

Gravesend Medical Centre

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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Gravesend Medical Centre on 29 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events and learning from these was discussed and shared.
- Risks to patients were assessed and well managed, including an infection control audit with identified actions, however some flooring in non-public areas of the practice required maintenance.
- Medicines were well-managed within the practice.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained and had received updates to training to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns and the practice was open and transparent in responding to complaints and concerns.
- Most patients we spoke with said they found it easy to make an appointment and that there were urgent appointments available the same day, however, the response to the GP patient survey rated the practice lower than the CCG and national averages.
- The practice worked closely with other organisations and the community to plan and implement services according to patient need.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively 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 patient participation group was active at the practice and improvements were made as a result of their input, reflecting the patient voice.

We saw two areas of outstanding practice:

The practice involved the patient participation group in the interview process for the recruitment of GP's.

The practice had set up and established a community initiative called the Breath Easy Group which is a monthly meeting for local patients and carers with Chronic Obstructive Pulmonary Disease (COPD).

The areas where the provider should make improvements are:

- Review the need for a hearing loop at the practice.
- Undertake maintenance to areas of flooring in the staff kitchen and second floor accessible toilet.
- Continue to address issues identified by the GP Patient Survey to improve patient satisfaction.

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 good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in 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.
- The practice had clearly defined and embedded systems, processes and practices in place to help keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Patients views gathered at inspection showed that they felt treated with dignity and respect and involved in decisions about their treatment and care, and we observed that staff treated patients with kindness and respect and maintained confidentiality. However, data from the national GP patient survey showed patients rated the practice lower than others for

Good



Summary of findings

several aspects of care compared to local and national averages. The practice were aware of this and working with the patient participation group (PPG) to make changes according to the results of the patient survey.

- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Feedback from patients regarding how easy it was to make an appointment at the practice was varied and the Patient Survey results were lower than local and national averages.
- Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was involved in the interview process for new GP's.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- The 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.
- Older people had a dedicated GP for continuity of care; however they were also able to see any GP of their choice.
- All staff at the practice had training in Dementia care.
- Quarterly multi-disciplinary meetings were held to discuss the care and treatment needs of complex patients including end of life care.
- Patients in local residential and nursing homes had a named GP who was solely responsible for their care and treatment.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice nurses were a Diabetes Specialist Nurse and an Airways (chronic obstructive pulmonary disease and asthma) Specialist Nurse. The diabetes nurse was accessible by telephone on a daily basis for advice and triage of patients. The Breath Easy group for patients and unregistered patients in the locality was established by the Airways nurse.
- The percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 August to 31 March, was 98% which was comparable to the local and national average of 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- GP's 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 percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 95% which was higher than the CCG average of 87% and the national average of 82%.
- 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 and health visitors.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The 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. For example, patients were able to book and cancel appointments online, update their contact details, complete a feedback questionnaire, order repeat prescriptions and apply to join the patient participation group.
- Emergency contraception was available at the practice during all opening hours.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability and an annual health-check.
- 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 good for the care of people experiencing poor mental health (including people with dementia).

- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG average of 82% and the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their patient record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 95% which is higher than the CCG average of 86% and the national average of 88%.
- 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 in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia and had completed Dementia care training.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below the local and national averages. 416 survey forms were distributed and 117 were returned. This represented 1.13% of the practice's patient list.

- 52% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 64% and the national average of 73%.
- 58% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 69% and the national average of 76%.
- 68% of patients described the overall experience of this GP practice as good compared to the CCG average of 81% and the national average of 85%.

- 56% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average 75% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards of which 22 were positive about the standard of care received and five had mixed positive and negative comments, with the negative comments regarding access to appointments.

We spoke with 11 patients during the inspection. Eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring and three said that they had difficulty getting an appointment.

Areas for improvement

Action the service SHOULD take to improve

- Review the need for a hearing loop at the practice.
- Undertake maintenance to areas of flooring in the staff kitchen and second floor accessible toilet.

- Continue to address issues identified by the GP Patient Survey to improve patient satisfaction.

Outstanding practice

We saw two areas of outstanding practice:

- The practice involved the patient participation group in the interview process for the recruitment of GP's.

- The practice had set up and established a community initiative called the Breath Easy Group which is a monthly meeting for local patients and carers with Chronic Obstructive Pulmonary Disease (COPD).

