

Sellindge Surgery

Quality Report

The Surgery
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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?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sellindge Surgery on 20 December 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Not all risks to patients were assessed and well managed. For example, legionella monitoring, fire safety and medicines management. The practice did not always have regard to national guidance on infection prevention and control.
- 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, the practice was unable to demonstrate recruitment checks had been completed for all locum GPs employed directly by the practice or for locum GPs employed via an agency.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had a care liaison officer who helped promote the role of carers both within the practice and locally. The practice ran an annual 'carers week' and carers were invited to the practice's health promotion events including a 'care for carer's' event.
- The practice had identified their patient population contained a higher than average amount of patients with learning disabilities and had responded by providing a program of support for this patient group.
- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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.

We saw several areas of outstanding practice:

- The practice had identified the higher than average amount of patients with learning disabilities in their patient population and had responded by providing extra training for staff, a learning disability communication folder and bespoke desensitising programs for patients that would benefit from these.
- Patients were empowered to have a voice within the practice through the collaborative partnership between the patient participation group (PPG) and the practice. The practice and PPG had a strong focus on working together to improve outcomes for patients. For example, a program of health promotion events.

The areas where the provider must make improvement are:

- Ensure risk assessments and management activities include all risks to patients, staff and visitors. For example, fire safety evacuations.
- Ensure internal audits such as infection prevention and control, health and safety and legionella are implemented effectively and have action plans recorded.

- Ensure medicines management procedures for vaccines have regard to Public Health England (PHE) guidance and that there is an effective process for managing medicine alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Ensure all prescriptions for schedule 2 and 3 controlled drugs are signed prior to dispensing and transfer to patients.
- Ensure all appropriate recruitment checks are carried out for all members of staff, including locum GPs.
- Ensure staff induction programs include nursing staff and review staff training to help ensure that all staff receive appropriate support.

The areas where the provider should make improvement are:

- Repeat prescriptions should be signed before medicines are transferred to the patient.
- Review emergency medicines to help ensure appropriate medicines are available or provide a risk assessment as to why these are not deemed necessary.
- Review the system for monitoring patients receiving anticoagulation therapy from another service provider.
- Review the system for managing Quality and Outcomes Framework (QOF) data to help ensure information is being effectively recorded.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system 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 help prevent the same thing happening again.
- Not all risks to patients were assessed and well managed. For example, legionella monitoring, fire safety and medicines management. The practice did not always have regard for national guidance on infection prevention and control.
- The practice's systems and processes did not always keep patients safe. For example, on the day of the inspection we found that the management of controlled drugs (medicines which were more liable to misuse and so need closer monitoring) were not always appropriate.
- Records showed that the maximum temperature of the vaccines refrigerator was outside of the recommended storage range on a number of occasions and the practice was unable to demonstrate action had been taken in line with local policy.
- There were no personnel records available for one of the two locum GPs employed directly by the practice or for locum GPs supplied by an agency.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below the national average in some aspects of care. We discussed this with the practice and found some coding issues.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, records showed that not all staff had received training. For example, infection prevention and control, fire safety awareness and a formal induction for the nursing team.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was similar for its satisfaction scores on consultations with GPs and nurses
- 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.
- The practice had a care liaison officer who helped promote the role of carers both within the practice and locally. The practice ran an annual 'carers week' and carers were invited to the practices health promotion events including a 'care for carer's' event.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local patient population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had identified the higher than average amount of patients with learning disabilities in their patient population and had responded by providing extra training for staff, a learning disability communication folder and bespoke desensitising programs for patients that would benefit from these.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- 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.
- The practice had reviewed their patients' needs and added extra services accordingly to help prevent patients having to travel to secondary care in order to get treatment. One of the GP partners provided twice weekly ear, nose and throat clinics, which were accessible to patients not on the practice list. There was a dermatoscope referral system for skin conditions and patients had access, at the practice, to physiotherapy and counselling services which were delivered by other local health care providers.
- Patients were empowered to have a voice within the practice through the collaborative partnership between the patient participation group (PPG) and the practice. The practice and PPG had a strong focus on working together to improve outcomes for patients. For example, a program of health promotion events.

Are services well-led?

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

- The practice values were to provide high quality, effective, treatment. Staff we spoke talked positively about how they were able to use the practice values to improve the quality of care and outcomes for patients.
- 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.
- GP partners undertook lead roles within the local clinical commissioning group.
- Not all governance arrangements were effectively implemented.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and the practice and PPG had a focus on working together to improve outcomes for patients.
- There was a strong focus on continuous learning and improvement at all levels.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for providing safe, effective and well-led services and good for providing responsive and 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.

