks to patients who used services were assessed in order to ensure patients were kept safe. Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services. For example, dementia and end of life care.

Requires improvement



People with long term conditions

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

Treatment plans were monitored and kept under review by a multi-disciplinary team. The practice was responsive in prioritising urgent care that patients required and the practice was well-led in relation to improving outcomes for patients with long-term conditions and complex needs. There were emergency processes and referrals made for patients in this group that had a sudden deterioration in health. When needed, longer appointments and home visits were available. All of these patients had structured annual reviews to check their health and medicine needs were being met.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for providing safe and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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 relatively high for all

Requires improvement



Summary of findings

standard childhood immunisations. For example, between 93.5% and 94.4% of children at the age of 12 months had received the recommended vaccines, compared to the CCG average of between 92.8% – 94.8%. 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. Appointments were available outside of school hours and the premises were suitable for children and babies. There were emergency processes and referrals made for children and pregnant women who had a sudden deterioration in health.

Working age people (including those recently retired and students)

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

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 help 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 which reflected the needs for this patient population group.

Requires improvement



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 practice held a register of patients living in vulnerable circumstances including people living in deprivation and those with learning disabilities. The practice carried out annual health checks and offered longer appointments if required, for people with dementia. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. 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 and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for providing safe and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health. Minutes of meetings held were completed, which showed the frequency of these meetings, which patients' that were discussed and what changes to care and treatment had occurred as a result of these discussions. The practice had sign-posted patients experiencing poor mental health to various support groups and charitable organisations.

Requires improvement



Summary of findings

What people who use the service say

During our inspection we approached a number of patients who declined to be interviewed by the inspection team. We spoke with some patients and looked at 27 patient comment cards. Overall, patients told us or commented that they were satisfied with the care provided by the practice. They considered their dignity and privacy had been respected. Patients indicated that they felt the practice offered an excellent service and staff were efficient, helpful, friendly and caring. They felt listened to and supported by staff, had sufficient time during consultations and felt safe. They said the practice was well managed, clean as well as tidy and they experienced few difficulties when making appointments. However, four comment cards were less positive with a common theme of difficulties in obtaining an appointment that suited their needs.

Results from the National GP Patient Survey 2014/15 (from 104 responses which is equivalent to 0.1% of the patient list) demonstrated that the practice was performing below the expected than other practices locally and nationally. For example;

- 61.3% of respondents found it easy to get through to the surgery by phone compared with a local average of 67.1% and national average of 78%.
- 68.2% say the last GP they saw or spoke to was good at explaining tests and treatments compared with a local average of 79.8% and national average of 86.3%.

However, patients scored the practice scored in line with or above the CCG and national averages for their opening hours, for giving patients enough time and patients having confidence and trust in the last nurse they saw or spoke with. For example:

- 72% said they were satisfied with the practices opening hours, compared to the CCG average of 68% and the national average of 75%
- 85% said the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 85% and the national average of 86.9%.
- 97.5% said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97.2% and the national average of 97.2%

We looked at the NHS Choices website where patient survey results and reviews of Dr A S Pannu and Partners were available. Results showed the practice as 'in the middle range' with 61% of patients who would recommend this practice compared to the CCG average of 67% and the national average of 72% and 67.1% of patients rated the overall experience of this practice as good or very good, compared to the CCG average of 78% and the national average of 85%.

Additionally, all patients and carer's within the practices' patient participation group were asked the friends and family test question regarding would they recommend St Georges Medical Centre to friends and family members. The response rate was 100% yes. Results from the Friends and Family Test showed the practice scored an overall rating of 4.5 stars out of a maximum of 5 stars available in relation to the services provided by Dr A S Pannu and Partners.

Areas for improvement

Action the service MUST take to improve

- Ensure that the system to routinely check the equipment used in emergencies is safe. In order to ensure that it is within its expiry date, sterile and fit for purpose.
- Ensure that action is taken to reduce the risk of legionella.

Summary of findings

Action the service **SHOULD** take to improve

- Review and risk assess how controlled drugs are recorded, in order to ensure good practice guidance is followed.
- Review the storage of equipment to be used in emergencies, in order for it to be located in one accessible place.
- Review the process for nurse appraisals in order to ensure they are conducted annually.

Dr A S Pannu & Partners

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, practice manager specialist advisor and a practice nurse specialist advisor.

Background to Dr A S Pannu & Partners

Dr A S Pannu and Partners practice is based in St Georges Medical Centre with branch practices at Leysdown, Warden Bay and Eastchurch.

Medical care is provided:

St Georges Medical Centre Monday to Friday 8.45am – 7.40pm.

Leysdown Monday to Friday 9.30am to 12pm and Tuesday and Thursday 3.45pm to 6.30pm.

Warden Bay Monday to Friday 8.45am to 11am and Monday, Wednesday and Friday 3.45pm to 6.30pm.

Eastchurch Monday to Friday 8.45am to 11am.

Dispensary services are available at the three branch practices: Leysdown, Warden Bay and Eastchurch.

The practices provide services to approximately 10,580 patients on the Isle of Sheppey in Kent.

Routine health care and clinical services are offered at the practice, led and provided by the GPs and nursing team. There are a range of patient population groups, with the majority being working aged that used the practice.

The practice has a general medical services (GMS) contract with NHS England for delivering primary care services to local communities.

The practice has opted out of providing out-of-hours services to their own patients. There are arrangements with other providers (South East Health Doctors on Call) to deliver services to patients outside of Dr A S Pannu and Partners' working hours (8pm to 8am Monday to Friday and weekend cover from 8pm Friday to 8am Monday).

The practice has six GP partners (two female and four male) and a trainee GP. There are two female practice nurses and two female health care assistants, who undertake blood tests, blood pressure tests, new patient checks and NHS health checks. The practice has a number of administration/reception staff as well as a practice manager.

Services are delivered from the main practice at;

- St Georges Medical Centre, 55 St Georges Avenue, Sheerness, Kent, ME12 1QU

And from three branch practices at:

- Leysdown, 36 Leysdown Road, Leysdown, Sheerness, Kent, ME12 4RE
- Warden Bay, 5 Jetty Road, Warden Bay, Sheerness, Kent, ME12 4PS
- Eastchurch, 62 High Street, Eastchurch, Kent, ME12 4BN

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

Detailed findings

part of our regulatory functions. This 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.

This provider had not been inspected before and that was why we included them.

