Swanscombe Health 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?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Swanscombe Health Centre on 7 July 2015. Overall the practice is rated as good.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, reviewed and addressed.
- Most risks to patients were assessed and well managed. However, the practice had not always responded to national patient safety alerts and high risk medicines were not always prescribed safely.
- Patient's needs were assessed and care was planned and delivered in line with current legislation.
- Staff had received training appropriate to their roles.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. Staff treated patients with kindness and respect, and maintained confidentiality.
- Patients said they experienced few difficulties when making appointments and urgent appointments were available the same day.
- There was a leadership structure and staff felt supported by management. The practice took into account the views of patients and those close to them as well as engaging with staff when planning and delivering services.

However, there were areas of practice where the provider needs to make improvements.

The provider must;

- Review the system to monitor and keep blank prescription forms safe.
- Review the process for prescribing high risk medicines.

The provider should;

Summary of findings

- Revise the system of response to national patient safety alerts to ensure that all alerts appropriate to the practice are acted upon.
- Revise governance processes and ensure that all documents used to govern activity are up to date and contain relevant information details.
- Revise the system of legionella risk assessment and management to include the Greehithe branch premises and ensure action is planned and implemented where necessary.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services. Swanscombe Health Centre had systems to monitor, maintain and improve safety and demonstrated a culture of openness to reporting and learning from patient safety incidents. However, the practice had not always responded to national patient safety alerts. The practice had policies to safeguard vulnerable adults and children who used services. They monitored safety and responded to identified risks. There were systems for medicines management and infection control. However, blank prescriptions forms were not always handled in accordance with national guidance and the practice had not always followed best practice guidance when prescribing high risk medicines. Sufficient numbers of staff with the skills and experience required to meet patients' needs were employed. There was equipment to enable staff to care for patients and the practice had plans to deal with foreseeable emergencies.

Are services effective?

Good

The practice is rated as good for providing effective services. Staff at the Swanscombe Health Centre referred to guidance from the National Institute for Health and Care Excellence and had systems to monitor, maintain and improve patient care. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. The practice carried out clinical audit cycles to improve the service. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice equal to others in the locality and nationally for several aspects of care. Patients were satisfied with the care provided by Swanscombe Health Centre and were treated with respect. Staff were careful to keep patients' confidential information private and maintained patients' dignity at all times. Patients were supported to make informed choices about the care they wished to receive and felt listened to.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice was responsive to patients' individual needs such as language requirements and mobility issues. Access to services for all

Summary of findings

patients was facilitated in a wide variety of ways, such as routine appointments with staff at Swanscombe Health Centre and home visits. The practice provided an on-line booking service for appointments and repeat prescriptions. Patients could get information about how to complain in a format they could understand and the practice demonstrated that there had been learning from complaints.

Are services well-led?

Good

The practice is rated as good for providing well-led services. It had a clear vision and strategy, although not all staff we spoke with were clear about the vision and their responsibilities in relation to this. There was a leadership structure and most staff felt supported by management. The practice had written documents that governed activity and governance was discussed regularly at staff meetings. There were systems to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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

Good

The practice is rated as good for the care of older people. Patients over the age of 75 had been allocated a dedicated GP to oversee their individual care and treatment requirements. Patients were able to receive care and treatment in their own home from practice staff as well as district nurses and palliative care staff. There were plans to help avoid older patients being admitted to hospital unnecessarily. Specific health promotion literature was available as well as details of other services for older people. The practice held regular multi-professional staff meetings that included staff who specialised in the care of older people.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Service provision for patients with long-term conditions included dedicated clinics with a recall system that alerted patients as to when they were due to re-attend. The practice employed staff trained in the care of patients with long-term conditions. The practice supported patients to manage their own long-term conditions. Specific health promotion literature was available.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. Services for mothers, babies, children and young people at Swanscombe Health Centre included access to midwives and health visitor care. Appointments were available outside of school hours. Specific health promotion literature was available. The practice held regular multi-professional staff meetings that included staff who specialised in the care of mothers, babies and children.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working age people (including those recently retired and students). The practice provided a variety of ways this patient population group could access primary medical services. These included appointments outside of normal office hours. Appointments and repeat prescriptions could be accessed on-line. Specific health promotion literature was available.

People whose circumstances may make them vulnerable

Good

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

Summary of findings

primary medical service provision for people in vulnerable circumstances in a variety of ways. Patients not registered at the practice could access services and interpreter services were available for patients whose first language was not English. Specific health promotion literature was available. Specific screening services were also available.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). This patient population group had access to psychiatrist and community psychiatric nurse services as well as local counselling services. Specific health promotion literature was available. The practice held regular multi-professional staff meetings that included staff who specialised in the care of patients experiencing poor mental health.

