St Peter's Surgery

Quality Report

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Date of inspection visit: 29 November 2016
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Peter's Surgery on 29 November 2016. Overall the practice is rated as requires improvement.

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

- The practice was unable to demonstrate that the system for reporting, recording and learning from significant events was consistently and effectively implemented.
- Blank prescription forms and pads were not securely stored nor were there were systems to monitor their use. However, this was rectified during the inspection and satisfactory systems were implemented.
- Risks to patients, staff and visitors were not always assessed and well managed. For example, fire safety as well as health and safety risk.
- The practice's systems, processes and practices did not always keep patients safe. For example, appropriate recruitment checks had not always been undertaken prior to the employment of staff by the practice including locum GPs employed directly by the practice.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average (QOF is a system intended to improve the quality of general practice and reward good practice.
- 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. However, not all staff were up to date with fire safety training. Nor had all staff had received an appraisal in the last twelve months.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- A nurse practitioner provided home visits and comprehensive, personalised care plans for patients aged 75 and over.

Summary of findings

- Records demonstrated that complaints were investigated, complainants received a response, the practice had learned from complaints and had implemented appropriate changes. However, information was not readily displayed in patient waiting areas to help patients understand the complaints system.
- Patients told us on the day of the inspection that they were able to get appointments when they needed them. However, they also said that there were long waits of up to an hour to see the GP past their appointment time. The practice was aware of this and responded by routinely asking patients to telephone before their appointments in order to ascertain waiting times at the practice.
- The practice was not always well equipped to treat patients and meet their needs. For example, the entrance did not have a wheel chair accessible door opening system.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure all significant events are identified and recorded as significant events and learning from them is shared throughout the practice.
- Review medicines management procedures to ensure that there is an effective process for managing 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 and that recommendations and actions are implemented in a timely manner.
- Ensure recruitment checks are carried out for all members of staff including locum GPs.
- Ensure that all staff receive appropriate support through regular appraisals and are up to date with mandatory training. For example, fire safety training.

The areas where the provider should make improvement are:

- Review how patients using wheelchairs gain access to the premises.
- Continue to review and monitor blank prescription forms and pads.
- Continue to develop the carers register and review how the needs and requirements of this group of patients are being met.
- Review how information on how to complain is shared with patients at the practice.
- Review the appointment system and how long patients have to wait past their appointment times.

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?

Requires improvement

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

- The practice was unable to demonstrate that the system for reporting, recording and learning from significant events was consistently and effectively implemented. The practice did not always identify or carry out a thorough analysis of all significant events. For example, a needle stick injury was reported in the accident book but the practice failed to recognise or manage this as a significant event.
- 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.
- Risks to patients were not always assessed and well managed. For example, fire evacuations and health and safety risk assessments
- Blank prescription forms and pads were not securely stored nor were there were systems to monitor their use. However, this was rectified during the inspection and satisfactory systems were implemented
- The practice did not have an effective system for managing medicines alerts received from the Medicines and Healthcare products Regulatory Authority (MHRA).
- Appropriate recruitment checks had not always been undertaken prior to the employment of staff by the practice. For example, locum GPs employed directly by the practice.
- The practice's system to monitor and record the hepatitis B status of GPs and nurses had failed to identify the hepatitis B status of one member of clinical team.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average (QOF is a system intended to improve the quality of general practice and reward good practice. 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.

Summary of findings

- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, not all staff were up to date with training. For example, fire safety awareness. Nor had all staff received an appraisal in the last twelve months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good 

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 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.

Are services responsive to people's needs?

Requires improvement 

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients told us on the day of the inspection that they were able to get appointments when they needed them. However, they also said that there were regularly long waits of up to an hour to see the GP past their appointment time. The practice was aware of this and responded by routinely asking patients to telephone before their appointments in order to ascertain waiting times at the practice.
- The practice was well equipped to treat patients and meet their needs. However, the practice did not have a wheel chair accessible door opening system.
- Information was not readily displayed in patient waiting areas to help patients understand the complaints system. Records demonstrated that complaints were investigated, complainants received a response, the practice had learned from complaints and had implemented appropriate changes.

Summary of findings

Are services well-led?