How we carried out this inspection

To get to the heart of patients' experiences of care 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 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 9 September 2015. During our visit we spoke with a range of staff including four GPs, one nurse, five administration staff and the practice manager. We spoke with many patients who used Dr A S Pannu and Partners' practice and reviewed 27 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 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.

We visited the main practice known as St Georges Medical Centre and two of the three branch practices, Leysdown and Warden Bay.

Are services safe?

Our findings

Safe track record

The practice prioritised safety and used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last two years. This showed the practice had managed these consistently over time and therefore could show evidence of a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of significant events that had occurred during the last two years and saw this system was followed appropriately. Significant events were a standing item on the practice meeting agenda and a dedicated meeting was held on a three monthly basis to review actions from past significant events and complaints. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Staff used incident forms on the practice intranet and sent completed forms to the practice manager. She showed us the system used to manage and monitor incidents. We tracked four incidents and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result and that the learning had been shared. For example, records showed an incident where a member of staff had been assaulted. This was discussed at an all staff meeting and actions had been taken to reassure staff. Policies had also been improved to ensure staff were aware of how to manage situations of a similar nature. Where patients had been affected by something that had gone wrong they were given an apology and informed of the actions taken to prevent the same thing happening again.

National patient safety alerts were disseminated by the practice manager or the nominated administrator to practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. They also told us alerts were discussed at team and whole practice meetings, to ensure all staff were aware of any that were relevant to the practice and where they needed to take action. Records of practice meetings held at team and whole practice level confirmed this.

Reliable safety systems and processes including safeguarding

The practice had systems and processes for safeguarding vulnerable adults and children who used services. All six GPs and the practice manager were trained to level 3 in safeguarding and one of the GPs was designated to be the lead in overseeing safeguarding matters. There was a protocol and contact numbers for child and adult protection referrals available to all staff. The policy reflected the requirements of the NHS and local authority safeguarding protocols and included a 'safeguarding governance' flow-chart and the contact details of the named lead for safeguarding within the NHS England area team, as well as the local authority. Staff we spoke with told us they were aware of the protocols, procedures to follow and who to contact, if they had to report any concerns.

Other health care professionals, who had contact with vulnerable children and adults, were involved in safeguarding the patients from the risk of harm and abuse as multidisciplinary safeguarding information held at the practice was appropriately being shared with the health visitor team for the area.

All staff were knowledgeable and had received the correct level of training in both safeguarding children. Staff also confirmed they had received training either at level two or three, in safeguarding vulnerable children. Records viewed confirmed this. Training records for GPs demonstrated they had the necessary training to appropriately conduct their roles in managing safeguarding issues and concerns within the practice.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so staff were aware of any relevant issues when patients attended appointments. For example, children subject to

Are services safe?

child protection plans. The GPs and practice manager told us they liaised with social services and health visitors to share information in relation to adult and child protection concerns that were identified within the practice.

The practice had a chaperone policy which detailed the arrangements for patients who wished to have a member of staff present during intimate clinical examinations or treatment. A chaperone is a person who serves as a witness for both patient and medical practitioner as a safeguard for both parties during a medical examination or procedure. Posters were displayed for patients' information in the waiting area and consultation rooms, detailing that chaperone services were available. The policy stated that only those staff who had received appropriate training chaperoned patients. Records showed that all staff who acted as chaperones had received appropriate training and had been subjected to a Disclosure and Barring Services check.

Medicines management

The three branch practices had an on-site dispensary. We looked at the arrangements for the dispensing of medicines to patients from two of the branch practices, Warden Bay and Leysdown. 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 collected by patients. There was a system for two staff to check all medicines, to ensure they were dispensed safely. We observed that the dispensary room was clean and orderly. 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 an annual stock check was undertaken and expiry dates were checked. There was a computerised system in use for all medicines held at the dispensary which allowed for stock levels to be checked at any time. We looked at the way in which medicines used for medical emergencies were maintained. We found that medicines were within their usable date. Records of routine checks showed how or when these had been checked so the practice was able to identify when they had been used.

We saw that the dispensaries at the two branch practices had appropriate arrangements for the secure storage and administration of controlled medicines, including the control of keys. Controlled medicines registers were maintained and these showed that two signatures were recorded when a controlled medicine was dispensed. However, we found that controlled medicines registers held at the two branch practices were recorded on loose leaf sheets. Good practice guidance by the Dispensing Doctors Guidance Association states that all controlled medicines should be recorded in a bound, page numbered, tamperproof book. We discussed this with the practice manager and dispensary staff and there was a discrepancy between what we were told. The practice manager felt that staff should be using a bound book and had obtained these for staff to use; however dispensing staff told us that during recent training and a review by a pharmacist, the use of loose leaf pages had been approved as fit for purpose. The practice manager confirmed that the bound books would be implemented.

Records showed that adverse incidents relating to medicines were appropriately recorded and that actions had been taken to address these, for example, a patient was dispensed an incorrect dose of medicine and this was discovered during checks and immediately resolved. As a result of this incident monitoring and checking systems were updated.

We spoke with GPs, the pharmacist 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.

Records maintained at all three practices in relation to the refrigerators for the storage of medicines that required storage at a certain temperature showed that the temperatures of the refrigerators were monitored and documented. Refrigerators were kept locked when not in use to ensure that refrigerated medicines were kept safely and securely.

There was a robust process to help monitor the security of prescription pads for use in the printers so that the practice could track when they were used.

Are services safe?

Nurses used Patient Group Directives (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.

The main practice had established a service for patients to pick up their dispensed prescriptions at a nearby pharmacy and had systems in place to monitor how these medicines were collected. They also had arrangements in place to ensure that patients collecting medicines from these locations were given all the relevant information they required.

Cleanliness and infection control

All the areas of the practices appeared clean and tidy. Patients told us in comment cards that they felt the practice was cleaned to a high standard and tidy.

Liquid hand wash and disposable towels had been provided in the public and staff toilets. There was a notice displayed in public areas that informed patients about the importance of hand washing to help reduce the spread of infection.

Clinical rooms had clinical waste bins, along with liquid soap and disposable paper towels. Disposable privacy curtains were used in clinical rooms and there was a schedule for routinely changing them. The practice had material curtains in consultation rooms at the branch surgeries. We were told that the curtains were routinely changed at six month intervals and they could be changed if they became soiled because supplies of replacement curtains were held on the premises.