Summary of findings

What people who use the service say

During our inspection we spoke with five patients who told us they were satisfied with the care provided by the practice. They considered their dignity and privacy had been respected and that staff were polite, friendly and caring. They told us they felt listened to and supported by staff, had sufficient time during consultations and felt safe. They said the practice was well managed, clean as well as tidy and they experienced few difficulties when making appointments. Patients we spoke with reported they were aware of how they could access out of hours care when they required it as well as the practice's telephone consultation service.

We received 41 patient comment cards. Thirty-nine comments were positive about the service patients experienced at Swanscombe Health Centre. Patients indicated that they felt the practice offered an excellent service and staff were efficient, caring and compassionate. They said that staff treated patients with dignity and respect. Patients had sufficient time during consultations with staff and felt listened to as well as safe. Two comments were less positive but there was no common theme between them.

We looked at the NHS Choices website where patient survey results and reviews of Swanscombe Health Centre were available. Results ranged from 'among the worst' for the percentage of patients who would recommend this practice, through 'worse than average' for scores for consultations with doctors and 'average' for scores for consultations with nurses. The GP patient survey score for patient satisfaction concerning opening hours was 66% and 36% of patients rated their ability to get through on the telephone as very easy or easy. 73% of patients rated this practice as good or very good.

Areas for improvement

Action the service MUST take to improve

- Review the system to monitor and keep blank prescription forms safe.
- Review the process for prescribing high risk medicines.

Action the service SHOULD take to improve

- Revise the system of response to national patient safety alerts to ensure that all alerts appropriate to the practice are acted upon.
- Revise governance processes and ensure that all documents used to govern activity are up to date and contain relevant information details.
- Revise the system of legionella risk assessment and management to include the Greehithe branch premises and ensure action is planned and implemented where necessary.

Swanscombe Health 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 advisor and a practice manager specialist advisor.

Background to Swanscombe Health Centre

Swanscombe Health Centre is situated in Swanscombe, Kent and has a registered patient population of approximately 13,145.

The practice staff consist of two GP partners (both male), six salaried GPs (three male and three female), one GP registrar (female), one Foundation Year Two doctor (female), one final year medical student (female), one practice manager, one assistant practice manager, one nurse practitioner (female), four practice nurses (all female), four health care assistant (one male three female), cleaning staff as well as administration and reception staff. The practice also employs locum GPs directly and through locum agencies. There is a reception and a waiting area on the ground floor. All patient areas are accessible to patients with mobility issues as well as parents with children and babies.

The practice is a training and teaching practice (teaching practices take medical students and training practices have GP trainees and Foundation Year Two trainee doctors).

The practice has a personal medical services (PMS) contract with NHS England for delivering primary care services to local communities.

The practice dispensed medicines at Bean Village Surgery only.

Primary medical services are provided as follows;

- Swanscombe Health Centre – Monday to Friday 9am to 6.30pm, as well as Tuesdays 6.30pm to 8pm.
- Bean Village Surgery – Monday to Friday 8am to 12.30pm, and Monday, Thursday and Friday 2pm to 6.30pm, as well as Tuesday 2pm to 7.30pm.
- Greehithe Surgery – Monday, Tuesday and Thursday 9am to 12.00pm and Tuesday 2pm to 6pm as well as Monday and Thursday 2pm to 7.30pm.

Primary medical services are available to patients registered at Swanscombe Health Centre via an appointments system. There is a range of clinics for all age groups and a variety of conditions as well as the availability of specialist nursing treatment and support. There are arrangements with another provider (the 111 service) to deliver services to patients outside of Swanscombe Health Centre's working hours.

We carried out an announced, focussed inspection of Swanscombe Health Centre on 14 August 2014 as we had received concerning information about the practice. We did not inspect against all elements of the domains at that time and, therefore, were not able to give an overall rating. The findings were;

- Care and treatment was not always planned and delivered in a way that was intended to ensure patient's safety and welfare.
- There were inadequate arrangements in place to deal with foreseeable emergencies.
- Patients were not always cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

- The provider did not have an effective system in place to regularly assess and monitor the quality of service that patients received.
- The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients and others.
- The provider did not have an effective system in place for dealing with complaints. The provider had failed to ensure patients and people who used the services were aware of how to make a complaint. The provider was not able to evidence that they were following the guidance set out in their own complaints policy.