Requires improvement



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data from the Quality and Outcomes Framework (QOF) showed performance for diabetes related indicators were slightly below local and national averages.
- 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.

Requires improvement



Families, children and young people

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

Requires improvement



Summary of findings

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- 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)

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 and well-led services and good for providing responsive and 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.

Requires improvement



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and offered desensitising programs for patients who would benefit from this.

Requires improvement



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 36% of patients diagnosed with dementia had received a face to face care review meeting in the last 12 months, which was considerably less than the local average of 79% and the national average of 83%. We reviewed nine records for patients with dementia and found all contained a face to face review and care plan. We discussed our findings with the practice and who investigated and subsequently found coding issues which may explain the low QOF scores for dementia related indicators.
- Performance for mental health related indicators were below local and national averages in some areas of care. The lower result may have been partially due to the low use of exception reporting by the practice in this indicator (practice 5%, CCG 20% and national average of 13%).
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing better than local and national averages. Two hundred and sixteen survey forms were distributed and 128 were returned. This represented 3% of the practice's patient list.

- 84% of respondents found it easy to get through to this practice by telephone compared to the clinical commissioning group (CCG) average of 70% and the national average of 73%.
- 90% of respondents were able to get an appointment to see or speak with someone the last time they tried compared to the CCG average of 78% and the national average of 76%.
- 89% of respondents described the overall experience of this GP practice as good compared to the CCG and national average of 85%.
- 89% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection.

We received 43 comment cards; most 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 and patients appreciated services such as physiotherapy and counselling. However, seven cards also contained negative comments and two contained only negative comments. Negative comments referred to obtaining prescriptions and patients waiting past their appointments times to see GPs. Conversely other patients were happy to wait as they felt they then received longer with GPs when needed and others complimented the dispensary service.

We spoke with eight patients, including five members of the patient participation group (PPG). They talked positively about the personalised and responsive care provided by the practice. They told us that they felt involved in running the practice and able to suggest changes when necessary.

Patients we spoke with told us their dignity and privacy were always considered and respected by practice staff.

Sellindge Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a CQC pharmacist specialist adviser, and a practice manager specialist adviser.

Background to Sellindge Surgery

Sellindge Surgery delivers services from purpose built premises in the village of Sellindge, Kent. Patients are able to use the public car park next to the practice and patient areas are accessible to patients with mobility issues, as well as parents with children and babies. There are approximately 4,700 patients on the practice list. The patient population is close to local and national averages. However, the practice has slightly more older patients registered. For example, patients aged 65 years and over: practice 22%, local 18%, national 17%; patients aged 75 years and over: practice 9%, local and national 8%. The practice told us they support a lot of patients with learning disabilities from nearby care homes.

The practice holds a General Medical Service contract and consists of two GP partners (one male and one female) as well as three salaried GPs (one male and two female). Together the GPs provide 29 sessions. There is one practice nurse (female) and one healthcare assistant (female). Sellindge Surgery is a training practice meaning, alongside their clinical roles, the GPs are able to provide training and mentorship for trainee GPs. One of the GP partners has undergone further training to become a GP with a special interest in ear, nose and throat conditions.

Sellindge Surgery is able to provide dispensary services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy premises. There are currently 4,600 dispensing patients registered to use this service. This service is delivered by a dispensary manager and four dispensers. The GPs, nurses and dispensers are supported by a practice manager and a team of administration and reception staff. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.

The practice is open from 8am to 6.30pm Monday to Friday. Morning appointments are from 8.30am to 10.40am and afternoon appointments times vary. There are daily emergency clinics from 8.30am to 10.15am.

An out of hour's service is provided by Primecare outside of the practice's 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; The Surgery, Main Road, Sellindge, Ashford, Kent, TN25 6JX.

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 20 December 2016. During our visit we:

- Spoke with a range of clinical staff including three GPs, one practice nurse, one health care assistant, three dispensers and the practice manager. We also talked with receptionists, 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. QOF data used in this report was obtained from <http://qof.digital.nhs.uk>.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form which was completed by the practice manager. 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 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 and incident reports. There were nine significant events recorded in the last 12 months, the practice had analysed and learnt from these events in order to help improve safety in the practice. For example, a mistake around the labelling of samples resulted in new protocols being introduced for staff to follow.

