

Summerhill Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Summerhill Surgery on 1 November 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach for reporting and recording significant events. However, not all significant events contained sufficient detail and the practice was unable to demonstrate that outcomes and learning were consistently shared throughout the practice.
- Not all risks to patients were assessed and well managed. For example infection prevention and control, legionella risk assessments and medicines management.
- Blank prescription pads and forms were stored securely. However, the practice was unable to demonstrate that they had a system to track and monitor their use.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Information needed to plan and deliver care and treatment was not always available to relevant staff in a timely manner and accessible way through the practice's patient record system and their intranet system.
- The practice was unable to demonstrate they had a consistently systematic approach to care planning.
- 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 and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Urgent appointments were available on the same day. However, patients said they sometimes found it difficult to book appointments with a GP when they needed them.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- There were a range of mechanisms to manage the governance of the practice; however, governance arrangements were not always effectively implemented.
- 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 for notifiable safety incidents. However, the practice was unable to demonstrate a systematic approach for sharing this information with staff to help ensure appropriate action was taken

The areas where the provider must make improvement are:

- Develop an effective system for sharing significant events and incidents to ensure lessons are learned.
- Ensure the practice has regard for national guidance on the prevention and control of infection.

- Ensure the practice has regard for national guidance on the management of medicines and develop systems to monitor blank prescription forms and pads, vaccine storage and ensure that there is a process for managing and acting on medicine alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Ensure risk assessment and management activities include all potential and actual risks to patients, staff and visitors.
- Review the process for care planning for frail and elderly patients and medicine management reviews for patients on multiple medicines to help ensure the safety and individual needs of these patients are being met.
- Review and improve patients' experience of the service, including areas such as telephone access to services and access to GP appointments.

The areas where the provider should make improvement are:

- Review clinical staffing levels to help ensure patients have access to routine GP appointments.
- Review staff training to help ensure that all staff receive appropriate training such as Mental Capacity Act training.

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 inadequate for providing safe services.

- There was an open and transparent approach for reporting and recording significant events. However, not all significant events records contained sufficient detail and learning from these events was not consistently shared throughout the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Not all risks to patients were assessed and well managed. For example infection prevention and control, legionella risk assessments and medicines management.
- The practice was unable to demonstrate that there was an effective system to manage Medicines and Healthcare products Regulatory Agency (MHRA) alerts.
- The arrangements for managing medicines in the practice did not always keep patients safe. For example, we found two out of date vaccines stored in a medicine refrigerator.
- Blank prescription pads and forms were stored securely. However, the practice was unable to demonstrate that they had a system to track and monitor their use.
- The practice was unable to demonstrate they had a system for the routine management, testing and investigation of legionella.
- The practice had arrangements to respond to medical emergencies and major incidents. However, the business continuity plans did not make provision to cover the remaining partner or practice manager in the event of their unplanned absence.

Inadequate



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with local and national averages (QOF data used in this report was obtained from <http://qof.digital.nhs.uk>)
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Requires improvement



Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- There was evidence that care and risk assessments, care plans, medical records and investigations and test results were undertaken. However, the practice was unable to demonstrate they had a consistent approach to care planning, especially for frail and elderly patients aged over 75 years or annual medicine reviews for patients on multiple medicines.
- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, records showed that not all staff had received Mental Capacity Act training.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. However, we saw evidence that many patients had sent positive comments about the practice through the 'Friends and Family Test' via iPLATO (iPLATO is a system that allows healthcare providers to communicate with patients via mobile phone texts).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Practice staff reviewed the needs of its local patient population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.

Requires improvement



Summary of findings

- Urgent appointments were available on the same day. There were daily 'sit and wait' clinics from 12noon to 12.20pm. However, patients said they sometimes found it difficult to book appointments with a GP when they needed them.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages.
- 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.
- Patients had access to physiotherapy and ultrasound services.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice's vision and values were about delivering high quality care and promoting good outcomes for patients. Staff were clear about the values and their responsibilities in relation to it. The practice had identified that there were areas that required improvement in order to achieve their aims. For example, reducing waiting times for routine GP appointments. The management had discussed some potential solutions to help resolve some of these issues, including employing a pharmacist to support GPs. However, with the continued and unresolved absence of one of the senior partners, the practice told us they were not in a position to implement any proposed actions or improvements, including employing more clinical staff.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, governance arrangements were not always effectively implemented.
- The practice had failed to identify or consider some potential risks. For example: risks associated with the storage of out of dates medicines; the lack of a system to monitor blank prescription forms and pads through the practice; risks from the potential presence of legionella in the buildings' water systems; risks associated with the lack of a systematic approach to care planning for all patients.
- The practice was unable to demonstrate they were managing infection prevention and control in line with national guidance.

