

Dr Abhijit Neil Banik

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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
Outstanding practice	9

Detailed findings from this inspection

Our inspection team	10
Background to Dr Abhijit Neil Banik	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	21

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at **Dr Abhijit Neil Banik** (also known as Park Farm Surgery) on 19 January 2016. Overall the practice is rated as requires improvement.

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

- Some staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, not all staff knew what constituted a significant event and were not aware of the practice's significant event policy.
- Risks to patients were assessed and generally well managed. However, there are areas for improvement. For example, the security of clinical waste.

- Data collected from the Quality and Outcomes Framework showed patient outcomes were better than local and national averages. Audits had been carried out and were driving improvement in performance to raise patient outcomes.
- Urgent appointments were available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but not all of the policies or risk assessments contained a date, signature or review date.
- The practice had sought feedback from patients and had an active patient participation group.
- Some aspects of care in the National GP Patient Survey 2015 were below national and local averages. However, patients we spoke with during the inspection told us they were treated with compassion, dignity and respect

We saw one area of outstanding practice:

Summary of findings

- The practice provided outstanding care for patients with long term conditions such as Chronic Obstructive Pulmonary Disease. The GP was the chair of the Chronic Obstructive Pulmonary Disease (COPD) task force for the South Kent Clinical Commissioning Group and was leading in developing care pathways and training for local GP practices in COPD care.

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

Importantly, the provider must:

- Ensure the environmental cleaning and decontamination policy specifies how to clean all areas, fixtures and fittings. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
- Ensure there are formal governance arrangements so that policies are reviewed, dated and signed and staff are aware of how these operate.
- Ensure the lock for clinical waste storage is used effectively.
- Ensure oxygen cylinders have an expiry date displayed and retesting to demonstrate they are safe.

In addition the provider should:

- Revise the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers are offered relevant support if required.
- Regularly review and date risk assessments for responding to a medical emergency in line with national guidance.

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.

- Some staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, not all staff knew what constituted a significant event and were not aware of the practice's significant event policy.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, some areas that should have been kept secure were not adequately secured, such as clinical waste.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the GP National survey was mixed and showed that the practice was below local and national averages in some areas of care, but similar in others. The practice had responded patient feedback by introducing a GP led telephone triaging system.
- 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.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice collaborated with other GPs in the area to provide urgent home visits with a paramedic practitioner and extended hours for patients from 8am to 8pm at Queen Victoria Hospital hub in Folkestone.
- 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 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 requires improvement for being well-led.

- There was a structure of leadership, but not all staff roles were clear. For example, there was not a named lead for infection prevention control and subsequently we found the practice cluttered and some areas required deeper cleaning.
- The practice had a number of policies and procedures to govern activity, but not all of the policies or risk assessments contained a date, signature or review date.
- The practice sought feedback from patients and had an active patient participation group (PPG).
- The GP was the chair of the Chronic Obstructive Pulmonary Disease (COPD) task force for the South Kent Clinical Commissioning Group and was leading in developing care pathways and training for local GP practices in COPD care.

Requires improvement



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 because the concerns that led to the practice requiring improvement for providing safe and well led services applied to this population group.

- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions because concerns that led to the practice requiring improvement for providing safe and well led services applied to this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The GP and nursing team had undertaken audits and taken action to improve patient outcomes in this population group.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people because the concerns that led to the practice requiring improvement for providing safe and well led services applied to 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.

Requires improvement



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.

We saw positive examples of joint working with midwives, health visitors and school nurses.

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) because the concerns that led to the practice requiring improvement for providing safe and well led services applied to this population group.

- The age profile of patients at the practice is mainly those of working age, students and the recently retired and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Patients from this population could group could access extended hours from 8am to 8pm at Queen Victoria Hospital hub, Folkestone.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of patients whose circumstances may make them vulnerable, because the concerns that led to the practice requiring improvement for providing safe and well led services applied to this population group.

- The practice held a register of patients living in vulnerable circumstances.
- Longer appointments were offered to patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Vulnerable patients were informed about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of patients experiencing poor mental health (including patients with dementia) because the concerns that led to the practice requiring improvement for providing safe and well led services applied to this population group.