Overview of safety systems and processes

The practice's systems and processes 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 for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- Notices in the waiting room and treatment rooms 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).

- We observed the premises to be clean and tidy. There was a lead member of staff for infection control. The practice was not able to demonstrate that all clinical and non-clinical staff were up to date with basic infection prevention and control training and the lead member of staff for infection prevention and control had not received additional training to support this role. The practice had recently carried out an infection prevention and control audit. However, this had failed to identify a number of out of date sharps boxes in GP treatment rooms and an out of date disposable curtain in a treatment room. The practice was unable to demonstrate they had an action plan with time frames to address issues that were identified by the audit. For example, the audit identified that a hand washing audit was required but did not include time frames to indicate when this action should be completed by.
- 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). Staff followed procedures for handling requests for repeat prescriptions, including ensuring that further checks (such as blood tests) were completed. However, we found that repeat prescriptions were not signed before medicines were transferred to patients. Repeat prescriptions should be signed before medicines are transferred to patients. On occasions where it is not possible, there would need to be a clear audit trail documenting this. Arrangements for controlled drugs (medicines which are more liable to misuse and so need closer monitoring) were not always appropriate. Staff showed us records for ordering, receipt, supply and disposal of controlled drugs. These records met legal requirements. However, we saw that controlled drugs had been dispensed without the prescriber having signed the prescription. Staff told us that these dispensed medicines were given to patients, and the doctor would sign these retrospectively. Prescriptions for schedule 2 and 3 controlled drugs

Are services safe?

must be signed prior to dispensing and transfer to patients. The practice submitted revised protocols after the inspection and before publication to help ensure prescriptions were signed before being issued to the patient (including prescriptions for high risk medicines). However, as the protocol was submitted after the inspection we were unable to corroborate if these changes had been effectively implemented.

- 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). For example, no action had been taken regarding alerts for nicorandil (a medicine used for treating heart conditions) and spironolactone (a medicine used to treat high blood pressure).
- Temperature checks for refrigerators used to store medicines and vaccines had been carried out and records of those checks were made. Records showed that the maximum temperature of the vaccines refrigerator was outside of the recommended storage range on a number of occasions. For example, we found recommended temperature ranges had been exceeded three times in December 2016, including one recording of 14 degrees. Written guidance on what action should be taken in the event that medicine storage temperatures went outside of acceptable limits was available to guide staff. However, the practice was unable to demonstrate this had been followed by staff. During the inspection we informed the practice about these findings and requested that they inform the relevant agencies.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice was signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients from their dispensary. Staff involved in dispensing activities were trained to an appropriate level and had appraisals annually. A named GP was responsible for the dispensary. The practice used standard operating procedures (SOPs) for

dispensing and these were reviewed annually. The practice undertook dispensary audits as part of a drive for quality improvement and we saw that SOPs had been changed as a result of one of these audits.

- We reviewed five personnel files and found 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. There were no personnel records available for one of the locum GPs employed directly by the practice or for locum GPs employed via an agency. The practice was unable to demonstrate they had a service level agreement or contract with an agency to employ locum GPs.

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 reception office which identified local health and safety representatives. Records indicated that the practice had carried out a health and safety risk assessment on the 15 September 2011 and annual health and safety checks thereafter. Staff told us action was taken where necessary but there were no action plans attached to the health and safety checks to confirm this. The practice had up to date fire risk assessments. However, the practice was unable to demonstrate that regular fire evacuations were carried out and not all staff were up to date with fire safety training. All electrical equipment was checked to help ensure the equipment was safe to use and clinical equipment was checked to help ensure it was working properly. The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control. Not all risks were effectively monitored. For example, the practice had a system for the routine management of legionella (a germ found in the environment which can contaminate water systems in

Are services safe?

buildings). Records showed risk assessments and had been completed. However, the practice did have a systematic approach for recording the water temperature from hot or cold outlets.