Sharps bins had been dated and information about safe disposal of clinical waste and sharps was displayed. In the consulting rooms there were disposable couch coverings. There was personal protective equipment available in the clinical rooms. Records showed that the practice had a contract for the safe disposal of clinical waste.

The practice had an infection control policy, which included a range of procedures and protocols for staff to follow. For example, hand hygiene, a spillage protocol, management of sharps injuries and clinical and hazardous waste management. The policy identified a member of staff as the infection control lead for the practice. The

policy included details of who was responsible for the cleaning of the premises. Any concerns or cleaning issues with the premises were reported by the practice to this person.

Staff told us they had received training in infection control and records confirmed this.

Cleaning schedules were used and completed by staff to identify and monitor the cleaning activities undertaken on a daily, weekly and monthly basis. The practice carried out infection control audit cycles that followed up to date best practice guidance. The practice carried out analysis of these audit results, made action plans to address any issues identified (for example, hand washing) and planned to repeat the audit to assess the impact of any actions taken and complete a cycle of clinical audit. Records showed that results of findings of such audits were shared with relevant staff.

The practice had not carried out regular checks to reduce the risk of infection of legionella (a germ found in the environment which can contaminate water systems in buildings) to staff and patients. The practice had a policy to underpin how the management, testing and investigation of legionella should be conducted. However, this did not include the shower which was not in use at one of the branch surgeries. The practice manager sent us a copy of the revised policy shortly after the inspection and reported that the shower in the branch surgery would be removed completely by 2 December 2015. Discussions with the practice manager and records viewed confirmed the legionella policy had been updated to reflect the shower as not being fit for purpose and the date by which the shower would be removed.

Equipment

There were processes and systems to keep all of the premises and buildings safe for patients, staff and visitors. Records showed there were service and maintenance contracts with specialist contractors, who undertook regular safety checks and maintained specialist equipment.

Equipment and the premises were appropriately checked to ensure they promoted staff, patient and visitors safety. Records demonstrated that training had been provided to staff in respect of fire safety awareness. The premises had an up-to-date fire risk assessment and regular fire safety checks were recorded.

Are services safe?

There was a maintenance plan in use by the practice which took into account accessing equipment in the event of equipment becoming faulty. Records showed that any necessary repairs reported were addressed quickly. Records also demonstrated that portable appliance testing (PAT) of electrical appliances was up to date. The last PAT was carried out in May 2015.

The premises were maintained and there were service contracts with specialist contractors. For example, fire safety equipment testing and electrical testing had been undertaken.

Staffing and recruitment

There was a recruitment policy that reflected the recruitment and selection processes completed by the practice. Records showed that staff files contained evidence of having some of the appropriate pre-employment checks. For example, proof of identity, references and application forms.

Records showed that Disclosure and Barring Service (DBS) checks (a criminal records check) had been completed for all staff. The practice had a system that routinely checked with the General Medical Council and to the Nursing & Midwifery Council to help ensure staff maintained their professional registration.

Staff told us the practice had strategies for the staff team to safely cover staff shortages and absences with minimal or no use of locum or agency staff. Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to help ensure that enough staff were on duty.

There were sufficient staff at the practice, patients did not have any difficulties accessing a GP or nurse appointment and received appointment times appropriately. Patients told us in comment cards that they did not have to wait to see the GP of their choice.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, medicines management,

staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

Clinical meetings were held between the GPs, practice manager and the practice nurses. We were told by the GPs that these meetings were used to discuss patients, complaints and significant events. GPs told us these meetings also determined how decisions were made about home visits and how the practice provided sufficient hours for patient appointments, including emergency appointments. Minutes of these meetings supported that such discussions were being held.

We spoke with staff who were knowledgeable about prioritising appointments and worked with the GPs to help ensure patients were seen according to the urgency of their health care needs. Staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. For example, there were emergency processes for patients with long-term conditions. Staff gave us examples of referrals made for patients whose health deteriorated suddenly. We were told by the GP and practice manager that weekly clinical meetings were held. Minutes of these meetings were completed and showed the impact or improvements made to the service patients received as a result of the outcome of these meetings. For example, how decisions were made about home visits, how the practice ensured that sufficient staff hours were provided in relation to covering long term absence of staff and for routine or emergency appointments.

The practice had a health and safety policy. Information was prominently displayed at the practice and included the details of the staff member responsible. Risk assessments had been completed for the premises and these had been reviewed and updated to reflect any changes in identified risks within the practice. For example, fire and premises risk assessments.

Arrangements to deal with emergencies and major incidents

The practice had systems and procedures for responding to medical emergencies. Staff we spoke with had received

Are services safe?

training in basic life support and emergency resuscitation. Training records confirmed that all staff had received this level of training. Staff told us they were aware of the emergency procedures to follow.

We spoke with staff who told us about the procedure they would follow to alert other staff when they had an emergency situation in their consultation rooms.

The main practice had an automated external defibrillator (AED -used to attempt to restart a person's heart in an emergency), which was not in operation at the time of our visit. The practice manager told us that the AED had been donated to the practice and was not in use until the staff had received training in how to use it. Records confirmed that training had been arranged and would be conducted by the end of November 2015. Staff we spoke with were aware that the AED was not to be used at this time and they spoke of how they would use basic life support techniques in the event of a medical emergency, in accordance with the practice's emergency procedures policy. The practice manager told us that practice staff had access to an AED at a venue located within 100 metres of the practice if required.

Records were kept in relation to the routine checking of equipment for use in a medical emergency. The practice had access to its own supply of medical oxygen, which was routinely checked and replaced, as required.

Emergency medicines were available in the practice. Staff told us these were checked regularly to ensure they were within their expiry date and records confirmed this. All emergency medicines that we looked at were within their expiry date. However, emergency medicines and equipment held at the main practice (St Georges Medical Centre) were not located in a central area, with some pieces of equipment being located in a consultation room and other emergency equipment being stored in another consultation room. This meant that staff could not readily access equipment in the event of an emergency.

Equipment used for maintaining a patient's airway during a medical emergency was found to be out of date by four years at St Georges Medical Centre and it could not be determined at Leysdown, as the sterile packaging had been removed. Which meant that equipment used during an emergency was not sterile or fit for purpose, placing patients at risk of infection.

