

Wayfield Surgery

Quality Report

183B Wayfield Road
Chatham
Kent
ME5 8D
Tel:
Website: 01634 845613

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wayfield Surgery on 15 December 2015. Overall the practice is rated as good. Specifically, we found the practice to require improvement for providing safe services. It was good for providing effective, caring, responsive and well-led services.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Most risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance and had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available at the practice premises but not online. However, the practice were planning to develop online services.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and most staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

However there were areas where the provider should make improvements.

Importantly the provider must:

- Ensure the practice is able to respond to a medical emergency in line with national guidance.

Additionally, the provider should:

Summary of findings

- Revise the safeguarding policy to include more information about safeguarding children.
- Review how patients are informed about how to access support groups and organisations, as well as health promotion leaflets.
- Review timescales for implementing a clinical audit program.
- Review timescales for introducing online services.

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. For example, the practice did not have a defibrillator to use in the event of a medical emergency, nor was there a risk assessment to show how the practice had determined that a defibrillator was not necessary.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Lessons were learnt and communicated widely to support improvement.
- Although most risks to patients who used services were assessed and well managed, the practice did not have a defibrillator or a risk assessment to respond to a cardiac medical emergency.
- The practice did have policies to safeguard patients but these were adult focussed.

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 the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. The practice had adopted a training schedule for all staff and supported staff to attend external training courses.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- The practice had not yet begun a clinical audit program, although it did have plans to do so.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services was available. However, there were no online services, although the practice had plans to implement a website advertising the services available.
- 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.

Good



- It 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.
- Most patients said they found it easy to make an appointment with the GP and that there with urgent appointments available the same day. However, some patients reported they did not always see the same GP.
- 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.
- The practice did not have a patient participation group but had plans to develop one.

Are services well-led?

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

Good



- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure, but staff gave mixed responses on how well they were supported by management after the service provider changed. However, practice meeting minutes showed that all staff were involved in discussions about changes being made to the services provided. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- There was a strong focus on continuous learning and improvement at all levels.
- The practice was aware of the challenges that arise when service providers change both for patients and existing staff.

Summary of findings

The six population groups and what we found

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

Older people

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

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

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the GP worked with relevant healthcare professionals to deliver a multidisciplinary package of care.
- The practice was reviewing previous coding of long term conditions and recalling patients for a review where necessary.

The practice had identified that some patients in this population group had not received adequate care for example patients with Chronic Obstructive Pulmonary Disease (COPD) and had responded by creating specialist clinics for these patients.

Good



Families, children and young people

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

Good



Summary of findings

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

- 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.
- The practice held a safeguarding risk register for children.
- Staff were able to recognise safeguarding concerns in this population group. However, some members of administrative staff were out of date on their children safeguarding training.
- The practice management team told us they were situated in an area with high percentages of teenage pregnancies and elderly patients from ethnic minorities.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- There were no online services for this group, but the practice had plans to introduce online services.

The practice offered a full range of health promotion and screening that reflected the needs of this group. The practice nurse liaised with the local family planning clinic to facilitate continuity of care in this population group.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients with a learning disability. These patients were given longer appointments where appropriate and annual reviews were offered.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients 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.

People experiencing poor mental health (including people with dementia)

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

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

Good



Summary of findings

What people who use the service say

As the practice has only been registered since June 2015 there is no data available from the National Patient Survey. However, as part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards, 17 were positive and four contained mixed comments. For example, patients told us they were not always able to see the same GP but that staff were caring and helpful. Patients also told us the premises were clean and staff respected their privacy and dignity.

There were two negative comments on the NHS choices website about Wayfield Surgery since Sydenham House Medical Group started providing services which discussed the practice being closed in the afternoon and not being able to see the same doctor. These comments were recorded on the previous providers NHS choices webpage but the Sydenham House Medical Group were aware of the comments and were taking actions to address these concerns.

Areas for improvement

Action the service **MUST** take to improve

- Ensure the practice is able to respond to a medical emergency in line with national guidance.

Action the service **SHOULD** take to improve

- Revise the safeguarding policy to include more information about safeguarding children.

- Review how patients are informed about how to access support groups and organisations, as well as health promotion leaflets.
- Review timescales for implementing a clinical audit program.
- Review timescales for introducing online services.

Wayfield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a second CQC inspector.

Background to Wayfield Surgery

Wayfield Surgery is a GP based practice in Walderslade, Chatham. There are approximately 1,650 patients registered on the practice list.

Services are provided at Wayfield Surgery by Sydenham House Medical Group who also provide general medical services from other locations in the South East of England. The group took over the practice from the previous registered provider in June 2015. The previous provider had not been inspected by the CQC.