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- Patients experiencing poor mental health received information on how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

There were 102 patient responses, which is 3% of the practice's patient list, to the National GP Patient Survey. These results were published in July 2015. The results showed the practice could improve in some areas. For example,

- 58% found it easy to get through to this surgery by phone compared to a CCG national average of 73%.
- 86% said the last appointment they got was convenient (CCG average 94%, national average 92%).
- 74% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78%).

However, patients were positive about getting appointments and waiting times. For example,

- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).

- 87% usually wait 15 minutes or less after their appointment to be seen (CCG average 68%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards, all contained positive comments with the exception of one, which contained both negative and positive comments regarding telephone access. The positive themes that ran through the comments were the caring, dignified, respectful and professional manner in which staff treated patients.

We spoke with two patients who were members of the patient participation group (PPG) during the inspection. They were happy with the care they received and thought staff were approachable, committed and caring. For example, patients who were also carers, told us they felt well supported by the practice and had benefitted from the extra appointments provided at the Hub at The Royal Victoria Hospital in Folkestone

Areas for improvement

Action the service **MUST** take to improve

- Ensure the environmental cleaning and decontamination policy specifies how to clean all areas, fixtures and fittings. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
- Ensure there are formal governance arrangements so that policies are reviewed, dated and signed and staff are aware of how these operate.
- Ensure the lock for clinical waste storage is used effectively.

- Ensure oxygen cylinders have an expiry date displayed and retesting to demonstrate they are safe.

Action the service **SHOULD** take to improve

- Revise the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers are offered relevant support if required.
- Regularly review and date risk assessments for responding to a medical emergency in line with national guidance.

Outstanding practice

- The practice provided outstanding care for patients with long term conditions such as The GP was the

chair of the task force for the South Kent Clinical Commissioning Group and was leading in developing care pathways and training for local GP practices in COPD care.

Dr Abhijit Neil Banik

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 adviser, a second CQC inspector and a practice manager specialist adviser.

Background to Dr Abhijit Neil Banik

Dr Abhijit Neil Banik (also known as Park Farm Surgery) provides services from a converted semi-detached residential property located in Folkestone, Kent. There are 3011 patients on the practice list. The practice population is close to national averages, although there are slightly more patients under four years old and slightly less over the age of 65. The figure for patients with a long-standing health condition is 21% higher than the national average and the surrounding area has a deprivation score in the third centile. The practice told us they have a significant number of patients on their list that live in nursing and care homes.

The practice holds a Primary Medical Service contract and consists of two GPs, one male principal GP and one female a long term locum. There is one female nurse practitioner and a female locum practice nurse. The GPs and nurses are supported by a practice manager and a team of administration and reception staff. A wide range of services are offered by the practice including diabetes, asthma and Chronic Obstructive Pulmonary Disease (COPD) clinics. One of the GPs has undergone further training to become a GP with a special interest in respiratory conditions.

The practice is open Monday to Friday from 8am to 1pm and 2pm to 6.30pm. The telephones are transferred to a GP

during 1pm and 2pm when the practice is closed. The GPs provide a telephone clinic every day from 8.30am to 9.30am and appointments start from 10am to 11am and 3pm to 6pm.

The practice collaborates with other GPs in the area to provide urgent home visits with a paramedic practitioner and extended hours for patients from 8am to 8pm at Queen Victoria Hospital hub, Folkestone

Out of hour's services are provided by Integrated Care 24. Details of how to access this service are available at the practice and on their website.

Services are delivered from:

Park Farm Surgery

1 Alder Road,

Folkestone

Kent,

CT19 5BZ

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on the 19 January 2016. During our visit we:

- Spoke with a range of staff including two GPs, the practice manager, the nurse practitioner, receptionists, administration staff and two patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager or senior GP of any incidents.
- The practice carried out an analysis of the significant events.