The practice had an emergency and business continuity plan. The plan included details of how patients would continue to be supported during periods of unexpected and/or prolonged disruption to services. For example, when extreme weather caused staff shortages and any interruptions to the facilities available.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw that guidance from local commissioners was readily accessible in all the clinical and consulting rooms.

We discussed with the practice manager, GP and nurse how NICE guidance was received into the practice. They told us this was downloaded from the website and disseminated to staff. We saw minutes of clinical meetings which showed this was then discussed and implications for the practice's performance and patients were identified and required actions agreed. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

Staff described how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with diabetes were having regular health checks and were being referred to other services when required. Patients we spoke with and those who completed cards confirmed they were referred to other services or hospital when required.

The GPs told us they lead in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us they supported all staff in order to review and discuss new best practice guidelines, for example, for the management of respiratory disorders. Our review of the clinical meeting minutes confirmed that this happened.

The practice used computerised tools to identify patients who were at high risk of admission to hospital. These patients were reviewed regularly to ensure multidisciplinary care plans were documented in their

records and that their needs were being met to assist in reducing the need for them to go into hospital. We saw that after patients were discharged from hospital they were followed up to ensure that all their needs were continuing to be met. Discussions with staff, records and meeting minutes confirmed this.

Comprehensive and detailed patient records were kept on the electronic system and patients who had been assessed as 'at risk'. For example, patients with a learning disability had care plans that were routinely reviewed with the patient and their carer. Every patient with a learning disability had received or were offered, an annual health check

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The practice kept registers that identified patients with specific conditions/diagnoses. For example, patients with dementia, learning disabilities, heart disease, diabetes and mental health conditions. The electronic records system contained indicators to alert clinical staff to specific patient needs and any follow-up actions required. For example, medicine and treatment reviews.

The practice showed us three clinical audits that had been undertaken in the last three years. They were all completed and the practice was able to demonstrate the changes implemented. For example, an audit was conducted to review the number of diabetic patients prescribed Metformin (an oral diabetes medicine that helps control blood sugar levels) and the associated side effect of vitamin B12 malabsorption. The audit found that out of 692 patients prescribed this medicine, 192 patients had not had their vitamin B12 levels checked in the last year. A sample of these patients were screened and found to require vitamin B12 supplements. The audit concluded that patients prescribed metformin should be screened annually. Records showed that improvements to screening had been made and patients on Metformin were routinely being checked during GP and nurse consultations for vitamin B12 deficiencies.

Are services effective?

(for example, treatment is effective)

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice. Where the 2013/14 QOF data for this practice showed it was not performing in line with national standards, the practice had taken actions and made improvements. For example, the practice had made improvements to ensure that cervical smear testing rates, which had previously been low, had been addressed and the results improved for 2014/15. A practice nurse had responsibility for following up patients who did not attend. Last year the practice's QOF figures finished on 18.45 points out of a possible 20 and this year the figures have changed and the practice currently have nine points from a possible 11.

From April 2014 to March 2015 the practice had 11 disclaimer/refusals from patients and these were marked on the QoF register as exempt (The practice exempt anyone who responds to say they do not wish to have the test taken and a QoF exemption form is completed). There were 2293 eligible patients on the practice's list, out of which 1685 had already been tested (which equates to 75%). The practice had a robust system in place for recalling patients following their testing. The GPs remind any patient who attends for regular appointments that their cervical screening tests are due and advise them to make appointments. The practice had discussed the fact that their figures were low and once the flu season had finished would be arranging to write/telephone all the patients who are due and have not attended, in order to arrange appointments or get disclaimers completed.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Although this practice was not an outlier for any QOF (or other national) clinical targets, it achieved 88.1% of the total QOF target in 2013/14, which was below the national average of 92%. In 2014/15 the practice achieved 91.8% of the total QOF target, with an exception rate of 9.2%.

Figures for 2015 show that the service is improving in relation to QOF, specific examples to demonstrate this included:

- Performance for those patients with a diagnosis of diabetes related indicators was slightly lower than the national average. For example, data from 2015 showed the percentage of patients with hypertension in whom

the last blood pressure reading (measured within the preceding 12 months) is 140/80mmhg or less - with 75% being attained for the practice compared to the CCG average of 77% and national average of 78%.

- The percentage of patients with a diagnosis of hypertension having regular blood pressure tests was better than the national average. For example, data from 2015 showed the percentage of patients with hypertension in whom the last blood pressure reading (measured within the preceding 9 months) is 140/90mmhg or less - with 88.7% being attained for the practice compared to the CCG average of 85.7% and national average of 83.7%.
- Performance for those patients with a diagnosis of mental health related and hypertension QOF indicators were higher than the national average. For example, data from 2015 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record (in the preceding 12 months) agreed between individuals, their family and/or carers as appropriate - with 98.4.8% being attained for the practice compared to the CCG average of 92% and national average of 89.9%.
- For those patients with a diagnosis of dementia the QOF score was better than the national average. For example, data from 2014 showed the percentage of patients diagnosed with dementia whose care has been reviewed face to face within the last 12 months - with 85.9% being attained for the practice compared to the CCG average of 82.9% and national average of 83.7%.
- The percentage of women aged 25 or over (who have not attained the age of 65) whose notes record that a cervical screening test has been performed in the preceding 5 years % compared to the CCG average of 81% and national average of 83%.

Information from Public Health England shows the General Practice Profile and provides a comparison of performance against the England average. Dr A S Pannu and Partners were recorded as having a deprivation score of 37.9%, compared to the practice average of 23.6% across England. The practice value was 32 for children (affected by income deprivation), compared to the England average of 22.5 and

Are services effective?

(for example, treatment is effective)

the value was 24 compared to 22.5 for older people (affected by income deprivation). With a value of 87.4 for patients claiming disability allowance compared to the England average of 50.3.

NHS Business Services Authority- electronic Prescribing Analysis and Costs (ePACT) (a system which allows authorised users at Primary Care Organisations, Area Teams, Trusts and national users to electronically access prescription data) figures show that the practice's prescribing rates were worse than national figures. Where the practice showed it was not performing in line with national standards, the practice had taken actions and made improvements. For example, the practice had reviewed the reason for the increased rate of hypnotic medicines which had been high. The practice had taken steps to ensure the results improved for 2015 by reviewing patients prescribed these medicines, recording in patients' records where changes had been made (or where the patient had declined a change) and by liaising with the hospital consultant where appropriate.