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

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. However, we noted that the practice did not have chlorphenamine (a medicine for used for in anaphylaxis) or hydrocortisone for injections (used for acute severe asthma).
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to 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 85% of the total number of points available, with 7% 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). Data from 2015/16 showed:

- Performance for diabetes related indicators was slightly below the clinical commissioning group (CCG) average and the national average. For example, 81% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months, which was slightly below the CCG average of 85% and the national average of 89%.
- Performance for mental health related indicators was below the CCG and national average. For example, 70% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared with a CCG average of 90% and a national average of 89%. The lower result may have been partially due to the low use of exception reporting by the practice in this indicator (practice 5%, CCG 20% and national average of 13%).
- Performance for dementia related indicators was considerably lower than the CCG and national average. For example, 36% of patients diagnosed with dementia had received a face to face care review meeting in the last 12 months, which was considerably less than the

local average of 79% and the national average of 83%. We reviewed nine records for patients with dementia and found all contained a face to face review and care plan. We discussed our findings with the practice and who investigated and subsequently found coding issues which may explain the low QOF scores for dementia related indicators.

There was evidence of quality improvement including clinical audit.

- There had been a range of clinical audits completed in the last two years, including seven completed or ongoing audits where the improvements made were implemented and monitored.
- The practice participated in local audits and national benchmarking.
- Findings were used by the practice to improve patient outcomes. For example, one of the two cycle audits examined how many patients taking a medicine for diabetes that can cause hypoglycaemia (low blood sugars that can result in confusion and loss of consciousness) had received equipment to test their blood sugars and been given advice about driving. Patients requiring support were identified and invited to attend an appointment to meet their needs. The practice had plans to continue this audit to help ensure improvements were maintained and newly diagnosed patients were not missed.

Effective staffing

There were gaps in the management and support arrangements for staff.

- The practice had an induction programme for all newly appointed staff for reception and dispensary roles. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, the practice was unable to demonstrate there was an induction programme for nursing staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff that reviewed patients with long-term conditions had received training in areas such as wound care and respiratory conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

Are services effective?

(for example, treatment is effective)

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.

- 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 and new recruits had received a six month review.
- 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, records showed that not all staff were up to date with some training. For example, infection prevention and control training and fire safety awareness.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was generally available to relevant staff in an 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. However, this system and process for coordinating patient care was not in use for patients receiving anticoagulation (blood thinning medicines to prevent clots) therapy from another service provider. We found that the practice did not always have access to accurate records of the treatment provided by the other service in order to help them make informed decisions about all aspects of the care of these patients.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis 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 85%, which was better than the CCG and the national average of 82%. 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. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates were similar to local averages. For example, vaccines given to infants aged 12 months and under were at 96% across the range of vaccines (CCG average ranged from 86% to 93%, national average 73% to 93%), five year olds ranged from 86% to 100% (CCG average 88% to 97%, national average 82% to 95%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Conversations between receptionists and patients could be overheard in the patient waiting areas and background music was played to buffer sound. The receptionists were aware of patient confidentiality and we saw that they took account of this in their dealings with patients. There was a private area if patients wished to discuss sensitive issues or appeared distressed.

Most of the 43 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. Patients also commented positively about the wide range of services available including the dispensary and physiotherapy services. There were several negative comments about difficulties obtaining prescriptions and waiting past appointment times at the practice. Conversely other patients commented positively about the time GPs spent with them and the dispensary service.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was similar to local clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of respondents said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 80% of respondents said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 90% of respondents said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.
- 81% of respondents said the last GP they spoke with was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 90% of respondents said the last nurse they spoke with was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 96% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 89% 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:

- 82% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 78% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 87% of respondents said the last nurse they saw was good at involving them in decisions about their care which was the same as the CCG and similar to the national average of 85%.

Are services caring?

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.

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 97 patients as carers (2% of the practice list). The practice had a care liaison officer who helped promote the role of carers both within the practice and locally. The practice ran an annual 'carers week' and carers were invited to the practice's health promotion events including a 'care for carer's' event. Written information was available to direct carers to the various avenues of support available to them

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a 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 patient population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had identified the higher than average amount of patients with learning disabilities in their patient population and had responded by providing extra training for staff, a learning disability communication folder and bespoke desensitising programs for patients that would benefit from these.

- There were daily emergency clinics from 8.30am to 10.15am.
- There were longer appointments available for patients with a learning disability and staff had received Makaton training to support communication with patients (Makaton uses signs and symbols to help people communicate).
- 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 were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had reviewed their patients' needs and added extra services accordingly to help prevent patients having to travel to secondary care in order to get treatment. One of the GP partners provided twice weekly ear, nose and throat clinics, which were accessible to patients not on the practice list. There was a dermatoscope referral system for skin conditions and patients had access, at the practice, to physiotherapy and counselling services which were delivered by other local health care providers.
- Patients were empowered to have a voice within the practice through the collaborative partnership between the patient participation group (PPG) and the practice. The practice and PPG had a strong focus on working together to improve outcomes for patients. For example, the annual health promotion events.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Morning appointments were from 8.30am to 10.40am and afternoon appointments times varied. Appointments could be booked up to six weeks in advance and 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 comparable to local and national averages.