Requires improvement



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 for notifiable safety incidents. However, the practice was unable to demonstrate a systematic approach for sharing learning from significant events with staff to help ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active and the practice had recently implemented a text messaging service in order to obtain on going feedback from patients.
- There was a focus on staff development and progression through the practice. For example, staff had been supported through apprenticeships and other members of staff had progressed from administration to clinical roles.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice was unable to demonstrate they had a consistent approach to care planning, especially for frail and elderly patients aged over 75 years.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had access to two beds in a nursing home for patients requiring extra support or respite care.

Requires improvement



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with local and national averages (QOF data used in this report was obtained from <http://qof.digital.nhs.uk>).
- Longer appointments and home visits were available when needed.
- These patients had a named GP and 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. However, the practice was unable to demonstrate they had a consistent approach to annual medicine reviews for patients on multiple medicines.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as inadequate for providing safe services, requires improvement for providing effective, responsive and well-led services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group. There were, however, examples of good practice:

- There were systems 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 accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was comparable with local and national averages.
- 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.

Requires improvement



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to help ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening 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 people whose circumstances may make them vulnerable. The provider was rated as inadequate for providing safe services, requires

Requires improvement



Summary of findings

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed 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 requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for providing safe services, requires improvement for providing effective, responsive and well-led services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- 82% of patients diagnosed with dementia had received a face to face care review meeting in the last 12 months, which was comparable to the local average of 81% and the national average of 84%. (This data was obtained from <http://qof.digital.nhs.uk>)
- Performance for mental health related indicators were comparable with local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice 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.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Requires improvement



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages in most areas of care. Two hundred and forty one survey forms were distributed and 104 were returned. This represented 2% of the practice's patient list.

- 16% of respondents found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 56 % and the national average of 73%.
- 40% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 73% and the national average of 76%.
- 57% of respondents described the overall experience of this GP practice as good compared to the to the CCG average of 82% and the national average of 85%.
- 37% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the to the CCG average of 74% and the national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards, all contained positive comments about the service provided at the practice. Patients commented positively about the supportive, efficient and caring service provided by all members of staff and especially the senior GP. 'Friendly, caring and professional' were common themes. However, five of the comment cards also contained some negative comments about difficulty in booking an appointment with a GP.

We spoke with eight patients, including five members of the patient participation group (PPG). Their views aligned with the comment cards and they talked positively about the personalised care provided by the practice, but also commented on a shortage of GP appointments. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected.

The practice had recently implemented a text messaging service in order to obtain patients' views about their care. We reviewed 70 recent comments and all of them were positive about the service. Common themes were about the 'efficient, professional, excellent and friendly' staff.

Areas for improvement

Action the service **MUST** take to improve

- Develop an effective system for sharing significant events and incidents to ensure lessons are learned.
- Ensure the practice has regard for national guidance on the prevention and control of infection.
- Ensure the practice has regard for national guidance on the management of medicines and develop systems to monitor blank prescription forms and pads, vaccine storage and ensure that there is a process for managing and acting on medicine alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Ensure risk assessment and management activities include all potential and actual risks to patients, staff and visitors.

- Review the process for care planning for frail and elderly patients and medicine management reviews for patients on multiple medicines to help ensure the safety and individual needs of these patients are being met.

Review and improve patients' experience of the service, including

Action the service **SHOULD** take to improve

- Review clinical staffing levels to help ensure patients have access to routine GP appointments.
- Review staff training to help ensure that all staff receive appropriate training such as Mental Capacity Act training.

Summerhill 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 adviser, a registration CQC inspector and a practice manager specialist adviser.

Background to Summerhill Surgery

Summerhill Surgery delivers services from purpose built premises in Ramsgate, Kent. The practice has a car park and patient areas are accessible to patients with mobility issues, as well as parents with children and babies. There are approximately 6,000 patients on the practice list. The surrounding area has a high prevalence of people living in deprived circumstances. For example, there are more children affected by income deprivation in the practice patient population than local and national averages (practice average 30%, local average 27% and national average 20%). The practice also has more patients registered with a long-standing health condition than local and national averages (practice average 68%, local average 60% and national average 54%).