Staff followed national guidance for repeat prescribing. They regularly checked patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as chronic obstructive pulmonary disease (a long term respiratory disease) and that the latest prescribing guidance was being used. This was found to be the case at all the surgeries operated by this provider.

Effective staffing

The practice has six GP partners (three female and three male) and a trainee GP. There are two female practice nurses and two female health care assistants, who undertake blood tests, blood pressure tests, new patient checks and NHS health checks. The practice has a number of administration/reception staff as well as a practice manager.

We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as basic life support. We noted a good skill mix among the doctors. There were processes for managing staff performance and professional development. Staff knew who was responsible for managing and mentoring them. Records confirmed that all staff had completed basic life support (BLS), information governance, infection control,

confidentiality as well as safeguarding children and adult training. The nurses and health care assistant had also completed specialist training in diabetes, asthma, family planning, travel vaccines, coronary heart disease, chronic obstructive pulmonary disease (a long-term respiratory disease) and updates in childhood immunisations. The GPs said they attended external meetings and events to help further enhance their continuing professional development.

GPs and administrative staff had received annual appraisals and informal supervision. Nurses told us that they had not received an annual appraisal in the last year. We discussed this with the practice manager who told us that GPs conduct nurse appraisals and that scheduling time, given the shortage of nursing numbers at the practice, had been the main cause for this. We were told following our inspection that nurse appraisals had been commenced as a matter of priority and further training would be provided to nurses by the end of November 2015, regarding the new nurse revalidation process coming into effect in April 2016 (of which appraisal is a main element for revalidation). Records and discussions with the practice manager confirmed this.

All the staff we spoke with felt they received the support they required to enable them to perform their roles effectively. All GPs were up to date with their yearly continuing professional development requirements and all had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). An induction programme had been undertaken by members of staff who had recently joined the practice.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out of hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with

Are services effective?

(for example, treatment is effective)

other care providers on the day they were received. The GPs who saw these documents and results were responsible for the action required. All staff we spoke with understood their roles and felt this system worked well. There were no instances within the last year of any results or discharge summaries that were not followed up appropriately.

The practice had established processes for multi-disciplinary working with other health care professionals and partner agencies. Staff told us that multi-disciplinary and palliative care meetings were held in order for clinicians from the practice and all members of the multi-disciplinary team, who were involved in patients' care and treatments, could discuss patients with multi-disciplinary needs. Minutes of such meetings were completed, in order to show how frequently these meetings were held, which patients were discussed and what changes to care and treatment had been agreed.

GPs, nurses and health care assistants attended quarterly meetings with the palliative care team to promote a united approach to patient care and treatments. Where family difficulties were identified, referrals were made to the health visitor, who provided specialist support for mothers, babies, children and young people.

There were systems to process urgent referrals to other care and treatment services and to ensure that test results were reviewed in a timely manner following receipt by the practice. Staff described the system they used to check test results and clinical information on a daily basis and how the information was shared promptly with clinical staff as a priority.

Information sharing

The practice had protocols for sharing information about patients with other service providers. Staff were knowledgeable about the protocols and patient information was shared with other service providers appropriately. For example, there was a system to monitor patients who accessed palliative care services that also helped to ensure their care plans were up to date.

The practice used electronic systems to communicate with other providers. For example, there was a shared system with the local GP out of hours provider (South East Health Doctors On Call) to enable patient data to be shared in a secure and timely manner.

GPs told us they discussed with individual patients and carers, which consultant to refer them to based on the patients' needs and individual preferences. GPs said they only occasionally used the 'choose and book' (a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic) method for referrals. They told us they tended to refer patients locally, as this was what most patients preferred. Referrals to one of the London hospitals were made if requested by the patient or their carer.

The practice had systems to provide staff with information about patients that they needed. There was an electronic patient record system used by all staff to co-ordinate, document and manage patients' care. All staff were fully trained on the system and told us the system worked well. The system enabled scanned paper communications, for example, those from hospital, to be saved in the patients' record for future reference and in planning on-going care and treatment.

Consent to care and treatment

The practice had procedures for patients to consent to treatment and a form was used to gain the written consent of patients when undergoing specific treatments. For example, joint injections. There was space on the form to indicate where a patient's carer or parent/guardian had signed on the patients behalf.

GPs told us how patients who lacked capacity to make decisions and give consent to treatment were monitored and assessed. They said mental capacity assessments were carried out by them (GPs) and recorded on individual patient records. The records indicated whether a carer or advocate was available to attend appointments with patients who required additional support. Records and discussions with GPs confirmed this. There were procedures that helped ensure patients who lacked capacity were appropriately assessed and referred where applicable.

GPs described the process for gaining consent from patients who were under 16 years of age and stated that they followed relevant guidance, demonstrating an understanding of the 'Gillick' competencies. (Guidance which helps clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

Are services effective?

(for example, treatment is effective)

Staff were aware of the Mental Capacity Act 2005, and confirmed that elements of the legislation were also included in the training that they received. We spoke with GPs who demonstrated an awareness of the rights of patients who lacked capacity to make decisions and give consent to treatment.

Health promotion and prevention

Staff told us about the processes for informing patients that needed to come back to the practice for further care or treatment. For example, the computer system was set up to alert staff when patients needed to be called in for routine health checks or screening programmes. Patients we spoke with and those who completed comment cards told us they were contacted by the practice to attend routine checks and follow-up appointments regarding test results.

The practice provided dedicated clinics for patients with certain conditions such as diabetes and asthma. Staff told us that these clinics enabled the practice to monitor the ongoing condition and requirements of these groups of patients. They said the clinics also provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration. Patients who used this practice told us that there was a recall system to alert them when they were due to re-attend these clinics. This supported patients to have the knowledge to live as healthy a lifestyle as their conditions permitted.

All new patients registering with the practice were offered a health check. The GP was informed of all health concerns detected and these were followed up in a timely way. We

noted a culture amongst clinical staff to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic smoking cessation advice to smokers.

We noted a culture among the GPs and nurses to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic chlamydia screening to patients aged 18 to 25 years and offering smoking cessation advice to smokers.

The practice had systems to identify patients who required additional support and were pro-active in offering additional help. For example, vaccination clinics were promoted and held at the practice, including influenza vaccination for older people. The practice also kept a register of patients with dementia which it used to help promote and encourage annual health checks for these patients.