Gravesend Medical Centre

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.

Background to Gravesend Medical Centre

Gravesend Medical Centre is located in the urban town centre area of Gravesend, Kent and provides primary medical services to approximately 10,300 patients. The practice is based in a purpose built building which is adjacent to a large car park. The building is accessible for patients.

The practice patient population has more working age males and females than the national average, specifically between the ages of 20 and 40, and more children between birth and nine years. There are significantly less older people than the national average (from 50 - 85+ years). It is in an area where the population are mixed in terms of levels of deprivation, but overall it is recognised as being in a more deprived area. The area has a broad ethnic and socio-economic mix. There are people who live in the area who do not have English as their first language and there is a large transient population.

There are five GP partners at the practice three male and two female. The practice is registered as a GP training practice, for doctors seeking to become fully qualified GP's and currently has two trainees. There are three female members of the nursing team; two practice nurses and one health care assistant/phlebotomist. GP's and nurses are supported by a practice management team and reception/administration staff.

The practice is open from Monday to Friday between 8.am and 6.30pm. Extended hours appointments are available on Monday, Tuesday and Friday until 7.30pm. In addition to pre-bookable appointments that can be booked up to three weeks in advance, urgent appointments are also available for people that need them. The practice nurses also offer extended hours on a Monday and Tuesday evening until 7.30pm. Appointments' can be booked over the telephone, online or in person at the practice. Patients are provided with information on how to access an 'out of hours' provider by calling the surgery and in the practice leaflet.

The practice runs a number of services for its patients including; diabetes care including insulin initiation; Asthma and chronic obstructive pulmonary disease (COPD) management, minor surgery, family planning, phlebotomy, NHS cardiovascular health checks, ante and post-natal care, immunisations and travel vaccines and advice.

Services are provided from 1 New Swan Yard, Gravesend, Kent, DA12 2EN.

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 June 2016. During our visit we:

- Spoke with a range of staff including four GPs, a practice nurse, the practice management team, non-clinical staff members and with patients who used the service.
- Observed how patients were being cared for in the reception and waiting area and 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was 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). We saw that the practice had recorded 32 significant events in a 13 month period and that these were broken down into type, i.e. clinical or administrative. The records were dated as the event was raised and when the event was discussed. We saw significant event documentation embedded into agenda items for discussion at practice meetings.
- 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 prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, where an incorrect immunisation was administered to a young child because of confusion over the guidance, Public Health England (PHE) was alerted and the information was shared among colleagues to help prevent a recurrence. The practice had a firm system to ensure that safety alerts were seen by the appropriate person and these were discussed at practice meetings.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to help keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to help 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. There was a lead member of staff for safeguarding and both clinical and non-clinical staff were aware of who this was. 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 3. The nurse's at the practice were also trained to level 3 in child safeguarding and had received training in safeguarding adults. All of the non-clinical staff had received foundation training in safeguarding children and adults and this was updated as required.

- 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and both clinical and non-clinical staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had a comprehensive cleaning schedule in place and both clinical and non-clinical staff had undertaken a CQC cleaning standards course, however, some areas of flooring in non-public areas required maintenance. For example, an area of flooring was taped down near to a staff kitchenette area and the flooring was lifting in the second floor accessible toilet.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

Are services safe?

Processes were in place 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 CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. A prescribing report for March 2016 from the clinical commissioning group was seen for the practice which stated that the prescribing rate was really good and below the national average and that the quantity of anti-biotics, hypnotics and benzodiazepines prescribed were well below the national average. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and Patient Specific Directions were drawn up for the healthcare assistant to undertake two types of vaccines whilst a nurse or GP were on the premises.

- We reviewed two 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. We saw that there was low staff turnover at the practice and that many of the staff team had been in post for a number of years.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and

clinical equipment was checked to ensure it was working properly. There were detailed standard operating procedures in place for all equipment, i.e. ear irrigation. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, environmental risk assessments and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had 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 medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan was reviewed regularly and included up to date emergency contact numbers for maintenance, utilities and practice staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to ensure all clinical staff were up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. GP's spoken with confirmed this was the case and were able to give examples.
- The practice monitored that these guidelines were followed through discussion at meetings, risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF) and used the information collected for the 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.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was better than the national average. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading measured in the preceding 12 months was 140/80 mmHg or less was 95% compared to 76% at CCG level and 78% as a national average.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March was 98% compared to 94% at both CCG and national average.
- Performance for mental health related indicators was better than the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 96% compared to 90% at both CCG and national average.