The practice holds a General Medical Service contract and consists of two GP partners (one male and one female). One of the GP partners has been absent from the practice since November 2015; the practice employs two regular locum GPs (male) to help cover GP appointments. There are three practice nurses (female) and one healthcare assistant (female). The GPs, nurses and healthcare

assistant are supported by a practice manager and a team of administration and reception staff. A wide range of services and clinics are offered by the practice including: asthma, diabetes, minor surgery and antenatal clinics.

The practice is open from 8am to 6.30pm Monday to Friday. There are extended hours 7am to 8am on Thursdays. Morning appointments are from 8am to 11.40am and afternoon appointments are from 2pm to 3.50pm. There are daily 'sit and wait clinics' from 12noon to 12.20pm.

An out of hour's service is provided by Primecare, outside of the practices opening hours. There is information available to patients on how to access this at the practice, in the practice information leaflet and on the website.

Services are delivered from:

243 Margate Road, Ramsgate, Kent, CT12 6SU.

Why we carried out this inspection

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 1 November 2016. During our visit we:

- Spoke with a range of clinical staff including two GPs, two practice nurses and one member of staff who was in the process of transferring from an administration role to become a health care assistant. We also talked with the practice management team, receptionists, prescription clerks, administrators and patients who used the service.
- Observed how reception staff talked with patients, carers and 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. However, learning from these events was not consistently shared throughout the practice.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). However, the practice was unable to demonstrate that learning from significant events was consistently shared throughout the practice.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to help prevent the same thing happening again. However, not all significant events contained sufficient detail. For example, one significant event we reviewed from 27 November 2015 did not outline what action was taken, who was informed and what learning had been achieved and subsequently shared.

We saw evidence that significant events were discussed at governance meetings which included the practice manager, the senior partner and when possible a member of the nursing team. However, not all staff members attended these meetings. We reviewed minutes of meetings where significant events should also have been discussed, for example the nurses meetings. Records showed that significant events were not on the agenda of these meetings nor had discussions about them been recorded. Staff we spoke with told us that significant events were often discussed informally with the relevant staff members. For example, after an incident involving two patients with the same name an alert was added to the computer system and staff were told informally of this change. However, we did not see any recorded evidence to support this.

Overview of safety systems and processes

The practice's systems, processes and practices did not always keep patients safe:

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 lead member of staff for safeguarding. The GPs 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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).
- There was a lead member of staff for infection control. Records showed that all relevant members of staff including the infection control lead were up to date with basic infection prevention and control training. However, the lead member of staff for infection prevention and control had not received additional training to support this role, although the practice had contacted the local infection prevention control lead requesting support and advice. Annual infection control audits were undertaken alongside daily and weekly checks. However, the practice was unable to demonstrate they had an action plan to address issues identified by the audit. For example, the lack of signage informing parents that they were responsible for disposing of baby changing waste. Clinical rooms contained soft furnishings such as chairs, this was noted in the infection prevention and control audit and staff told us there were plans to change these. However, there was no action plan to outline how and when improvements would be made. Clinical wash-hand basins in clinical areas of the practice did not comply with Department of Health guidance. For example, clinical wash-hand basins contained overflows and plugs. There was, therefore, a risk of cross contamination when staff used them.

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Medicines which required refrigeration were kept between 2oC and 8oC and clear, consistent records were available to demonstrate this. Staff told us that medicines such as vaccines were ordered weekly so minimal stock was kept and that stocks were checked on a weekly basis. However, the practice did not maintain an inventory for vaccines and was unable to demonstrate that there was an effective process for checking, rotating and auditing stock. We found two vaccines with an expiry date of 6 August 2016 stored in the refrigerator. There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. However, the practice was unable to demonstrate that there were systems to track and monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer medicines against a patient specific prescription or direction from a prescriber.
- Staff told us that they received emails about medicine alerts. However, the practice could not demonstrate that they had a process for managing medicine alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- We reviewed three 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. However, when we checked the practice's indemnity insurance not all relevant members of the nursing team had been individually named on the certificate as required by the insurance company. We received documentary evidence within 48 hours of the inspection which demonstrated this had been resolved.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- The procedures for monitoring and managing risks to patient and staff safety were not always effective. 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 help ensure the equipment was safe to use and clinical equipment was checked to help ensure it was working properly. The practice was unable to demonstrate they had a system for the routine management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings).
- One of the GP partners had been absent from the practice since November 2015 and the practice had been managing services with the support from regular locum GPs. The lack of GP appointments was placing a strain on service delivery. However, there were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. For example, a member of staff from the administration team was about to begin training as a health care assistant to help support the nursing team.