The practice staff consists of one GP (male), two practice nurses (female) and a health care assistant (female). The GP and nurses are supported by a practice supervisor, a team of reception and administration staff and staff from Sydenham House Medical Group's central operations team.

The practice is all sited on one level. There is a reception and a waiting area and all patient areas are accessible to patients with mobility issues, as well as parents with children and babies.

The practice is open 8am to 1.30pm Monday to Friday. Sydenham House Medical Group does not offer afternoon appointments at this site, but redirects patients to one of its other nearby practices: Tunbury Avenue Surgery, Chatham and Luton Medical Centre, Chatham.

Patients requiring a GP outside of normal working hours are advised to contact the GP Out of Hours service provided by Medway On Call Care (referred to as MedOCC).

The practice has a General Medical Service Contract (a contract between NHS England and general practices for delivering general medical services).

Services are delivered from Wayfield Surgery, 183B Wayfield Road, Chatham, Kent, ME5 0HD.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 December 2015.

During our visit we

Detailed findings

- Spoke with a range of staff including one GP, the practice supervisor, one practice nurse, two administrative/receptionist staff and several management staff from Sydenham House Medical Groups central operations team.
- Observed how people were being cared for.
- Reviewed the personal care or treatment records of patients.
- Reviewed 21 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 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)

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Minutes of the meetings were emailed to all staff. Lessons were shared to make sure action was taken to improve safety in the practice. There have been four significant events since Sydenham House Medical Group started providing services at Wayfield Practice. Two significant events remained under investigation and two had been investigated and actioned, resulting in changes to services. Patients and staff were informed about the findings and subsequent action. For example, one significant event investigated resulted in the practice reviewing its policy for abusive behaviour towards staff from patients. As a result, the practice wrote to patients and put posters in the waiting room explaining the practice operated zero tolerance towards this behaviour.

Alerts and recalls for medicines and medical devices went to the clinical governance manager who distributed them to the staff team. Staff we spoke with confirmed this.

Overview of safety systems and processes

Since registering with the CQC in June 2015 Sydenham House Medical Group had introduced systems, processes, practices and policies to keep people safe and safeguarded from abuse.

- There was a policy for adults and children that reflected relevant legislation and local guidelines and was comprehensive for adults, but it did not fully reflect matters relating to safeguarding children. The GP was named as the safeguarding lead. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to

their role. However, we found that some members of the administration team were out of date for safeguarding children training. Sydenham House Medical Group was aware of this and had developed a training schedule with targets for all mandatory training to be completed by 31 March 2016. The GP and one practice nurse were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that female members of staff would act as chaperones, if required. Staff told us that patients could pre book this service alongside their appointment. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We saw evidence that chaperone attendance was recorded in patients' notes.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead and she liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Six monthly infection control audits were undertaken; the last one was completed in July 2015. The audit showed 100% compliance.
- The arrangements for managing medicines, including emergency drugs and vaccinations, 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed six personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring

Are services safe?

Service. However, we found that staff recruited by the previous employer did not have references in their employment files and the current provider was unable to collect this retrospectively as these members of staff had been in position for some time. These staff files did contain proof of identification.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy and poster available. The practice had up to date fire risk assessments and a named fire officer. We saw evidence of regular fire drills and weekly alarm testing. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. For unplanned staff absence, such as sickness cover, staff were obtained from other practices within the Sydenham House Medical Group.

Arrangements to deal with emergencies and major incidents

The practice mostly had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had oxygen with adult and children's masks, but did not have a defibrillator or to respond to cardiac emergencies. The practice also did not have a risk assessment to show why a defibrillator was deemed not necessary.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. These were monitored and recorded a weekly log.

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 relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- There were 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; the practice was auditing patients' coding to ensure their needs were being appropriately met.
- Practice nurses had undertaken diplomas in diabetes and asthma.

Management, monitoring and improving outcomes for people

The practice were participating in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. Comparison of QOF data to national standards was not possible as the current provider had been operating for less than 12 months

As a recently registered provider, the practice had not conducted clinical audits. However, audit cycles were planned to commence in the future, once the provider's new systems, procedures and processes had been implemented fully and all patients requiring a review had been seen. Despite the lack of clinical audit, we saw evidence that patient outcomes and needs were being considered. For example, the practice recognised that patients with Chronic Obstructive Pulmonary Disease (COPD- the name for a collection of lung diseases, including chronic bronchitis and emphysema), had not been adequately reviewed. As a result of this, the practice has installed a spirometer and had booked 40 patients into a COPD clinic in January.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors.
- Sydenham House Medical Group had implemented a training schedule that included: safeguarding, fire procedures, and 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 was also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, when they were referred, or after they are

Are services effective?

(for example, treatment is effective)

discharged from hospital. We saw evidence that multi-disciplinary team meetings took place and other health care professionals such as health visitors and social workers were invited to these.