The practice had completed a high number of clinical audits and there was evidence of quality improvement.

- We looked at two clinical audits carried out in the last two years, and both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Gravesend Medical Centre is an accredited Research Ready practice (Research Ready is a quality assurance programme for GP practices undertaking research) and participated in eight clinical trials in the last year.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit of patients with Parkinson's being screened for Osteoporosis to see if improvements could be made to their care and treatment. The practice shared learning by discussing the audit results in clinical meetings and a re-audit of the patients with Parkinson's diagnosed with Osteoporosis was completed with a positive outcome and a further audit was planned.

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, a practice nurse had completed a Diabetes care course which enabled them to initiate insulin and reception/administration staff completed training in diagnosing and resolving complaints in general practice; patient confidentiality; secure transfers of personal data and conflict resolution. Members of staff who carried out appraisals received appraiser training.
- 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 updated training, access to on line resources and discussion at practice meetings.

Are services effective?

(for example, treatment is effective)

- 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, information governance, Mental Capacity Act, manual handling, dementia awareness and deprivation of liberty safeguards. Staff had access to and made use of e-learning training modules, in-house and external training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 quarterly 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 and had received training in consent in general practice.

- 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.
- The process for seeking consent was monitored through patient's records audits. Staff showed us examples of consent forms such as a written consent form for the insertion of an Intra-uterine device (IUD, a small contraceptive device) and this detailed both the benefits and the risks of the procedure and was signed by patient and health care professional. Once signed this was scanned onto the patient record.

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 smoking and alcohol cessation. Patients were signposted to the relevant service. The practice won an award in 2014 for being the 'Best in Kent' for referring the most amount of patients (240) to the NHS Kent Stop Smoking Service.

The practice's uptake for the cervical screening programme was 95%, which was comparable to the CCG average of 87% and significantly higher than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood

Are services effective? (for example, treatment is effective)

immunisation rates for the vaccinations given to under two year olds ranged from 95% to 97% compared to the local CCG rates of between 88% and 94% and five year olds from 79% to 95% compared to 83% to 94% at CCG level.

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.

The practice had set up and established a community initiative called the Breath Easy Group which is a monthly meeting for local patients and carers with Chronic Obstructive Pulmonary Disease (COPD). The initiative was now charity funded and was available to both patients and non-patients of the practice. The group had guest speakers, such as local consultants and physiotherapists, walking therapists and offers advice and support regarding smoking cessation and exercise.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that 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.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced; however, five of these also had some negative comments. Patients said they felt the practice offered an excellent service and staff were helpful, caring, and treated them with dignity and respect. The negative comments related to sometimes having difficulty in getting an appointment. A high number of the positive comments expressed that patients felt listened to.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice, could get an appointment when needed, always felt listened to and that their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey showed patients felt they had confidence and trust in their GP but that they were not always treated with care and concern or listened to. The practice was below or comparable to the CCG and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 77% of patients 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%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 66% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice was aware of this data and was taking action to address the issues by meeting regularly with its patient participation group and addressing the results of a survey carried out by the practice.

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 negatively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 64% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice were aware of this information and provided evidence to show that their registered patient list had a high level population where English was a second language or not spoken and that this impacted on the cultural expectations of their patient population. For example, the ethnicity of the total practice population (10,384) as

Are services caring?

audited in June 2016 with 10185 (99.95%) of patients recording their ethnic group, was broken down into 2,425 (24%) of patients being British or mixed British; 5,818 (57%) of patients being 'other white background'; 1,592 (16%) of patients being Indian/British Indian; 553 (5%) of patients being African and 1,388 (14%) being other ethnic group. There were other ethnic groups recorded with fewer than 200 patients.

The practice used this information to help patients be involved in decisions about their care. For example,

- Staff told us that there was a large Punjabi speaking patient population and that their language needs were addressed in house by Punjabi speaking reception staff and doctors, and that there was a large Eastern European patient population, who spoke Slovakian, Russian and Lithuanian. Interpreters were booked for some consultations and translation services were available.
- Staff told us that there was a Roma-Slovak Community and that they had good awareness of this patient group and were working to involve in primary care. Members of the PPG told us that the practice survey was available in Polish, Punjabi and Slovakian as well as English and that translators were available at the practice to help patients to fill this in as required.