The practice offered a full range of immunisations for children, travel vaccines and influenza vaccinations in line with current national guidance. Child immunisation rates were either slightly above or in line with the national average. For example, between 93.5% and 94.4% of children at the age of 12 months had received the recommended vaccines, compared to the CCG average of between 92.8% – 94.8%.

QOF data showed that an above average number of patients aged 6 months to 65 years in the defined influenza clinical risk groups, had received a seasonal influenza vaccination. For example, 52.52% patients had received the vaccine, compared to the national average of 52.29%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients we spoke with and those who completed comment cards told us they felt the staff at the practice were extremely polite and helpful. Comments from patients were positive in relation to staff as well as the care and treatment that they received. Data from the national patient survey showed patients were satisfied with how they were treated and the practice was rated as slightly above average for patients being treated with compassion, dignity and respect.

22 patients told us, either verbally or in comment cards, that staff always considered their privacy and dignity. The GPs demonstrated how they ensured patients privacy and dignity both during consultations and treatments. For example, curtains were used in treatment areas to provide privacy and doors to treatment and consultation rooms were closed.

There were systems to help ensure patients' privacy and dignity were protected at all times. The practice had a formal confidentiality policy. Staff we spoke with were aware of their responsibilities in maintaining patient confidentiality. If patients wished to speak to reception staff in confidence, a private room was available for them to use. Although the reception areas of the three practices visited were open plan the reception telephones were placed in a way that conversations on the telephone could not be heard by patients waiting for an appointment. We spoke with patients and were told that they felt their consultations were always conducted appropriately.

The evidence from the national patient survey showed patients were not always satisfied with how they were treated and were slightly below average for being treated with compassion, dignity and respect. For example, data from the national patient survey showed the practice was rated below average for patients who rated the practice as good or very good. The practice was also considerably below average for its satisfaction scores on consultations with doctors. For example:

- 80% said the GP was good at listening to them compared to the CCG average of 83% and the national average of 89%.

- 34% said that they always or almost always see or speak to the GP they prefer compared to the CCG average of 51% and national average of 60%. In order to address this issue the practice has increased the number of GPs employed.

However, patients scored the practice scored in line with or above the CCG average for giving them enough time and had confidence and trust in the last nurse they saw or spoke with. For example:

- 85% said the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 85% and the national average of 86.9%.
- 97.5% said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97.2% and the national average of 97.2%

Four patients with children who completed comments cards told us the practice staff treated their children with the same respect as they would when speaking with adults. They commented that the staff spoke with their child in a respectful manner and ensured they understood the care and treatment they were offered. Parents told us that staff always checked with them to make sure they had understood as well, and were agreeable to the treatment for their child.

Care planning and involvement in decisions about care and treatment

Patients we spoke with, comment cards we received and Friends and Family Test responses indicated they felt listened to and involved in the decision making process in relation to their care and treatment. GPs and nursing staff took the time to listen to them, and explained all treatment options available to them. They said they felt able to ask questions if they had any.

The patient survey information we reviewed showed the following, in relation to questions about patients' involvement in planning and making decisions about their care and treatment but generally rated the practice considerably below the average in these areas. For example:

- 68.2% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79.8% and national average of 83.3%.

Are services caring?

- 63.4% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75.7% and the national average of 81.5%.

Patients scored the practice scored in line with or just below the CCG average in relation to questions about patients' involvement in planning and making decisions about their care and treatment. For example:

- 88% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 81% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

Figures for 2015 show that the practice had achieved 100% in nine categories where patients required a review and a care plan, which is discussed and agreed with patients. For example, asthma, cancer, epilepsy, learning disability and heart failure. There were 10 other categories where the practice scored between 80% and 96% (these scores reflect that the practice had not achieved all of the points available, which equates to one to four points that have not been attained).

The practice scored 4.5 stars out of an available 5 stars in the Friends and Family test responses for being listened to and being involved in their care. One patient commented on the practice's Friends and Family test website that they were provided with a very thorough assessment and the GP took time to ensure that the best course of treatment was reached and gave a clear and detailed explanation about what follow ups would need to be made and the reasons for these.

Additionally the practice, along with its patient participation group, had conducted a survey. The survey asked patients 'Have you felt, at any time, your diagnosis of your symptoms had not been fully explained to you?'; survey responses reflected the following; Regularly 4 %, Sometimes 36%, Occasionally 23% and Never 35%. As a result of these findings and those of the National Patient Survey, the practice management team had discussed this and were prioritising actions to be taken, in order to ensure that patients felt listened to.

The practice had individual care plans for patients with long term conditions, such as dementia and cardiac conditions. Records showed there was a care plan for such

patients and that these had been agreed between the patient and their family / carer. The practice maintained a register of all patients who had a care plan. The register included details of ongoing care and treatment as well as changes made to the plan as a result of a change in the patient's condition or medicines having been amended.

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

Patient/carers support to cope emotionally with care and treatment

Staff were supportive in their manner and approach towards patients. Patients who we spoke with and those who completed comment cards, told us they were given the time they needed to discuss their treatment as well as the options available to them and they felt listened to by the GPs and other staff within the practice. The practice scored 4.5 stars out of an available 5 stars in the Friends and Family survey responses for overall care, treatment and support.

Information from Public Health England shows Dr A S Pannu and Partners were recorded as having 28.7% of their patients who have a caring responsibility, compared to the England average of 18.2%. We saw that the practice displayed information in relation to an advocacy service in the patient waiting area, with contact details for patients and/or their carers who required independent support. Patient information leaflets, posters and notices were also displayed that provided contact details for specialist groups that offered emotional and confidential support to patients and carers. For example, counselling services and a bereavement support group.

The patient survey information we reviewed showed patients experiences were below expected in relation to the emotional support provided by the practice. For example:

- 70% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and national average of 85 %.
- 83% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 90%.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Patients over the age of 75 years as well as patients with long-term conditions, patients whose circumstances may make them vulnerable and patients experiencing poor mental health had been allocated a dedicated GP to oversee their care and treatment requirements. Staff told us that patients over the age of 75 years were informed of this by letter.

The GPs and nurses told us patients' needs and potential risks were assessed during initial consultations. They said individual clinical and treatment plans were agreed and recorded on the computerised system. Individual clinical and treatment plans were discussed between clinical staff and other health care professionals involved in patients' care and treatment and discussions were clearly recorded onto the patients' consultation records. This helped to ensure that patients received care and treatment from health care professional that were aware of their individual clinical and care plans.