Regulated activities are provided at;

- Swanscombe Health Centre, Southfleet Road, Swanscombe, Kent, DA10 0BF.
- Bean Village Surgery, High Street, Bean, Kent, DA2 8BS.
- Greenhithe Surgery, 32 London Road, Greenhithe, Kent, DA9 9EJ.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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.

This provider had not received a comprehensive inspection before and that was why we included them.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as NHS England, the local clinical commissioning group, the Local Medical Committee and the local Healthwatch, to share what they knew. We carried out an announced visit on 7 July 2015. During our visit we spoke with a range of staff (two GPs, one GP Registrar, the practice manager, one nurse practitioner, two practice nurses, one healthcare assistant, the dispensary manager, one administrator and one receptionist) and spoke with five patients who used the service. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risk and improve quality regarding patient safety. For example, reported incidents and accidents, national patient safety alerts as well as comments and complaints received. The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses.

At Bean Village Surgery dispensing near misses were recorded in a book. There was a positive culture in the practice for reporting and learning from medicines incidents and errors. Medicines incidents were logged efficiently and then reviewed promptly. This helped ensure appropriate actions were taken to minimise the chance of similar errors occurring again.

We reviewed all safety records and incident reports for the last 12 months. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system for reporting, recording and monitoring incidents, accidents and significant events. There was also written guidance available for staff to follow when managing significant events. For example, the significant event policy. We reviewed records of significant events that had occurred in the last 12 months and saw this system was followed appropriately. All reported incidents, accidents and significant events were managed by dedicated staff. Staff told us that feedback from investigations was discussed at staff meetings and records confirmed this.

National patient safety alerts were disseminated electronically as well as in paper form to practice staff and there was a system to help ensure action relevant to Swanscombe Health Centre was completed. However, the practice was unable to demonstrate they had responded to an alert relating to management of a medicine used in the treatment of auto-immune conditions such as rheumatoid arthritis.

Reliable safety systems and processes including safeguarding

The practice had systems to safeguard vulnerable adults and children who used services. There was written information for safeguarding vulnerable adults and children as well as other documents readily available to staff that contained information for them to follow in order to recognise potential abuse and report it to the relevant safeguarding bodies. For example, a vulnerable adults policy. Contact details of relevant safeguarding bodies were available for staff to refer to if they needed to report any allegations of abuse of vulnerable adults or children. The practice had dedicated GPs appointed as leads in safeguarding vulnerable adults and children. Records showed they were trained to level three in safeguarding. All staff we spoke with were aware of the dedicated appointed lead in safeguarding as well as the practice's safeguarding policies and other documents. All of the staff we spoke with told us they were up to date with training in safeguarding. Records confirmed this. When we spoke with staff they were able to describe the different types of abuse patients might have experienced as well as how to recognise them and how to report them.

The practice had a whistleblowing policy that contained relevant information for staff to follow that was specific to the service. The policy detailed the procedure staff should follow if they identified any matters of serious concern. However, the policy did not contain the names or contact details of external bodies that staff could approach with concerns. All staff we spoke with were able to describe the actions they would take if they identified any matters of serious concern and most were aware of this policy.

The practice had a monitoring system to help ensure staff maintained their professional registration. For example, professional registration with the General Medical Council or Nursing and Midwifery Council. We looked at the practice records of three clinical members of staff which confirmed they were up to date with their professional registration.

The practice had a chaperone policy and information about it was displayed in public areas informing patients that a chaperone would be provided if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Patients we spoke with told us they were aware this service was available at the practice. Records showed that staff who acted as chaperones had received training to do so.

Requires improvement

Are services safe?

Medicines management

Swanscombe Health Centre had documents that guided staff on the management of medicines such as a prescribing policy. Staff told us that they accessed up to date medicines information and clinical reference sources when required via the internet and through published reference sources such as the British National Formulary (BNF). The BNF is a nationally recognised medicines reference book produced by the British Medical Association and Royal Pharmaceutical Society of Great Britain. The practice received input from the local clinical commissioning group's pharmacy advisor.

Patients were able to obtain repeat prescriptions either in person or by completing paper repeat prescription requests as well as on-line. Patients' medicines reviews were carried out during GP appointments and during dedicated clinic appointments such as asthma clinics. The frequency of these reviews was in line with national guidance. For example, patients taking medicines to treat high blood pressure were reviewed annually.