Arrangements to deal with emergencies and major incidents

The practice had arrangements to respond to medical emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date and stored securely.
- The practice had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The

Are services safe?

practice was in the process of reviewing emergency planning with local practices with the intention of

providing 'buddy' support for each other in the event of an emergency. However, there were no specific plans to cover the remaining partner or practice manager in the event of their unplanned absences.

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 patients' needs.

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 97% of the total number of points available, with 8% 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). QOF data used in this report was obtained from <http://qof.digital.nhs.uk>. Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable with national and local averages. For example, 88% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months, which was the same as the clinical commissioning group (CCG) and national average.
- Performance for mental health related indicators was comparable with to local and national averages. For example, 81% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared with a CCG average of 86% and a national average of 89%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits and national benchmarking.
- Findings were used by the practice to improve services. For example, recent action taken to review a medicine used to treat heart conditions resulted in changes to prescribed medicines. There were plans to undertake this audit annually.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions had received training in areas such as diabetes, wound care and respiratory 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, one-to-one meetings and support for revalidating GPs. Staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was not always available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals 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. Meetings took place with other health care professionals on a regular basis. There was evidence that care and risk assessments, care plans, medical records and investigations and test results were undertaken for patients at risk of being admitted to hospital. However, the practice was unable to demonstrate they had a systematic approach to care planning, especially for frail and elderly patients aged over 75 years or annual medicine reviews for patients on multiple medicines.

Consent to care and treatment

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

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, records in the three personnel files we checked showed only one member of staff had received Mental Capacity Act training.
- 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. For example:

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

The practice's uptake for the cervical screening programme was 82%, which was the same as the CCG and national average (This data was obtained from <http://qof.digital.nhs.uk>). There was a policy to contact patients who failed to attend their cervical screening test to remind them of the test. A female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems to help 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.

Childhood immunisation rates were similar to local averages. For example, vaccines given to infants aged 12 months and under, ranged from 96% to 97% (CCG average 89% to 94%, national average 73% to 93%), five year olds ranged from 89% to 92% (CCG average 81% to 95%, national average 83% to 95%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients 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 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.
- Conversations between receptionists and patients could be overheard in the patient waiting areas and background music was played to buffer sound. The receptionists were aware of patient confidentiality and we saw that they took account of this in their dealings with patients. There was a private area if patients wished to discuss sensitive issues or appeared distressed.

All of the 11 patient Care Quality Commission comment cards we received contained positive comments about the service experienced. Patients commented positively about the supportive, efficient and caring attitude provided by all members of staff and especially the senior GP. 'Friendly, caring and professional' were common themes.

We spoke with eight patients, including five members of the patient participation group (PPG). Their views aligned with the comment cards and they talked positively about the personalised care provided by the practice. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was similar to national and local averages for its satisfaction scores on consultations with GPs and nurses, but below for how helpful receptionists were. For example:

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

- 90% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 81% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national average of 85%.
- 88% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 74% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

The practice was in the process of implementing a text messaging service to gain patient feedback. Although this had not yet been analysed all the comments we reviewed were positive about the service. Common themes were 'friendly, efficient, informative and professional'.

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 from 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. Results were in line with local and national averages. For example:

- 85% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 83% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.

Are services caring?

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website. Healthcare information was also provided via a television in the patient waiting area.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 68 patients as carers (1% 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, the senior GP contacted them or sent them a sympathy card. This call was either followed by a consultation with the family at a flexible time and location to meet the family's needs 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 patient population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice was implementing a text messaging service in order to get patients' views about their experience of services delivered at the practice.

- The practice offered extended hours on Thursday mornings for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. There were daily 'sit and wait clinics' from 12noon to 12.20pm.
- Patients were able to receive travel vaccinations available and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had access to two beds in a nursing home for patients requiring extra support or respite care.
- Patients had access to physiotherapy and ultrasound services.
- There were notices offering a room to mothers who wished to breast feed their babies in private.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. There were extended hours from 7am to 8am on Thursdays. Morning appointments were from 8am to 11.40am and afternoon appointments were from 2pm to 3.50pm. There were daily 'sit and wait clinics' from 12noon to 12.20pm. In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them.

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

- 68% of respondents were satisfied with the practice's opening hours compared to the CCG and national average of 78%.
- 16% of respondents said they could get through easily to the practice by telephone compared to the CCG average of 56% and the national average of 73%.

Patients told us on the day of the inspection that they were able to get urgent appointments, but also commented that it was difficult to book routine appointments with a GP when they needed them.

The practice was aware of these challenges and had undertaken a review of the clinical staff mix in order to assess what staff could be recruited to support providing GP appointments. However, until the absence of the GP partner was resolved the practice was unable to recruit permanent GPs or develop roles to support this such as a pharmacist.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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 responsible for handling all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the form of material in the practice's leaflet and on their website.