Requires improvement

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

- The practice values were about working in partnership with patients and other healthcare professionals to improve outcomes for patient. Staff knew and understood the values.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a range of governance arrangements to support the delivery of services. However, these were not always effectively managed or implemented.
- Practice audits and processes were not embedded in a systematic manner and the practice had failed to consider risks and actions associated with health and safety in a timely manner.
- 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, learning from these incidents was not always effectively shared across the practice.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active. However, they were unable to demonstrate feedback was gathered through staff appraisals as not all staff had received an appraisal in the last 12 months.
- The practice had identified potential issues for the future including succession planning for GP partners, inadequate premises and the pressure attached to a continually increasing patient list. The practice was meeting with the local clinical commissioning group (CCG) to discuss their concerns. They had also contacted NHS England for support via resilience funding.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for providing safe, 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 offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A nurse practitioner provided home visits and comprehensive, personalised care plans for patients aged 75 and over.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for providing safe, 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.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were better than local and national averages.
- Home visits were available when needed, but longer appointments were not routinely offered for these patients.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients had access to a cardiology clinic once a fortnight led by a GP partner with extra training and experience in cardiology care.

Families, children and young people

Requires improvement

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

Summary of findings

requires improvement for providing safe, 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 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 and staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was better than the 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.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for providing safe, 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 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.
- There were extended opening hours Mondays from 7.30am to 8am and from 6.30pm to 8pm for working patients who could not attend during normal opening hours.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was

rated as requires improvement for providing safe, 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, carers, poor mental health and those 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)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for providing safe, 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.

- 100% of patients diagnosed with dementia had received a face to face care review meeting in the last 12 months, which was better than 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 better than 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. One of the GP partners provided regular support, at the local accident and emergency department, for patients on the Violent Patient Scheme.

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 in line with local and national averages. Two hundred and fifteen survey forms were distributed and 121 were returned. This represented 3% of the practice's patient list.

- 77% of respondents found it easy to get through to this practice by phone compared to the clinical commission average (CCG) average 56% and national average of 73%.
- 73% of respondents were able to get an appointment to see or speak to someone the last time they tried which was the same as the CCG average and similar to the national average of 76%.
- 84% of respondents described the overall experience of this GP practice as good compared to CCG average of 82% and the national average of 85%.
- 79% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and the national average of 80%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards; all were positive about the service provided at the practice. Patients commented about the supportive and caring attitude provided by all members of staff but especially from the GP partners. 'Caring and helpful' were common themes. However, 10 cards also contained negative comments referring to long waiting times, to see a GP, at the surgery.

We spoke with seven patients, including three members of the patient participation group (PPG). Their views aligned with the comment cards and they talked positively about the personalised and responsive care provided by the practice. However, they also told us that GP appointments often went past their allocated time by an hour. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected. Members of the PPG told us they felt involved in running the practice and were able to suggest changes when necessary.

Areas for improvement

Action the service MUST take to improve

- Ensure all significant events are identified and recorded as significant events and learning from them is shared throughout the practice.
- Review medicines management procedures to ensure that there is an effective process for managing 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 and that recommendations and actions are implemented in a timely manner.
- Ensure recruitment checks are carried out for all members of staff including locum GPs.
- Ensure that all staff receive appropriate support through regular appraisals and are up to date with mandatory training. For example, fire safety training.

Action the service SHOULD take to improve

- Continue to review and monitor blank prescription forms and pads.
- Continue to develop the carers register and review how the needs and requirements of this group of patients are being met.
- Review how information on how to complain is shared with patients at the practice.
- Review the appointment system and how long patients have to wait past their appointment times.

St Peter's 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 and a practice manager specialist adviser

Background to St Peter's Surgery

St Peter's Surgery delivers services from a converted residential property in Broadstairs, Kent. The practice does not have a wheel chair accessible door opening system, although once in the building there is a lowered area at the reception desk to help wheel chair users access support from reception staff. Baby changing facilities are available. The list size had recently and rapidly increased from approximately 4300 patients to 4700 patients. The practice has more patients registered with a long-standing health condition than the national average (practice average 60%, national average 54%) and more elderly patients. For example, 4% of patients are aged over 85 years compared to a local average of 3% and a national average of 2%. The practice also provides care for pupils who board at two local schools in Ramsgate, Kent and subsequently have a higher amount of patients registered aged between 10 and 19 years old than the national average.