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 knew how to carry out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Both practice nurses had undergone extra training in diabetes care.

Cervical screening was offered by the practice, but comparison of rates for this practice with local and national averages was not possible as the current provider had been operating for less than 12 months. The practice had identified 675 eligible patients and had a policy to recall to patients who did not attend for their cervical screening test either in writing or by telephone. The practice nurse reported this policy had been successful in encouraging patients who had previously declined a smear test. Additionally, the practice liaised closely with the local family planning clinic, to ensure they received reports when patients had chosen to have their cervical screening conducted there.

The practice offered a full range of immunisations for children, travel vaccines and influenza vaccinations in line with current national guidance. Comparison of immunisation and vaccination rates for this practice with local and national averages was not possible as the current provider had been operating for less than 12 months.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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. Staff were careful to maintain patient confidentiality during telephone conversations.

All of the 21 patient CQC comment cards we received contained positive comments about the service experienced. Although four contained negative comments in relation to not seeing the same doctor. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Comparison of National Patient Survey data to national standards was not possible as the current provider had been operating for less than 12 months.

Staff told us that translation services were available for patients who did not have English as a first language. Members of staff were able to speak several languages, which we were told aided in supporting patients with conveying their health and care needs. For example, Urdu and Hindi.

Care planning and involvement in decisions about care and treatment

The comment cards we received indicated that patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. However, two comments on the NHS Choices website did not align with this view, which stated appointments were difficult to obtain.

Comparison of National Patient Survey data to national standards was not possible as the current provider had been operating for less than 12 months.

Patient and carer support to cope emotionally with care and treatment

There were no notices in the patient waiting room to tell patients how to access the number for support groups and organisations. The notices available gave patients advice about practice policies and procedures such as requesting a chaperone and how to make a complaint to the practice.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 19 of the practice list as carers and appropriate support, such as flu vaccines had been offered to them.

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

There was information on the system about patients who were challenging and those who were sensitive to certain issues. This enabled reception staff to tailor their responses to meet the needs of individual patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Sydenham House Medical Group were engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- The practice worked closely with two nursing homes and provided structured weekly visits.
- Same day appointments were available for children and those with serious medical conditions.
- Translation services were available and some of the clinical and administration staff were bilingual.

Access to the service

The practice was open between 8am to 1pm Monday to Friday. Appointments were available with the practice nurses on Monday and Thursday mornings. Patients could access afternoon appointments at Tunbury Avenue Surgery, Chatham and Luton Medical Centre, Chatham.

Pre-bookable appointments could be booked up to two weeks in advance; urgent appointments were also available for people that needed them.

Comparison of the National Patient Survey data to national standards was not possible as the current had been operating for less than twelve months.

Online services were not available. However the practice was in the process of installing a new IT system. A practice website, with online services, would be available after this had taken place. The practice management team told us this would be happening in the near future, however no fixed timescale was given.

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 and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- There was a poster in the waiting room informing patients on how to make a complaint.

We looked at a log of all the complaints received since Sydenham House Medical Group took over service provision at Wayfield Surgery. There was one complaint and we saw evidence this had been dealt with in a timely way and the complainant had been appropriately responded to. Findings and learning was shared with staff at team meetings. Minutes of meetings confirmed this.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement. The management team from Sydenham House Medical Group told us they were consulting existing staff to ensure they felt included in the wider organisation's values. However, some staff we spoke with did not reflect this view and told us they did not feel consulted about some of the changes being implemented at the practice.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- Due to a change of provider the practice continuous audit cycles had not been achieved but Sydenham House Medical Group had plans to implement these.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in Sydenham House Medical Group and the GP in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The management team from Sydenham House Medical Group were visible in the practice, but staff gave us mixed

views on how supported they felt. The management team told us they were aware of this and planned to ensure all appraisals and training needs were dealt with by 31 March 2016.

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

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 although we received mixed responses from staff for example;

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. However, some staff felt they had not been consulted in how to run and develop the practice since the service provider had changed. We saw evidence that the practice held regular team meetings and minutes of these showed that staff were informed of changes being made to the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. As a new provider the practice had not been able to complete a patient survey, but we were told they have plans to start a patient participation group and work with them towards undertaking patient surveys. There were Friends and Family comment cards in the waiting room.

- The practice was in the process of developing the patient participation group (PPG) and was gathering the names of patients who had indicated an interest in joining.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion

Continuous improvement

Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had developed a training schedule to identify learning needs.

This section is primarily information for the provider

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The providers were doing all that is reasonably practicable to mitigate risks.</p> <p>The practice did not have a defibrillator in order to respond to cardiac emergencies. The practice also did not have a risk assessment to show why a defibrillator was deemed not necessary.</p> <p>Regulation 12 (1) (2) (b)</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	