The practice had recorded 24 complaints in 2015/16. We reviewed these and found that seven of these were about the appointment system. Complaints were handled with openness and transparency and records demonstrated that the practice accessed support from other sources including the Kent Local Medical Committee (The LMC is a local committee that provides support to GPs) to help resolve and learn from complaints.

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. However, staff told us the practice had faced significant challenges during the ongoing absence of one of the GP partners. At the time of the inspection the practice was in the process of seeking a resolution for this situation. However, this meant that services were being maintained with the support of regular GP locums and the practice was unable to move forward with their plan of improvements.

- The practice objectives were about providing good quality health and social care to all patients registered at the surgery. Staff we spoke with talked positively about how they were able to use the practice objectives to improve quality and outcomes for patients.
- The practice had identified that there were areas requiring improvement, for example, reducing waiting times for routine GP appointments. The management had discussed some potential solutions to help resolve some of these issues, including employing a pharmacist to support GPs. However, with the continued and unresolved absence of one of the senior partners, the practice told us they were not in a position to implement any proposed actions or improvements, including employing more clinical staff.

Governance arrangements

There was a range of governance arrangements to support the delivery of services. However, these were not always effectively implemented.

- 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 programme of clinical audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, some practice audits and processes required a more systematic approach to help ensure effectiveness. For example, the practice was unable to demonstrate they had an action plan to address issues identified by the infection control audit or the presence of clinical wash-hand basins that were not compliant with Department of Health guidance. Risks associated

with out of date medicines stored in the practice and the lack of a system to monitor blank prescription forms and pads through the practice had not been considered. The practice was unable to demonstrate a legionella risk assessment had been carried out and the business continuity plans failed to make provision in the event of the unplanned absence of the remaining partner or practice manager. The practice had also failed to consider the risks associated with the lack of a systematic approach to care planning for all patients.

Leadership and culture

The senior GP partner was visible in the practice and staff we spoke with told us that the practice manager and the senior GP partner were approachable and always took the time to listen to them.

The provider was aware of and had systems to help ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support for all staff on communicating with patients about notifiable safety incidents. The senior GP partner and practice manager encouraged a culture of openness and honesty. The practice had systems to help ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence. However, the practice was unable to demonstrate that there was a systematic approach to sharing learning from significant events.

There was a clear leadership structure and staff felt supported by management.

- 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the senior GP partner and the practice manager. Staff we spoke with said they were involved in

Are services well-led?

Requires improvement 

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

discussions about how to run and develop the practice, and the senior GP and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service. However, the practice was unable to demonstrate that there was an effective action plan to address the low results in some areas of the national GP patient survey.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and told us that the practice discussed complaints and concerns with them. The PPG had submitted several proposals for improvements, which the practice had acted on. For example, new seating had been installed after patient and PPG comments. The

practice had recently implemented a text messaging service in order to obtain patients' views about their care. We reviewed 70 recent comments and all of them were positive about the service

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on staff development and progression through the practice. For example, one of the practice nurses had trained to become a nurse mentor and there were plans to introduce training placements for student nurses. Members of staff were encouraged to develop their skills and progress through the practice. For example, one member of staff was undertaking an apprenticeship with the administration team and another member of staff had progressed from an administration role to begin training as a health care assistant.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">The provider failed to carry out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user; designing care or treatment with a view to achieving service users' preferences and ensuring their needs were met. There was not a consistent approach to care planning especially for frail and elderly patients. <p>This was in breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Care and treatment was not always provided in a safe way for service users.</p> <ul style="list-style-type: none">The practice failed to always assess risks to the health and safety of service users receiving the care or treatment and do all that is reasonably practicable to mitigate any such risks. The practice had failed to undertake a legionella risk assessment.The practice failed to ensure proper and safe management of medicines including out of date vaccines.The practice was unable to demonstrate they had a system to track and monitor the use of blank prescription pads and forms.

Requirement notices

- The practice was unable to demonstrate they had an effective process for managing medicine alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- The practice failed to assess the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated in that audits did not contain an action plan to address areas that been identified as requiring improvement.

This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person, in particular;

- 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 experience of service users in receiving those services).
- to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.
- we found that the provider did not have effective procedures to manage quality improvements or governance systems relating to the monitoring of risk to patients, for medicines management, care planning, medicine reviews and infection prevention and control.
- the provider had not respond to all patient feedback.
- The provider did not have an effective system for sharing significant events.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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.