

Woodlands Family Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Woodlands Family Practice on 8 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and urgent appointments were usually available on the day they were requested.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The area where the provider should make improvements are:

- Ensure that all documents used to govern activity are kept up to date.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system for reporting and recording significant events.
- Lessons were shared to help ensure action was taken to improve safety in the practice.
- The practice had systems, processes and practices to keep patients safe and safeguard them from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity as well as respect and they were involved in decisions about their care and treatment.
- Information for patients and carers about the services available was easy to understand and accessible.
- Staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care.
- Patients told us and comments cards indicated that 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.
- Information about how to complain was available and easy to understand. Records demonstrated that complaints were investigated, complainants received a response, the practice had learned from complaints and had implemented appropriate changes.

Are services well-led?

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

- The practice had a vision and a strategy which most staff were aware of and their responsibilities in relation to it.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However, some governance documents were not dated and some did not contain a planned review date.
- There was a clear leadership structure and staff felt supported by management.
- There were arrangements to monitor and improve quality as well as identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice had systems that identified notifiable safety incidents.
- The practice had proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was higher than the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Immunisation rates were in line with local clinical commissioning group averages for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 77%, which was comparable to the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held regular multidisciplinary staff meetings that included staff who specialised in the care of families, children and young people.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age patient population, those recently retired and students had been identified and the practice had adjusted the services it offered to help ensure these were accessible, flexible and offered continuity of care.
- There was a full range of health promotion and screening that reflected the needs for this patient population group.
- Patients were able to access appointments and repeat prescriptions online.

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 held a register of patients living in vulnerable circumstances including those living in nursing homes and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 78% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was in line with the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

- 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.

Summary of findings

What people who use the service say

The national GP patient survey results published on January 2016 showed the practice was performing similarly to national averages. 306 survey forms were distributed and 99 were returned. This represented 0.5% of the practice's patient list.

- 70% of respondents found it easy to get through to this practice by telephone which was compared to the national average of 73%.
- 61% of respondents described their experience of making an appointment was good which was comparable to the national average of 64%.
- 86% of respondents described the overall experience of their GP surgery as fairly good or very good which was comparable with the national average of 85%.

- 71% of respondents said they would definitely or probably recommend their GP practice to someone who has just moved to the local area which was below the national average of 79%.

We received eight patient comment cards, all of which were positive about the service patients experienced at Woodlands Family Practice. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Woodlands Family Practice

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, a second CQC Inspector and a practice manager specialist advisor.

Background to Woodlands Family Practice

Woodlands Family Practice is situated in Gillingham, Kent and has a registered patient population of approximately 20,223.

The practice staff consists of six GP partners (five male and one female), five salaried GPs (three male and two female), one GP registrar (female), one nurse manager (female), six practice nurses (all female), one healthcare assistant (female), one practice manager, one deputy practice manager, one senior housekeeper, four cleaners as well as administration and reception staff. There are reception and waiting areas 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 practice (training practices have GP trainees and FY2 doctors).

The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

Services are provided from Gillingham Medical Centre, Woodlands Road, Gillingham, Kent, ME7 2BU and Rainham Healthy Living Centre, Green Suite, 103-107 High Street, Rainham, Kent, ME8 8AA. We did not visit Rainham Healthy Living Centre during this inspection.

The Gillingham Medical Centre is open Monday to Friday between the hours of 8am to 6.30pm. Extended hours surgeries are offered Monday 6.30pm to 7.30pm and Thursday 7am to 8am. The Rainham Healthy Living Centre, Green Suite is open Monday to Friday 8am to 6.30pm. Extended hours surgeries are offered Wednesday and Friday 7am to 8am. Primary medical services are available to patients via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with other providers (Medway On Call Care) to deliver services to patients outside of the practice's working hours.