GPs told us they tended to refer patients locally, as this was what most patients preferred. However, referrals to one of the London hospitals were made if it was appropriate and/or requested by the patient or their carer.

The practice had established links with the local area commissioners. Meetings took place on a regular basis to assess, review and plan how the service could continue to meet the needs of patients, any potential demands in the future and make improvements to services. For example, reviewing procedures for inviting patients for routine checks and updating policies to reflect changes in procedures as a result of the review. Consideration had been given by the practice in relation to the high prevalence of medical conditions, such as chronic obstructive airways disease and diabetes for example and the challenges in monitoring patient outcomes in the future.

Staff told us there were a wide range of services and clinics available to support and meet the needs of the varied patient groups. They said they referred patients to community specialists or clinics, if appropriate. For example, referring older patients to groups who specialised

in supporting patients with chronic illnesses. Additionally, mothers with babies or young children were referred to the health visitor. The practice had a contract with another provider to deliver out of hours care.

The practice worked closely with community nursing teams and the integrated care team to support patients with long-term conditions and those with complex needs who received care and treatment from a range of services. Minutes of meetings confirmed this. Patients told us in person or in comment cards that they were referred promptly to other services for treatment and test results were available quickly. Staff told us that the needs of different patients were always considered in planning how services would be provided. For example, arranging home visits for housebound patients.

Tackling inequity and promoting equality

The practice premises were accessible for patients with disabilities and appropriate parking spaces close to the entrance door were provided. There was a toilet available for people with disabilities as well as baby changing facilities. The reception desk had a low level section to accommodate patients using wheelchairs.

Interpretation services were available by arrangement for patients who did not speak English and there were services available for deaf patients to be supported during consultations if required. The practice had a hearing loop.

The practice maintained registers of patients with learning disabilities, dementia and those on the mental health register that assisted staff to identify them to help ensure their access to relevant services. All patients on the register with learning disabilities had received a physical health check within the last 12 months.

Staff told us that they did not have any patients who were homeless but would see someone if they came to the practice asking to be seen and would register the patient so they could access services. There was a system for flagging vulnerability in individual patient records.

The practice had recognised the needs of different groups in the planning of its services. For example, longer appointment times were available when patients with learning disabilities received their annual review.

Access to the service

Are services responsive to people's needs?

(for example, to feedback?)

Patients were able to book an appointment by telephone, online or in person. The opening hours for each practice are:

- St Georges Medical Centre Monday to Friday 8.45am – 8pm. Telephones were answered 8am to 6.30pm.
- Leysdown Monday to Friday 9.30am to 12pm and Tuesday and Thursday 3.45pm to 6.30pm. Telephones were answered 9.15am to 12.30pm and 3.15pm to 6.30pm.
- Warden Bay Monday to Friday 8.45am to 11am and Monday, Wednesday and Friday 3.45pm to 6.30pm. Telephones were answered 8.30am to 12pm and 3.15pm to 6.30pm.
- Eastchurch Monday to Friday 8.45am to 11am. Telephones were answered 8am to 11am.

There were arrangements with other providers (South East Health Doctors on Call) to deliver services to patients outside of Dr A S Pannu and Partners' working hours (8pm to 8am Monday to Friday and weekend cover from 8pm Friday to 8am Monday).

Patients we spoke with and the majority of those who had completed comment cards told us the telephone appointment booking system (for contacting the practice for an appointment on the same day) worked very well. The practice also offered pre-bookable appointments in advance. Staff said the extended opening hours were particularly useful for patients who commuted to work. The practice had conducted a patient survey in 2013/14 which focussed on appointments, telephone answering and customer services and an action plan was developed. In 2014/15 the same survey was conducted and the published report and action plan showed the following:

Appointments: GPs are now back to full capacity as more GPs were employed. We always monitor capacity versus demand however even with extended hours; patient demand still outweighs appointment availability. Adjustments are constantly being made to take a step forward to improve appointment availability.

Telephone answering: 56% were very satisfied with staff answering the telephone, a 20% increase in satisfaction from last year's survey, with 31% answering neither

satisfied or dissatisfied, an 8% 'decrease' and with only 11% dissatisfied, a 13% 'decrease' from last year's survey. This is an overall improvement especially as the telephone demands have increased substantially this past year.

Customer service: An overall increase from last year's survey - 74% being satisfied with our customer service and only 8% dissatisfied with our customer service. Feedback from the comments of our patients were that they feel the receptionists do a good job and are polite and helpful.

Patients told us in person or in comment cards that they did not experience problems when they required urgent or medical emergency appointments. They told us that once they made contact with the practice, staff dealt with these issues promptly and knew how to prioritise appointments for them. The reception staff we spoke with had a clear understanding of the triage system. This was a system used to prioritise how urgently patients required treatment, or whether the GP would be able to support patients in other ways, such as a telephone consultation or home visit. Patients found that access to urgent or emergency appointments met their needs and expectations.

There was a system for patients to obtain repeat prescriptions. Patients told us they had not experienced any difficulty in getting their repeat prescriptions. Staff said the practice aimed to have repeat prescriptions ready within 48 working hours of them being given in by the patient.

There were arrangements to ensure patients could access urgent or emergency treatment when the practice was closed. Information about the out of hours service was clearly displayed in the waiting room, was included within the patient information booklet and there was a telephone message which informed patients what to do if they telephoned the practice when it was closed. Patients told us they knew how to obtain urgent treatment when the practice was closed.

The National GP Patient Survey 2014/15 information we reviewed showed patients responded positively to questions about access to appointments and generally rated the practice well in these areas. For example:

- 72% were fairly satisfied with the practice's opening hours compared to the CCG average of 68% and the national average of 75%.

Are services responsive to people's needs?

(for example, to feedback?)

However, they scored considerably below the averages for being able to get through to the practice by phone and making appointments:

- 43% said they could get through easily to the surgery by phone compared to the CCG average of 65% and the national average of 73%.
- 52% described their experience of making an appointment as good compared to the CCG average of 65% and national average of 73%.

In response to the National Patient Survey results and feedback on the practices NHS Choices website, regarding issues with appointments, the practice had conducted its own survey via their patient participation group. As a result of the survey's findings the practice had made changes to the telephone answering system and the availability of online appointment booking had been promoted.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. The complaints policy was in line with recognised guidance and contractual obligations for GPs in England and the practice manager was the designated

responsible person who handled all complaints in the practice. A copy of the complaints procedure was included in the patient information leaflet and a poster was on display in the waiting area.