We reviewed safety records, significant incident reports, national patient safety alerts and minutes of meetings where these were discussed. The practice had recorded six significant events in the last twelve months. Five were for new cancer diagnosis and one was for a medicine error. We saw evidence that these were discussed at practice meetings, so that lessons were shared to make sure action was taken to improve safety in the practice. The practice told us they had a significant event protocol but were unable to produce this at the inspection and some of the staff were not aware of it. Staff told us that they had resolved incidents themselves, but were uncertain whether these should have been reported as significant events. We received a copy of the significant event protocol within the required 48hrs following our visit. However, this was undated, unsigned and did not have a review date.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had systems, processes and practices to keep patients safe and safeguarded from abuse, which included:

- There were arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP was the safeguarding lead and had been trained to child safeguarding level three. The GPs attended safeguarding meetings when possible and provided reports where necessary for other

agencies. Staff had received training relevant to their role and demonstrated they understood their responsibilities by describing how they had raised safeguarding concerns in the past.

- A notice in the waiting room advised patients that chaperones were available if required. This service was provided by the nurses and in their absence, the practice manager. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice is cleaned by an external organisation for one hour on a Tuesday and three hours at the weekend. The practice did not maintain appropriate standards of cleanliness and hygiene. The waiting room was clean and tidy. However, some of the surfaces in treatment rooms were cluttered and areas such as curtain rails were dusty. Cloth curtains were provided in the consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. However, there was no evidence these had been routinely cleaned.
- The practice had carried out infection prevention audits but failed to identify areas that required improvement. For example, patient accessible areas were carpeted.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The nurse practitioner was an independent prescriber and could prescribe medicines for specific clinical conditions. Support for this role was provided by the GP and monthly meetings with other nurse practitioners in the clinical commissioning group. Patient Group Directions had been adopted by the practice to allow the locum practice nurse to administer medicines in line with legislation.

Are services safe?

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice kept clinical waste in a cupboard, located in a patient accessible area. Although the cupboard had a lock, on the day of the inspection we found that it was not locked and therefore put patients at risk.
- There were 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 ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements to respond to all types of emergencies and major incidents.

- The practice did not have a defibrillator available on the premises and there was no supporting risk assessment, detailing why a defibrillator was deemed unnecessary. We raised this with the practice manager, who subsequently sent us a risk assessment within the required 48hrs following our visit. However, this was undated, unsigned and did not have a review date.
- The practice had an oxygen cylinder and we saw evidence that this was checked by the GP on a monthly basis. However, there was no expiry date and labelling on the cylinder indicated it had last been serviced in 2005.
- The risk assessment stated all staff received annual basic life support training and we saw evidence of this in the five staff files we reviewed.

Emergency medicines were easily accessible to staff and the staff we spoke with knew of their location. The medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.5% of the total number of points available, with 10% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

- The 11 performance related indicators for diabetes were 99% which was 9% better than CCG and national averages. For example, since 2012, the practice had been consistently better than CCG and national averages at recording foot examinations for patients on the diabetes register. Results in 2015 showed that 91% of patients had been recorded as having received a foot examination compared to a CCG average of 85% and a national average of 88%.
- The seven performance related indicators for mental health were 96%, better than the CCG average 92% and the national average 93%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, where the improvements made were implemented and monitored. For example, the nurse practitioner and GP had completed an audit examining

19 patients with diabetes and high blood sugar levels. After consultation with the nurse practitioner, including medicine changes, blood sugar levels were reduced in 75% of the 19 patients reviewed.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. The staff files we reviewed demonstrated that those staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

Are services effective?

(for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services. The practice had conducted an audit to assess how long it took for a referral letter to be sent from the practice to another health care provider. The first stage of the audit showed the practice took up to two weeks to dictate and send a referral letter. After implementing changes the second stage of the audit showed this time had been reduced to three or four days.

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 79%, which was similar to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 98% (CCG average 75% to 96%), and five year olds from 67% to 90% (CCG average 80% to 96%).

Flu vaccination rates for the over 65s were 76 %, which was better than the national average of 73%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were efficient, courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients' records were in electronic and paper form. Records that contained confidential information were held in a secure way so that only authorised staff could access them.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards, all contained positive comments with the exception of one, which contained both negative and positive comments regarding telephone access. The positive themes that ran through the comments were the caring, dignified, respectful and professional manner in which staff treated patients. The comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National 2015 GP patient survey from 102 responses indicated that performance in some areas was slightly lower than local and national averages. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 89% and national average of 87%.
- 81% said the GP gave them enough time (CCG average 86%, national average 87%).

- 81% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).