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and only accessible to authorised staff. Appropriate temperature checks for refrigerators used to store medicines had been carried out and records of those checks were made. There was written guidance available for staff on the monitoring of refrigerator temperatures that included details of the action to be taken in the event that storage temperatures for vaccines went outside of acceptable limits.

The practice had processes to check that medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. At Bean Village Surgery blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and held securely at all times. However, this was not happening at Swanscombe Health Centre.

The practice had a system for the management of high risk medicines which included regular monitoring in accordance with national guidelines. However, the practice was not following best practice guidance or responding to national patient safety alerts regarding the prescribing of a medicine used to treat auto-immune conditions such as rheumatoid arthritis.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and followed standard procedures that set out how they were managed. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. There were arrangements for the destruction of controlled drugs and staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

The practice nurse administered vaccines using patient group directions (PGDs) and the healthcare assistant administered vaccines using patient specific directions (PSDs) that had been produced in line with legal requirements and national guidance. Records showed that nursing staff and healthcare assistants had received appropriate training to administer vaccines. A member of nursing staff was qualified as an independent prescriber. Records showed they had received regular supervision and support in this role as well as updates in the specific clinical areas of expertise for which they prescribed.

The practice participated in the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had completed appropriate training and had their competency reviewed annually.

Cleanliness and infection control

The premises were generally clean and tidy. Patients we spoke with told us they always found the practice clean and had no concerns regarding cleanliness or infection control at Swanscombe Health Centre. Cleaning schedules were used and there was a supply of approved cleaning products. Records were kept of domestic cleaning carried out in the practice and audits of domestic cleaning were undertaken. There was written guidance for staff on the cleaning of specific equipment such as the spirometry flow transducer (part of equipment used to assess patients' lung function).

Requires improvement

Are services safe?

Antibacterial gel was available throughout the practice for staff and patients to use. Antibacterial hand wash, paper towels and posters informing staff how to wash their hands were available at all clinical wash-hand basins in the practice.

The practice had an infection control policy that contained procedures for staff to refer to in order to help them follow the Code of Practice for the Prevention and Control of Health Care Associated Infections. The code sets out the standards and criteria to guide NHS organisations in planning and implementing control of infection.

The practice had an identified infection control lead and all relevant members of staff were up to date with infection control training.

Personal protective equipment (PPE) including disposable gloves, aprons and coverings were available for staff to use.

The practice carried out risk assessments and had developed action plans to manage or reduce infection control risks. Staff told us that infection control audits were also carried out at Swanscombe Health Centre to help ensure good standards of hygiene and hygiene practices were maintained. For example, a staff awareness of the infection control audit.

There was a system for safely handling, storing and disposing of clinical waste. This was carried out in a way that reduced the risk of cross contamination. Clinical waste was stored securely in locked, dedicated containers whilst awaiting collection from a registered waste disposal company.

The practice had a system, including a guidance policy, which monitored and recorded the hepatitis B status of GPs and nurses at Swanscombe Health Centre.

The practice had a system for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). However, this system did not include the Greenhithe Surgery and there was no action plan to address the issues identified by the legionella risk assessment that had been carried out. For example, one water tank showed signs of stagnation.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment (including clinical equipment) was tested, calibrated and maintained regularly and there were equipment maintenance logs and other records that confirmed this.

Staffing and recruitment

The practice had policies and other documents that governed staff recruitment. For example, a recruitment policy. Personnel records contained evidence that appropriate checks had been undertaken prior to employment. For example, proof of identification, references and interview records.

Records demonstrated all relevant staff had Disclosure and Barring Service (DBS) clearance (a criminal records check) or an assessment of the potential risks involved in using those staff without DBS clearance.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had recently recruited additional reception staff in order to reduce the time taken to answer the telephone, an issue which had been identified by a recent patient survey. Staff covered each other's leave to help ensure the practice had sufficient staff at all times. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Monitoring safety and responding to risk

The practice had a health and safety management system document to help keep patients, staff and visitors safe. Health and safety information was displayed for staff to see and the practice had a designated health and safety representative.

There was a record of identified risks and action plans to manage or reduce risk. A fire risk assessment had been undertaken that included actions required in order to maintain fire safety. There was also a fire safety policy that guided staff. Staff told us they had received fire safety training and records confirmed this.

Staff told us there were a variety of systems to keep them, and others, safe whilst at work. They told us they had the ability to activate a panic alarm to summon help in an emergency or security situation.

Requires improvement

Are services safe?

There was a system governing security of the practice. For example, visitors were required to sign in and out using the designated book in reception. Some non-public areas of the practice were secured with coded key pad locks to help ensure only authorised staff were able to gain access.