- 80% of respondents were satisfied with the practice's opening hours compared to the CCG average of 77% national average of 79%.
- 84% of respondents said they could get through easily to the practice by telephone compared to the CCG average of 70% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

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

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance for GPs in England.
- 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 in the form of material in the practice leaflet and on their website.

The practice had recorded four written complaints and 13 verbal complaints in 2015/16. 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

Are services responsive to people's needs?

(for example, to feedback?)

to help improve the quality of care. For example, after a complaint about a cancelled appointment due to staff sickness, the practice made plans to train other members of staff to undertake this aspect of care.

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 to provide high quality, effective, treatment. Staff we spoke with talked positively about how they were able to use the practice values to improve quality and outcomes for patients.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

Not all governance arrangements were effectively implemented.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical audit was used to monitor quality and to make improvements.
- Practice internal audits and processes were not always implemented in a systematic manner. For example, infection prevention and control audits had failed to identify out of date sharps boxes. Risks associated with out of range temperatures for vaccine storage had not been addressed in line with local policy. The practice was unable to demonstrate that there was a systematic approach to medicines management. For example, taking action for all medicine alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). Although legionella testing had been undertaken, the practice was unable to demonstrate a systematic approach to water temperature monitoring. The practice was unable to demonstrate all appropriate recruitment checks had been undertaken for all locum GPs.

Leadership and culture

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 had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support

training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to help ensure that when things went wrong with care and treatment:

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

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. For example, staff requested a review of nursing clinics and as a result longer appointment times for the nursing team were implemented.

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.

- Patients were empowered to have a voice within the practice through the collaborative partnership between the patient participation group (PPG) and the practice. The practice and PPG had a strong focus on working together to improve outcomes for patients. For example, the annual health promotion events. The practice and PPG had gathered feedback from patients through surveys, complaints and by carrying out analysis of the results from the GP patient survey and Friends and Family Test. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, a 'running late board' was introduced at the request of the PPG so that patients waiting past their appointments times were kept fully informed of how long that wait might be.

Are services well-led?

Requires improvement 

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

- The practice had gathered feedback from staff through meetings, appraisals and discussion. 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. For example, after a staff request the practice facilitated time for regular team meetings for the reception team.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was a training practice so all the staff were to some degree involved in the training of future GPs. One of the GP

partners was also the GP educational lead for the Ashford clinical commissioning group. The practice nurse had completed mentorship training and there were plans to provide training opportunities for student nurses.

There was a proactive approach to identifying and understanding the needs of vulnerable groups of patients and to deliver care that promoted equality and improved outcomes. For example, the practice had identified the higher than average amount of patients with learning disabilities in their patient population and had responded by providing extra training for staff, a learning disability communication folder and bespoke desensitising programs for patients that would benefit from these.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way for service users.</p> <ul style="list-style-type: none">• The practice failed to assess risks to the health and safety of service users receiving care or treatment and do all that was reasonably practicable to mitigate any such risks.• The practice failed to ensure internal audits such as infection prevention and control and health and safety were effectively implemented and supported with action plans containing timeframes.• The practice failed to ensure fire safety and was unable to demonstrate that regular fire evacuations were undertaken and findings recorded.• The practice could not demonstrate that they had an effective system for managing all medicine alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).• The practice failed to ensure proper and safe management of medicines including the storage of vaccines as the practice had not recorded that action had been taken for out of range temperatures in line with local protocols.• The provider failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely as the practice was unable to demonstrate that it had completed recruitment checks for one locum GP employed directly by the practice. The practice was unable to provide a service level agreement for locum GPs provided by an agency.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

Requirement notices

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

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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

- to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.
- we found that the provider did not have effective procedures to manage quality improvements or governance systems relating to the monitoring of risk to patients, for medicines management, infection prevention and control, fire safety and staff induction for nurses and training for staff.

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

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

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,

- we found not all staff had been supported to participate in training in areas such as infection prevention and control and fire training.
- the provider failed to ensure staff received appropriate support when starting work as there was no formal induction programme for nursing staff.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.