However, performance was the same as local and national averages in other areas of care. For example:

- 95% said they had confidence and trust in the last GP they saw (CCG average and national average 95%).
- 97% said they had confidence and trust in the last nurse they saw (CCG average and national average 97%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Nevertheless, results were slightly below local and national averages. For example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 81%).
- 82% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Some members of staff spoke Bengali as an additional language.

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 20 patients who were also carers, which was 0.7% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the GP had a special interest in respiratory conditions and had developed a Chronic Obstructive Pulmonary Disease (COPD) pathway, which had been shared and adopted by the South Kent Coast Clinical Commissioning group.

- The practice had collaborated with local GPs to provide extended hours for patients who could not attend during normal opening hours. These were from 8am to 8pm seven days a week at Queen Victoria Hospital hub, Folkestone.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities. When patients were not able to access the treatment rooms on the second floor, the GP would provide care in a ground floor treatment room.
- The practice collaborated with other GPs in the area to provide urgent home visits with a paramedic practitioner.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. There were GP telephone appointments every morning from 8.30am to 9.30am and face to face GP appointments every morning from 10am to 11am and every afternoon from 2pm to 6pm. Extended surgery hours were offered at the Queen Victoria Hospital hub, Folkestone from 8am to 8pm seven days a week. Urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were slightly below national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 58% patients said they could get through easily to the surgery by phone national average 74%.

The practice was aware of patient feedback regarding telephone access and had responded by introducing a GP led telephone triaging system every morning to alleviate this. People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance for GPs in England.
- The practice manager was the designated person responsible for handling all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, posters displayed in the waiting area and information on the practice website.

We looked at four complaints received in the last 12 months and found they had been satisfactorily handled with openness and transparency and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, after reviewing a complaint regarding a delay in referral to secondary care, the practice completed an audit and implemented an action plan to reduce time delays in the referral process. Continuing audit showed the practice was meeting these targets.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. For example, the Lead GP and the nursing team recognised that there was a high prevalence of patients with long standing health conditions such as diabetes and worked together on audits and care pathways to promote better outcomes for these patients.

Governance arrangements

There were a range of mechanisms to manage the governance of the practice; however, there was not an overarching scheme of governance.

- The practice had a number of policies and procedures to govern activity, but not all of the policies or risk assessments we reviewed contained a date, signature or review date. This meant that staff could not be sure that they were working in line with a policy that was current or up to date.
- Staff we spoke with were not aware of the policies available, for example, the significant event policy.
- There was a structure of leadership, but not all roles and responsibilities were clear. For example, there was not a named lead for infection prevention control, some areas of this role were covered by the nursing team and some by the practice manager and we observed that some areas of the practice were cluttered and untidy with clinical waste waiting to be disposed of accessible to patients.
- The practice had a risk assessment for medical emergencies, but as this was not dated staff could not be sure they were responding appropriately.

Leadership and culture

The GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The practice prioritised safe, high quality and compassionate care. The GP and practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The GP and practice manager encouraged a culture of openness and honesty. The practice had systems for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management; however, some of the lead roles were not clearly defined.

- There was not a named lead for infection prevention control, some areas of this role were covered by the nursing team and some by the practice manager.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, staff told us they suggested a handrail was needed at the front of the building and this was being reviewed by the practice manager.

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice responded by adopting the PPG suggestion that the telephone appointments in the morning should be undertaken by a GP rather than a nurse.

Are services well-led?

Requires improvement



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

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues, the practice manager and the GP.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, especially. For example the practice had collaborated with the local clinical commissioning group and utilised the paramedic practitioner to reduce unexpected admissions into secondary care.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met: The provider failed to establish and operate effectively systems to:</p> <p>Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the service users in receiving those services)</p> <p>In that:</p> <ol style="list-style-type: none">1. There was no systematic approach to clinical governance.1. Current policy failed to ensure the cleaning of all areas such, fixtures and fittings. <p>Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and other who may be at risk which arise from the carrying on of regulated activity</p> <p>In that:</p> <ol style="list-style-type: none">1. There was a failure to demonstrate that the oxygen cylinder was safe to use as it had not been regularly serviced. <p>This was in breach of Regulation 17 (1) & (2) (b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>