Arrangements to deal with emergencies and major incidents

There were policies and other documents that guided staff in the management of medical emergency situations. For example, the procedure for basic life support – adult and child. Records confirmed that all staff were up to date with basic life support training. Emergency equipment was available in the practice, including access to emergency medicines, medical oxygen and an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency). Staff told us that these were checked regularly and records confirmed this. Although Bean Village Surgery did not have an AED, there was a risk assessment demonstrating local access to an AED via the first responder service.

There was a major incident and business continuity policy that indicated what the practice would do in the event of situations such as loss of the practice premises and failure of the gas supply.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Clinical Excellence (NICE) and from local commissioners. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

Staff described how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at regular intervals to help ensure their treatment remained effective. For example, patients with diabetes were having regular health checks and were being referred to other services when required. Feedback from patients confirmed they were referred to other services or hospital when required.

The GP told us they lead in specialist clinical areas such as contraception. The practice nurses and healthcare assistants supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us this supported all staff to review and discuss best practice guidelines, such as the management of specific medicines, and records confirmed this.

The practice used computerised tools to identify patients who were at high risk of admission to hospital. These patients were reviewed regularly to help ensure multidisciplinary care plans were documented in their records and that their needs were being met to assist in reducing the need for them to go into hospital. We saw that after patients were discharged from hospital they were followed up to help ensure that all their needs were continuing to be met.

Discrimination was avoided when making care and treatment decisions. Interviews with clinical staff showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of each patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Information about patients' care and treatment, and their outcomes, was routinely collected, monitored and used to improve care. Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, managing child protection alerts and medicines management. The information staff collected was then collated to support the practice to carry out clinical audits.

Staff told us the practice had a system for completing clinical audit cycles. For example, a medicines audit. Records demonstrated analysis of its results and an action plan to address its findings. There were plans to repeat audits and complete cycles of clinical audit.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice. The 2013 / 2014 QOF data for this practice showed it was performing in line with national standards. The only exception being influenza vaccination rates for patients aged 65 years and over, and for patients aged 6 months to 65 years in the defined influenza clinical risk groups were slightly below the national average.

The practice's prescribing rates were similar to national figures. Staff followed national guidance for repeat prescribing. They regularly checked patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as chronic obstructive pulmonary disease (a breathing problem) and that the latest prescribing guidance was being used.

The practice kept a register of patients identified as being at high risk of admission to hospital and of those in various vulnerable groups such as patients with learning disabilities, dementia and those on the mental health register. Structured annual reviews were undertaken for patients with long-term conditions. For example, diabetes.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

Practice staffing included medical, nursing, managerial and administration staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support. Staff underwent induction training on commencement of employment with the practice. The GPs were up to date with their yearly continuing professional development requirements and either had plans to be revalidated or had been revalidated. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England).

The practice had a staff appraisal system that identified learning needs from which action plans were documented. The practice had processes to identify and respond to poor or variable practice including policies such as the discipline policy and the harassment and bullying policy.

Staff had job descriptions outlining their roles and responsibilities as well as providing evidence that they were trained appropriately to fulfil these duties. For example, the practice nurses were trained in the administration of vaccinations. Those with extended roles, such as nurses carrying out reviews of patients with long-term conditions (for example, asthma), were also able to demonstrate that they had appropriate training to fulfil these roles.

Working with colleagues and other services

The practice worked with community nursing teams and other service providers to deliver care to patients. Records confirmed that multi-disciplinary meetings took place in order to discuss and plan patient care that involved staff from other providers.

In order to deliver end of life care to patients the practice worked with district nurses and palliative care services.

There were systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

The practice had a system to refer patients to other services such as hospital services or specialists.

Staff told us that there was a system to review and manage blood results on a daily basis. Results that required urgent attention were dealt with by the GPs at the practice promptly, and out of hours doctors as well as palliative care staff were involved when necessary.

Information sharing

Relevant information was shared with other providers in a variety of ways to help ensure patients received timely and appropriate care. For example, staff told us the practice met regularly with other services, such as community matrons, to discuss patients' needs.

The practice used electronic systems to communicate with other providers. For example, there was a shared system with the local GP out of hours provider to help enable patient data to be shared in a secure and timely manner. There was a system for sharing appropriate information for patients with complex needs with the ambulance and out of hours services.

Consent to care and treatment

The practice had a consent protocol document that governed the process of patient consent and guided staff. The document described the various ways patients were able to give their consent to examination, care and treatment as well as how that consent should be recorded.