The practice holds General Medical Service contract and consists of two GP partners (one male and one female). There are three practice nurses (female) and two healthcare assistants (female). The GPs, nurses and healthcare assistants are supported by an interim 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 and child health clinics. The practice was registered with the Care Quality Commission (CQC) to provide two regulated activities: treatment of disease, disorder or injury and diagnostic and screening procedures. We found that the practice was providing other regulated activities that they were not registered with CQC to deliver. For example, family planning and maternity and midwifery services. However, since the inspection and before publication the practice has submitted the necessary registration applications to CQC in order to add the required regulated activities to their current registration details.

The practice is open from 8am to 6.30pm Monday to Friday. Morning appointments are from 9am to 12.30am and afternoon appointments are from 4pm to 5.30pm. There is extended opening hours every Monday from 7.30am to 8am and from 6.30pm to 8pm.

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:

6 Oaklands Avenue, Broadstairs, Kent, CT10 2SQ.

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 29 November 2016.

During our visit we:

- Spoke with a range of clinical staff including two GPs, two practice nurses, one nurse practitioner and the interim practice manager. We also talked with 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

The practice was unable to demonstrate that the system for reporting, recording and learning from significant events was consistently and effectively implemented.

- Staff told us they would inform the practice manager of any incidents. They said that learning from significant events was discussed with relevant staff. However, when we reviewed significant event records it was not clear which members of staff had been informed of the outcomes or subsequent learning. For example, an incident about child vaccines resulted in a review of vaccine protocols. Records showed learning had been shared at a 'professional meeting', but did not detail which members of staff attended the meeting. Staff told us significant events were not routinely discussed at practice meetings.
- We saw evidence, in most cases, 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, the practice did not always identify or carry out a thorough analysis of all significant events. For example, a needle stick injury was reported in the accident book but the practice failed to recognise or manage this as a significant event. This meant that a full analysis had not taken place nor had learning been shared.

We reviewed safety records and incident reports. There were eight significant events recorded, the practice had analysed and learnt from these events in order to help improve safety in the practice. For example, insufficient action after a bowel screening test resulted in a review of protocols and patient information.

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 partner was the lead member of staff for safeguarding. The GP partner was supported in this role by the nurse practitioner who had undertaken education and training in safeguarding and had previously worked with other local care providers in safeguarding roles. The GPs attended safeguarding meetings when possible and 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. GP partners were trained to child protection or child safeguarding level three.
- Notices 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We observed the premises to be clean and tidy. There was a lead member of staff for infection control who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Infection control audits were carried out by the local infection prevention teams and by the practice. Action plans to address any improvements identified by the audits had been developed by the practice. Some actions had been implemented. For example, one of the clinical rooms was declared unsuitable for invasive procedures, such as wound care. The practice was now using the remaining treatment room for these activities. However, the action plan to address the issues found by their own infection control audit did not indicate when the actions to reduce the risk of infection were to be completed.
- 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). 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 not securely stored nor were there were systems to monitor their use. However, this was rectified during the inspection and satisfactory systems were implemented. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. 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 vaccines and medicines against a patient specific prescription or direction from a prescriber.

- Staff told us that they received emails about medicine alerts and we saw that some action had been taken. However, the practice could not demonstrate that they had an effective system for managing medicine alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- We reviewed four personnel files and found that appropriate recruitment checks had not always 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. The practice's system that monitored and recorded the hepatitis B status of GPs and nurses had failed to identify the hepatitis B status of one member of staff from the clinical team. The practice told us that they did undertake recruitment checks for locum GPs for example checking the performers list. However, they were unable to substantiate this as there were no personnel records available for locum GPs employed directly by the practice.

Monitoring risks to patients

Risks to patients, staff and visitors were not always assessed and well managed.

- The procedures for monitoring and managing risks to the safety of patients, staff and visitors were not always effective.
- There was a health and safety policy available with a poster in the practice which identified local health and safety representatives.
- The practice had an up to date fire risk assessment that included actions required in order to maintain fire safety. However, the practice was unable to demonstrate that regular fire drills were carried out and not all staff were up to date with fire safety training.
- All electrical equipment was checked to help ensure it was safe to use and clinical equipment was checked to help ensure it was working properly.
- The practice had a variety of other risk assessments to monitor safety of the premises. For example, a legionella risk assessment (legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, action plans to address issues identified by the risk assessments did not always carry an implementation date. Implementation dates that were contained in the action plans were not always sufficiently urgent or timely. For example, on the day of the inspection we noted that there was no lighting for patients exiting the premises. As the risk assessment and action plan was submitted after the inspection were we unable to corroborate if this action had been effectively undertaken in a timely manner to reflect the urgency.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 a defibrillator available on the premises and oxygen with adult and children's masks. An accident book was available.
- 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 stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage.