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. 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 8 March 2016. During our visit we:

- Spoke with a range of staff (two GPs, the practice manager, the deputy practice manager, one nurse manager, one practice nurse, one administrator and one receptionist) and spoke with patients who used the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the GP and practice manager of any incidents.
- Forms were available for staff to record incidents, accidents and significant events.
- The practice carried out analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, learning opportunities to improve practice had been identified following a recent incident.

Overview of safety systems and processes

The practice had systems, processes and practices to keep patients safe and safeguard them from abuse.

- There were arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies and other documents clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training relevant to their role. The lead GP was trained to Child Safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had either received a Disclosure and Barring Service check (DBS check) or a risk assessment of them performing this role without DBS clearance. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control protocol and staff had received up to date training. A clinical member of staff was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Infection control audits were undertaken. Staff told us they monitored the standard of domestic cleaning of the premises and records confirmed this.
- There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice to help keep patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) medicine optimisation teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were stored securely and the practice had a system to monitor their use.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment of staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

All risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. The practice had a health and safety policy to help keep patients, staff and visitors safe. Health and safety information was displayed for staff to see. The practice's partners had overall responsibility for health and safety.
- A fire risk assessment had been undertaken in December 2015. Records showed that staff were up to date with fire safety training.
- The practice had a system for the routine management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings).
- Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic

Are services safe?

examinations, assessments and treatments. They told us that all equipment (including clinical equipment) was tested, calibrated and maintained regularly and records confirmed this.

- Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. 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.

Arrangements to deal with emergencies and major incidents

The practice had appropriate arrangements to respond to emergencies.

- Staff received annual basic life support training and there were emergency medicines available in the practice.

- Emergency equipment was available in the practice. The practice had access to medical oxygen and an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency).
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- Staff told us emergency equipment and emergency medicines were checked regularly and records confirmed this. Emergency equipment and emergency medicines that we checked were within their expiry date.
- The practice had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- 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 92% of the total number of points available (clinical commissioning group average 94%, national average 95%). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 / 2015 showed;

- Performance for diabetes related indicators was higher than the national average. For example, 100% of the practice's patients with diabetes, on the register, had received an influenza immunisation in the preceding 1 August to 31 March compared with the national average of 94%. Eighty two percent of the practice's patients with diabetes, on the register, had their last IFCC-HbA1c (a blood test result) of 64 mmol/mol or less in the preceding 12 months compared with the national average of 78%.
- Performance for mental health related indicators was in line with the national average. For example, 86% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the national average of 88%. Seventy eight per cent of patients with dementia had had their care reviewed in a face to face review in the preceding 12 months compared with the national average of 84%.

Clinical audits demonstrated quality improvement.

- Staff told us the practice had a system for completing clinical audits. For example, a medicines safety audit. Records demonstrated analysis of its results and an action plan to address its findings. There were also records to demonstrate the audit had been repeated three times at regular intervals to complete cycles of clinical audit.
- Other clinical audits had been carried out. For example, an audit of repeat prescriptions that had been re-authorised. The practice had analysed the results and identified the reasons for re-authorisation. Records showed this audit was carried out at regular intervals to complete cycles of clinical audit.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as emergency procedures and accident reporting.
- Staff had job descriptions outlining their roles as well as responsibilities. Those with extended roles, such as nurses carrying out reviews of patients with long-term conditions (for example, diabetes), were also able to demonstrate that they had appropriate training to fulfil these roles.
- 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 anti-harassment and bullying policy.
- We reviewed training records and saw that staff were up to date with attending mandatory courses such as annual basic life support, safeguarding and infection control. The GPs were up to date with their yearly continuing professional development requirements. (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).

Coordinating patient care and information sharing

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

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way. For example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. Staff told us that multidisciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated and records confirmed this.