Staff told us that they obtained either verbal or written consent from patients before carrying out examinations, tests, treatments, arranging investigations or referrals and delivering care. They said that parental consent given on behalf of children was documented in the child's medical records. Staff had not received formal training on the Mental Capacity Act 2005. However, staff we spoke with were able to describe how they would manage the situation if a patient did not have capacity to give consent for any treatment they required. Staff also told us that patients could withdraw their consent at any time and that their decisions were respected by the practice.

Health promotion and prevention

All new patients registering with the practice were offered a health check by nursing staff. The GP was informed of all health concerns detected and these were followed up in a timely way. We noted a culture amongst clinical staff to use

Good

Are services effective?

(for example, treatment is effective)

their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic smoking cessation advice to smokers.

Specific health promotion literature was available for all patient population groups such as shingles vaccination information for older patients, influenza vaccination information for patients with long-term conditions such as asthma and diabetes, information on screening services for men at risk of abdominal aortic aneurysm (an abnormal swelling of the a main blood vessel), smoking cessation advice, contact details of services offering support to patients dependent on alcohol, details about how to manage fever in children as well as contact details of a dementia charity for patients who were worried about their memory.

The practice provided dedicated clinics for patients with certain conditions such as diabetes and asthma. Staff told us these clinics helped enable the practice to monitor the on-going condition and requirements of these groups of patients. They said the clinics also provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration. Patients who used this service told us that the practice had a recall system to alert them when they were due to re-attend these clinics.

Patients told us they were able to discuss any lifestyle issues with staff at the practice. For example, issues around eating a healthy diet or taking regular exercise. They said they were offered support with making changes to their lifestyle. For example, referral to a smoking cessation service.

The practice offered a full range of immunisations for children, travel vaccines and influenza vaccinations in line with current national guidance. Child immunisation rates were above the national average at Swanscombe Health Centre. Influenza vaccination rates were slightly below the national average for patients aged 65 years and over, and for patients aged 6 months to 65 years in the defined influenza clinical risk groups.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We looked at the NHS Choices website where patient survey results and reviews of Swanscombe Health Centre were available. Results ranged from 'among the worst' for the percentage of patients who would recommend this practice, through 'worse than average' for scores for consultations with doctors and 'average' for scores for consultations with nurses. The GP patient survey score for patient satisfaction concerning opening hours was 66% and 36% of patients rated their ability to get through on the telephone as very easy or easy. 73% of patients rated this practice as good or very good.

We looked at 41 patient comment cards. Thirty-nine comments were positive about the service patients experienced at Swanscombe Health Centre. Patients indicated that they felt the practice offered an excellent service and staff were efficient, caring and compassionate. They said that staff treated patients with dignity and respect. Patients had sufficient time during consultations with staff and felt listened to as well as safe. Two comments were less positive but there was no common theme.

We spoke with five patients, all of whom told us they were satisfied with the care provided by the practice and that their dignity and privacy had been respected. Patients indicated that they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. Patients had sufficient time during consultations with staff and felt listened to as well as safe.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains or screens were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained whilst they undressed / dressed and during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Incoming telephone calls answered by reception staff and private conversations between patients and reception staff that took place at the reception desk could be overheard by others. However, when discussing patients' treatments staff were careful to keep confidential information private. Staff told us that a private room was available near the reception desk should a patient wish a more private area in which to discuss any issues.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us they would investigate these and any learning identified would be shared with staff.

Patients' records were in electronic and paper form. Records that contained confidential information were held in a secure way so that only authorised staff could access them.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, the proportion of respondents to the GP patient survey who stated that the last time the saw or spoke with a nurse, the nurse was good or very good at involving them in decisions about their care was just below the national average.

The patient survey information we reviewed also showed patients responded positively to questions about the confidence they had in practice staff. For example, the proportion of respondents to the GP patient survey who stated they had confidence and trust in the last GP they saw or spoke with was above the local and national average.

Patients told us health issues were discussed with them and they felt involved in decision making about the care and treatment they chose to receive. Patients told us they felt listened to and supported by staff and had sufficient time during consultations in order to make an informed decision about the choice of treatment they wished to receive.

Patient/carer support to cope emotionally with care and treatment

Good

Are services caring?

Timely support and information was provided to patients and their carers to help them cope emotionally with their care, treatment or condition. Support group literature was available in the practice such as information about a support group for carers.

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated just below average in this area. For example, the proportion of respondents to the GP patient survey who stated that the last time they saw or spoke with a nurse, the nurse was good or very good at treating them with care and concern was just below the local clinical commissioning group average.