Requires improvement

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 help 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 100% of the total number of points available, with 10% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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 better than the clinical commissioning group (CCG) and national average. For example, 95% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months, compared to the CCG average 88% and national average 89%.
- Performance for mental health related indicators was better than the CCG and national average. For example, 100% 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 to a CCG average of 86% and a national average of 89%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits undertaken in the last two years in areas such as diabetes, kidney disease, prescribing and contraception. Three of these audits had two or more cycles 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, new protocols were developed for managing cardiology referrals after an audit highlighted that 27 referrals had not been effectively followed up.

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, those reviewing patients with long-term conditions had received training in areas such as diabetes, asthma and chronic obstructive pulmonary disease (COPD - the name for a collection of lung diseases).
- 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.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. However, not all staff had received an appraisal in the last twelve months.
- Staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. However, not all staff had completed fire awareness 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.

Requires improvement

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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 93%, which was better than the CCG average of 82% and the national average of 81%. 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 91% to 97% (CCG average 89% to 94%, national average 73% to 93%), five year olds ranged from 87% to 95% (CCG average 82% 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.

Good

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 36 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. 'Helpful, compassionate and respectful' were common themes.

We spoke with seven patients, including three 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% 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%.
- 95% of respondents said the GP gave them enough time compared to the CCG and the national average of 87%.
- 96% 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%.
- 91% of respondents said the last GP they spoke with was good at treating them with care and concern compared to the CCG and the national average of 85%.
- 94% of respondents said the last nurse they spoke with was good at treating them with care and concern compared to the CCG and national average of 91%.
- 91% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

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. We also saw that care plans were personalised.

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:

- 87% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG and the national average of 86%.
- 88% of respondents 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%.
- 88% 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.
- Information leaflets were available in easy read format.

Good

Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 31 patients as carers (1% of the practice list). There was a carer's page on the website which sign posted patients to local support services. However, staff we spoke with told us they did not have a leaflet for carers or a systematic approach in supporting them.

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

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had taken part in the system of early identification of kidney disease (SEIK) project, since 2010, which was developed by the Kent Kidney Care Centre of Kent and Canterbury Hospital aimed at improving care for patients with kidney disease.

- There were extended opening hours Mondays from 7.30am to 8am and from 6.30pm to 8pm for working patients who could not attend during normal opening hours.
- 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.
- Patients were able to receive travel vaccinations available on the NHS and those available privately.
- There were plans to install a hearing loop in the New Year.
- The practice did not have a wheel chair accessible door opening system. However, baby changing facilities were available.
- A nurse practitioner provided home visits and comprehensive, personalised care plans for patients aged 75 and over.
- Patients had access to a cardiology clinic once a fortnight led by a GP partner with extra training and experience in cardiology care.
- One of the GP partners provided regular support, at the local accident and emergency department, for patients on the Violent Patient Scheme.
- The practice did not offer longer appointments for patients with complex needs. Staff we spoke with told us the GPs would spend as much time as each patient required. However, staff and patients told us this meant that clinics regularly ran over an hour late.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Morning appointments were from 9am to 12.30am and afternoon appointments were from 4pm to 5.30pm. There were extended opening hours Mondays from 7.30am to 8am and from 6.30pm to 8pm. In addition to appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 86% of respondents were satisfied with the practice's opening hours compared to the CCG average and national average of 79%.
- 77% 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 appointments when they needed them. However, they also said that they regularly waited up to one hour after the time of their appointment before they were seen by the GP. The practice was aware of this and responded by routinely asking patients to call before their appointments in order to ascertain waiting times at the practice.

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 a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance for GPs in England.
- The interim practice manager was responsible for handling all complaints in the practice.
- Information was not readily displayed in patient waiting areas to help patients understand the complaints system. There was a complaints leaflet amongst other

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

leaflets in the waiting room. However, staff were unaware of its location and it was not easily identifiable from the front page. There was information on the website on how to make a complaint.