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. There was a practice register of all people who were carers and these patients were being supported by being offered flu vaccination. Written information was available to direct carers to the various avenues of support available to them.

The computer system at the practice also had alerts and notifications which staff could action so that all were aware when a patient had died and could respond sympathetically to this. Staff told us that if families had suffered bereavement, their usual GP contacted them and that this call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 secured higher level funding to reflect the large refugee patient population.

- The practice offered extended hours until 7.30pm on a Monday, Tuesday and Friday evening for working patients who could not attend during normal opening hours and extended nurse hours on Monday and Tuesday until 7.30pm.
- There were longer appointments available for patients with a learning disability and for those that required them, for example if an interpreter was needed. Appointment times ranged from 10 minutes to 60 minutes.
- 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 as well as those only available privately.
- There were disabled facilities and translation services available; however there was no hearing loop available in the practice.
- The practice provided a supply of free condoms which were available at reception.
- The practice used national Chlamydia kits and these tests were available for both patients and non-patients.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered at the following times on Monday, Tuesday and Friday until 7.30pm. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them. The practice nurses also offered extended hours on a Monday and Tuesday evening until 7.30pm.

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

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 64% and the national average of 78%.
- 52% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.

Eight patients told us on the day of the inspection that they were able to get appointments when they needed them and three told us that it was difficult to get an appointment.

The practice had a system in place to assess:

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

Staff told us that a GP would make the decision regarding a home visit. 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. For example, the reception staff would tell the patient to call the emergency services, or would do so on their behalf. 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 in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example, there was a poster in the waiting area and a complaints leaflet was available from reception. The information was also provided on the practice web-site

We looked at a log of all the complaints received in the last 12 months and found that they had been recorded, investigated and responded to within the specified timeframes. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve

Are services responsive to people's needs? (for example, to feedback?)

the quality of care. The learning from complaints was shared at team meetings and any identified trends discussed at partners meetings and shared with the PPG.

Patients we spoke with were aware of the process to follow if they wanted to make a complaint. One patient said that they had made a complaint and that it has been listened to and acted upon.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and the staff we spoke with were all aware of the aim to place the patient at the centre of their care and to provide them with the best possible healthcare. Staff told us that there was a strong training ethos at the practice.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a clear system for reporting incidents and for sharing these and learning from them.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Patient feedback was instrumental in making changes to the systems in place at the practice.
- All staff were encouraged to attend a wide range of training that supported their role and their professional development.
- There were named GP's with a lead role in specific areas, such as a safeguarding lead, a clinical lead, a prescribing lead, a QOF lead and a palliative care lead.

Leadership and culture

On the day of inspection the leadership team within the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality

care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied 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 leadership team encouraged a culture of openness and honesty. The practice had systems in place to 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.

There was a clear leadership structure in place 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. 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. For example, significant events were discussed at meetings and systems to improve were suggested by staff, such as a process to ensure reception staff were alerted by a GP where a double appointment was required for a patient to have a joint injection.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was active and met quarterly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the chairs in

Are services well-led?

Good 

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

the waiting area used to face one another, but the PPG suggested they were moved to face the display board and this was implemented; they suggested that the self-check-in machine was moved for greater patient confidentiality and this was done. As a result of the most recent survey, appointment reminders were sent to patients via text message and a phlebotomy service was provided on the premises. The PPG told us that one member of the group were involved in the interview process for new GP's and that their vote carried the same weight as that of the GP interviewers.

- The practice had gathered feedback from staff through staff meetings, regular 1:1 meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and that they felt involved and engaged in how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Gravesend Medical Centre was a training practice and two of the GP partners were trainers with two further partners on the education pathway. One of the partners at the practice was a local GP Programme Director; another partner was the Community Education Provider Network Lead. The practice nurse was involved in nurse mentoring and the practice manager was one of the directors of a GP Federation. There were two GP trainees at the practice, a Specialist Trainee Year 3 (ST3) and a Specialist Trainee Year 1 (ST1). The practice also took part in an apprentice scheme.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.