The patients we spoke with on the day of our inspection and the comments cards we received were consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

The practice supported patients to manage their own health, care and wellbeing and to maximise their independence. Specialised clinics provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Patients over the age of 75 years as well as patients with long-term conditions, patients whose circumstances may make them vulnerable and patients experiencing poor mental health had been allocated a dedicated GP to oversee their care and treatment requirements. Staff told us that patients over the age of 75 years were informed of this by letter. Records demonstrated that the practice held regular multi-disciplinary staff meetings that included staff from other services. For example, palliative care staff.

Patients not registered at the practice could access services and interpreter services were available for patients whose first language was not English.

The practice employed staff with specific experience or training in the care of all patient population groups. For example, nurses were trained in the care of patients with long-term conditions such as diabetes, cervical screening and immunisation / vaccination of all age groups. Other staff were trained in smoking cessation, phlebotomy (the taking of blood samples), chlamydia screening (a sexually transmitted disease) as well as spirometry (the assessment of a patient's lung function). Records showed the practice had systems that identified patients at high risk of admission to hospital as well as implementing care plans to reduce the risk and where possible avoid unplanned admissions to hospital.

Patients were able to receive care and treatment in their own home from practice staff as well as community based staff such as district nurses and palliative care staff. The practice had dedicated staff who regularly visited patients who lived in local care and residential homes to review their health needs. Staff external to the practice provided midwifery services to patients from Swanscombe Health Centre.

Patients told us they were referred to other services when their condition required it. For example, one patient told us they were referred to the local hospital for treatment that the practice was not able to provide.

Tackling inequity and promoting equality

Staff told us that services were delivered in a way that took into account the needs of different patients on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation.

Some practice staff had received specific training in equality and diversity, learning disabilities awareness and mental health awareness.

The premises and services had been designed to meet the needs of people with disabilities. The consulting rooms were accessible for patients with mobility difficulties and there was an access enabled toilet and baby changing facilities. There was a waiting area with space for wheelchairs and prams. This made movement around the practice easier and helped to maintain patients' independence.

The practice maintained registers of patients with learning disabilities, dementia and those with mental health conditions that assisted staff to identify them to help ensure their access to relevant services. All patients on the register with learning disabilities had received a physical health check within the last 12 months.

Staff told us that they did not have any patients who were homeless but would see someone if they came to the practice asking to be seen and would register the patient so they could access services. There was a system for flagging vulnerability in individual patient records.

The practice had recognised the needs of different groups in the planning of its services. For example, longer appointment times were available when patients with learning disabilities received their annual review.

Access to the service

Primary medical services were provided as follows;

- Swanscombe Health Centre – Monday to Friday 9am to 6.30pm, as well as Tuesdays 6.30pm to 8pm.
- Bean Village Surgery – Monday to Friday 8am to 12.30pm, and Monday, Thursday and Friday 2pm to 6.30pm, as well as Tuesday 2pm to 7.30pm.
- Greehithe Surgery – Monday, Tuesday and Thursday 9am to 12.00pm and Tuesday 2pm to 6pm as well as Monday and Thursday 2pm to 7.30pm.

Primary medical services were available to patients registered at Swanscombe Health Centre via an

Good

Are services responsive to people's needs?

(for example, to feedback?)

appointments system. Staff told us that patients could book appointments on-line, by telephoning the practice or by attending the reception desk. The practice also provided a telephone consultation service and carried out home visits if patients were housebound or too ill to visit Swanscombe Health Centre. There was a range of clinics for all age groups and a variety of conditions as well as the availability of specialist nursing treatment and support. There were arrangements with another provider (the 111 service) to deliver services to patients outside of Swanscombe Health Centre's working hours.

Continuity of care was provided to patients by permanent GPs and nurses conducting appointments. Patients we spoke with said they experienced few difficulties when making appointments and were happy with the continuity of care provided by Swanscombe Health Centre.

The practice opening hours as well as details of how patients could access services outside of these times were available for patients to take away from the practice in written form. For example, in a practice leaflet. They were also available on the practice's website and were displayed on the front of the building.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Details of the staff responsible for investigating complaints were given. However, timescales for dealing with complaints were not stated. Information for patients was available in the practice that gave details of the practice's complaints procedure and included the names and contact details of relevant complaints bodies that patients could contact if they were unhappy with the practice's response. Patients we spoke with were aware of the complaints procedure but said they had not had cause to raise complaints about the practice.