The practice had recorded eight complaints in the last 12 months. We reviewed these and found they were handled with openness and transparency. Records demonstrated that lessons were learnt from concerns and complaints and action was taken as a result to help improve the quality of care. For example, a complaint about misinformation regarding correspondence to a patient resulted in a review of how staff manage information sharing with patients.

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.

- The practice values were about working in partnership with patients and other healthcare professionals to improve outcomes for patient. Staff knew and understood the values.
- The practice had identified potential issues for the future including succession planning for GP partners, inadequate premises and the pressure attached to a continually increasing patient list. The practice was meeting with the local clinical commissioning group (CCG) to discuss their concerns. They had also contacted NHS England for support through resilience funding.

Governance arrangements

Governance arrangements were not always effectively managed or implemented.

- There was a clear staffing structure and 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 was maintained
- A programme of clinical was used to monitor quality and to make improvements. For example the system of early identification of kidney disease (SEIK) project
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions did not always keep patients safe. Practice audits and processes were not embedded in a systematic manner. For example, the practice was unable to give time frames for action required after an infection prevention and control audit. The practice had failed to consider risks and actions associated with health and safety in a timely manner. For example, lighting for patients exiting the building and fire evacuations. Not all staff had attended fire training, or received regular appraisals. Appropriate recruitment checks had not always been undertaken prior to the employment of staff by the practice. For example, locum GPs employed directly by the practice. The practice could not demonstrate that they had a process for managing medicine alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care. However, on going staff changes in the management team and the nursing team made it challenging to meet the GP partner's priorities. Staff told us they could approach the GP partners and the interim practice manager with any concerns.

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). The partners encouraged a culture of openness and honesty. The practice was unable to demonstrate that the system for reporting, recording and learning from significant events was consistently and effectively implemented. The practice did not always identify or carry out a thorough analysis of all significant events.

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- 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 partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice gathered feedback from patients through the patient participation group (PPG), complaints received, patient surveys and by carrying out analysis of the results from the GP patient survey and Friends and Family Test. The PPG met regularly, carried out patient

Are services well-led?

Requires improvement

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

surveys and submitted proposals for improvements to the practice management team. For example, baby changing facilities had been fitted after a suggestion from the PPG.

- The practice had gathered feedback from staff through staff meetings and discussion. However, they were unable to demonstrate feedback was gathered through staff appraisals as not all staff had received an appraisal in the last 12 months. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice team was forward thinking and attempting to seek solutions for the issues it was facing. For example, the installation of a new computer system, inadequate premises for the rapidly increasing patient list size, succession planning for GP partners and recruitment challenges including healthcare assistants, nurses and GPs. The GP partners and interim practice manager were in the process of accessing support from the local clinical commissioning group (CCG) and NHS England to increase the practice's resilience in responding to these challenges.

The practice part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had taken part in the system of early identification of kidney disease (SEIK) project, since 2010, which was developed by the Kent Kidney Care Centre of Kent and Canterbury Hospital aimed at improving care for patients with kidney disease.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** Care and treatment was not always provided in a safe way for service users. · The practice failed to assess risks to the health and safety of service users receiving the care or treatment and do all that was reasonably practicable to mitigate any such risks. The practice had failed to undertake effective health and safety risk assessments or regular fire evacuations. · The practice failed to ensure proper and safe management of medicines in that there was so a systematic approach to medicine alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	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;

This section is primarily information for the provider

Requirement notices

· 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.

· Systems or processes must be established and operated effectively to ensure compliance with the requirements

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The provider failed to provide appropriate support, training, professional development, supervision and appraisal as is necessary to enable staff to carry out the duties they are employed to perform, · Staff should be supported to make sure they are can participate in training in areas such as fire training. · Staff did not receive regular appraisal of their performance in their role from an appropriately skilled and experienced person and any training, learning and development needs should be identified, planned for and supported. This was in breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:**

This section is primarily information for the provider

Requirement notices

· The provider failed to ensure that recruitment procedures were established and operated effectively to ensure that persons employed meet the conditions in that the provider did not undertake recruitment checks for locum GPs.

This was in breach of Regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.