The practice manager and GPs told us that quarterly practice meeting minutes included discussions of complaints received. Minutes from these meetings confirmed this. Patients we spoke with told us they had never had cause to complain but knew there was information in the waiting room about how and who to complain to, should they need to.

There were records relating to complaints which had been made to the practice. Records for the 12 complaints received by the practice since January 2015 were clear and showed what the complaint related to, how they were investigated, the outcome of each investigation and whether feedback was sent to the respective complainant. Minutes of practice meetings held confirmed how particular issues, that required change as a result of complaints received, were shared with staff to help ensure they learnt from the complaints made.

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 and strategy. Staff we spoke with were clear about their responsibilities in relation to the vision and strategy. The practice did hold regular governance meetings and issues discussed at meetings were recorded and cascaded to the staff team.

There were meetings held between the GPs and the practice manager to discuss and recognise future demands that may be placed on the practice. For example, using information and intelligence to plan for the needs of an increasing older patient population and those with long-term conditions, and the prevalence of certain conditions such as heart disease and dementia. Increased needs for service provision had been considered and planned for.

Governance arrangements

There were governance arrangements at the practice and these included the delegation of responsibilities to named GPs. For example, a lead GP for safeguarding and medicines management. The lead roles provided structure for staff in knowing who to approach for support and clinical guidance when required. Staff we spoke with were clear about their roles and responsibilities within the practice.

The practice had an on-going programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. The GPs and the practice manager told us they discussed clinical issues on a weekly basis. Minutes from these meetings provided evidence of discussions, actions taken to address issues and lessons learnt from any clinical issues and were cascaded to the staff team.

Management meetings were held on a regular basis to consider quality, safety and performance within the practice. This included monitoring of complaints and information from the practice Quality and Outcomes Framework (QOF). Minutes of these meetings confirmed this.

The practice had completed risk assessments in relation to the premises, such as fire risk assessments, health and safety and security of the building (external and internal). Risk assessments were current and had been reviewed and

updated on either a yearly basis or sooner if changes were required. The practice had systems to underpin how significant events, incidents and concerns should be monitored, reported and recorded. Information about safety was used to promote learning and improvement.

Leadership, openness and transparency

There was an open and transparent approach in managing the practice and leading the staff team. The GPs promoted shared responsibility in the working arrangements and commitment to the practice.

All of the staff we spoke with confirmed that the practice team worked as one. The practice had good working relationships with neighbouring practices and often provided them with support and representation, which was well received.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of the practice's policies. For example, the disciplinary procedures, induction policy, as well as equality, harassment and bullying at work. Staff we spoke with knew where to find these policies if required. They said they felt there was an 'open door' culture and that the GPs and practice manager were approachable. They told us they felt appropriately supported and were able to approach senior staff about any concerns they had. Staff told us that whilst there was strong leadership, the atmosphere at the practice was relaxed, open and inclusive. Staff told us they were very happy working at the practice and felt listened to and valued.

Practice seeks and acts on feedback from its patients, the public and staff

Staff told us they were encouraged to voice their ideas and opinions about how the practice operated and services were provided. All staff said they felt their views and opinions were valued and that there was good communication and team work within the practice. All staff told us they felt part of the team and there was no sense of hierarchy at the practice.

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the virtual patient participation group (PPG), surveys and complaints received. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care). It had an active

Are services well-led?

Good 

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

virtual PPG which included representatives from various population groups; older people, people with long term conditions and working age people. The practice obtained feedback from the PPG by means of face to face meetings, emails and by running drop in sessions. The practice manager showed us the analysis of the last patient survey, which was considered in conjunction with the PPG. The results and actions agreed from these surveys were available on the practices' website. The action plan showed the practice had taken action to address the number of issues. For example, appointments available by recruiting more GPs, as well as monitoring capacity versus demand. Improvements had also been made to the telephone answering system and the survey response showed a 20% increase in satisfaction from last year's survey, patients were also made aware of the online access availability and the practice noted an increase in the number of patients signing up to this service.

Patient engagement was managed through the Friends and Family Test and GP surveys. Patients we spoke with and those who completed comment cards told us they were happy to speak with staff at the practice if they needed to, in relation to positive or negative feedback about the practice or services received.

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.

Management lead through learning and improvement

The practice had systems to underpin how significant events, incidents and concerns should be monitored, reported and recorded. Information about safety was used to promote learning and improvement. There were arrangements for monitoring safety, using information from audits, risk assessments and routine checks.

We observed that four significant event reports had been recorded for the last twelve months. One related to a member of staff being assaulted. The event had been recorded and investigated and actions were taken to address the issues appropriately. For example, staff had received conflict management training and staff had been reminded of the zero tolerance policy. There were records available to show that significant clinical events had occurred and been reported in the 12 month timeframe.

Records for the complaints received by the practice were clear and showed what the complaint related to, how they were investigated, the outcome of each investigation and whether feedback was sent to the respective complainant. Minutes of staff meetings confirmed that complaints were routinely discussed and actions for improvements were agreed and acted upon.

Learning and improvement from safety incidents

Records showed that GPs and nursing staff were supported to access on-going learning to improve their skills and competencies. For example, attending specialist training for diabetes, childhood immunisation and asthma, as well as opportunities to attend external forums and events to help ensure their continued professional development.

Staff files and training records demonstrated that administrative and clerical staff were also supported to improve their skills and knowledge. For example, attending specific courses in relation to coding letters according to patients' conditions and information governance. Formal appraisals were undertaken for most staff, to monitor and review performance, personal objectives and to identify any future training requirements on an annual basis.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014: Safe care and treatment
Maternity and midwifery services	How the regulation was not being met: The registered providers system to routinely check the equipment used in emergencies was not safe. We found that equipment used for maintaining a patient's airway during a medical emergency was found to be out of date by four years at St Georges Medical Centre and it could not be determined at Leysdown, as the sterile packaging had been removed.
Surgical procedures	Regulation 12 (1) (2) (e) The registered provider had a legionella policy and risk assessment in place; however this did not include the shower at the Warden Bay branch practice.
Treatment of disease, disorder or injury	Regulation 12 (1) (2) (h)