The practice had received nine complaints in the last 12 months. Records demonstrated that complaints were investigated, complainants had received a response, the practice had learned from the complaints and had implemented appropriate changes.

The practice had carried out a complaints analysis and audit that identified common themes of complaints received. Staff told us that complaints were discussed at staff meetings. Records confirmed this and demonstrated that learning from complaints and action as a result of complaints had taken place.

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

Swanscombe Health Centre had a statement of purpose that set out its vision and strategy to meet patients' healthcare needs. Most of the staff we spoke with were not aware of the practice's statement of purpose although it was displayed where staff and patients could see it in the practice.

Governance arrangements

There were documents that set out Swanscombe Health Centre's governance strategy and guided staff. For example, the clinical governance policy. A GP was the clinical governance lead and clinical governance issues were discussed at staff meetings. For example, prescribing practices. There was a variety of policy, protocol and other documents that the practice used to govern activity. For example, the sample handling policy, the consent protocol as well as the health and safety management system document. We looked at 19 such documents and saw one was not dated so it was not clear when it was written or when it came into use. Two documents did not contain a planned review date.

There was a leadership structure with named members of staff in lead roles. For example, the GPs had lead responsibilities in safeguarding vulnerable adults and children, and the nurse practitioner had lead responsibilities in infection control. All staff we spoke with were clear about their own roles and responsibilities. Most of the staff we spoke with said they felt valued by the practice and able to contribute to the systems that delivered patient care.

The practice operated a clinical audit system that improved the service and followed up to date best practice guidance. There were plans to repeat audits to complete cycles of clinical audit. Clinical staff we spoke with were aware that the practice carried out any clinical audits and records showed that results of clinical audits were shared with relevant staff.

The practice identified, recorded and managed risks. It had carried out risk assessments where risks had been identified and action plans had been produced and implemented. For example, a fire risk assessment. The only exception to this was in regard to the legionella risk assessment that did not include the Greehithe Surgery and did not have an action plan to address the issues identified.

The practice demonstrated human resources practices such as comprehensive staff induction training. Staff told us that they received yearly appraisals and GPs said they carried out relevant appraisal activity that now included revalidation with their professional body at required intervals and records confirmed this. There was evidence in staff files of the identification of training needs and continuing professional development.

Leadership, openness and transparency

The lead GP and practice manager were visible in the practice and staff told us that they were always approachable and always took time to listen to all members of staff. All staff were involved in discussions about how to run the practice and how to develop the practice.

Staff told us they felt supported by colleagues and management at the practice. They said they were provided with opportunities to maintain skills as well as develop new ones in response to their own and patients' needs.

Practice seeks and acts on feedback from its patients, the public and staff

The practice took into account the views of patients and those close to them via feedback from the patient participation group (PPG), patient surveys, as well as comments and complaints received when planning and delivering services.

The PPG was active and records demonstrated that where comments and suggestions were put forward by PPG members they were considered by the practice and improvements made where practicable. For example, changes to the layout of seating in the waiting area had been made so that patients could see the call screen.

The practice monitored comments and complaints left in reviews on the NHS Choices website. Four reviews had been left on this website in the last 12 months. One was positive and three were negative, but there were no common themes to these. The practice had responded to all of these reviews.

Are services well-led?

Good

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

The practice had carried out a patient survey. Results had been collated and identified some aspects of the practice that required improvement. For example, some patients had found it difficult to get through to the practice on the telephone. Records demonstrated that the practice had addressed this issue by employing more reception staff and installing more telephone lines.

There were meetings held in order to engage staff and involve them in the running of the practice. For example, partnership meetings, team meetings, multidisciplinary meetings, GP meetings and clinical meetings. The practice also carried out staff surveys. Most members of staff we spoke with told us they felt valued by the practice and able to contribute to the systems that delivered patient care. Minutes of staff meetings demonstrated that staff suggestions were supported. For example, relocating the emergency equipment to facilitate staff access.

Management lead through learning and improvement

The practice valued learning. There was a culture of openness to reporting and learning from patient safety incidents. All staff were supported to update and develop their knowledge and skills. All staff we spoke with told us they had an annual performance review and personal development plan.

The practice had a system to investigate and reflect on incidents, accidents and significant events. All reported incidents, accidents and significant events were managed by dedicated staff. Staff told us that feedback from investigations was discussed at meetings and records confirmed this.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: Care and treatment was not always provided in a safe way for service users. The registered person was not managing medicines safely and properly. Regulation 12(1)(2)(g).