Consent to care and treatment

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

- The practice had a consent protocol that governed the process of patient consent and guided staff. The policy 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 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.
- 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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the national average of 74%. The practice ensured a female sample taker was available. The practice also encouraged its patients to participate in national screening programmes for bowel and breast cancer screening. Uptake of screening for these cancers was in line with local and national averages. For example, uptake for persons 60 to 69 screened for bowel cancer in the last 30 months was 56% which was comparable to the local average of 57% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were in line with local clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 85% to 95%. CCG averages ranged from 85% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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 that members of staff were courteous and helpful to patients and treated them with dignity and respect.

- We noted that consultation and 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' treatment staff were careful to keep confidential information private. The reception desk had also been partitioned and a queuing system was in operation to further aid confidentiality in this area of the practice. 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.

We received eight patient comment cards, all of which were positive about the service patients experienced at the practice. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy.

We spoke with six patients during the inspection. All six patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

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

- 91% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 82% and national average of 89%.
- 84% of respondents said the GP gave them enough time (CCG average 81%, national average 87%).
- 94% of respondents said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%).

- 84% of respondents said the last GP they spoke with was good at treating them with care and concern (national average 85%).
- 93% of respondents said the last nurse they spoke with was good at treating them with care and concern (national average 91%).
- 88% of respondents said they found the receptionists at the practice helpful (CCG average 84%, national average 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 84% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and national average of 86%.
- 79% of respondents said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 90% of respondents said the last nurse they saw or spoke with was good at explaining tests and treatment (CCG average 90%, national average 90%).

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

Patient and carer support to cope emotionally with care and treatment

Timely support and information was provided to patients and their carers to help them cope emotionally with their care, treatment or condition. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified patients on the practice list who were carers. Written information was available to direct carers to the various avenues of support available to them.

The patients we spoke with on the day of our inspection and the comment cards we received were positive about the emotional support provided by the practice. For example, these highlighted that staff responded compassionately when patients needed help and provided support when required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care. For example;

- Appointments were available outside of school hours and outside of normal working hours.
- There were longer appointments available for patients with a learning disability.
- Telephone consultations and home visits were available for patients from all population groups who were not able to visit the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- Patients were able to book appointments or order repeat prescriptions online.
- The premises and services had been designed to meet the needs of patients with disabilities.
- Patients over the age of 75 years had been allocated to a designated GP to oversee their care and treatment requirements.
- 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.
- There was a system for flagging vulnerability in individual patient records.
- Records showed the practice had systems that identified patients at high risk of admission to hospital and implemented care plans to reduce the risk and where possible avoid unplanned admissions to hospital.
- There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.

Access to the service

Services were provided from Gillingham Medical Centre, Woodlands Road, Gillingham, Kent, ME7 2BU and Rainham Healthy Living Centre, Green Suite, 103-107 High Street, Rainham, Kent, ME8 8AA.

The Gillingham Medical Centre was open Monday to Friday between the hours of 8am to 6.30pm. Extended hours

surgeries were offered Monday 6.30pm to 7.30pm and Thursday 7am to 8am. The Rainham Healthy Living Centre, Green Suite was open Monday to Friday 8am to 6.30pm. Extended hours surgeries were offered Wednesday and Friday 7am to 8am. Primary medical services were available to patients via an appointments system. There were a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There were arrangements with other providers (Medway On Call Care) to deliver services to patients outside of the practice's working hours.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line with national averages. Patients told us and comments cards indicated that they were able to get appointments when they needed them.

- 76% of respondents were satisfied with the practice's opening hours compared to the national average of 78%.
- 70% of respondents said they could get through easily to the practice by telephone compared to the national average of 73%.
- 76% of respondents said they were able to see or speak with someone the last time they tried compared to the national average of 76%.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- The complaints policy was in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- 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.

The practice had received 19 complaints in the last 12 months. Records demonstrated that the complaints were investigated, the complainants had received a response, the practice had learned from the complaints and had implemented appropriate changes.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a statement of purpose which reflected the vision and values. Most of the staff we spoke with were aware of the practice's vision or statement of purpose.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. Staff told us there was a system to review policies and other guidance documents on an annual basis in order to keep them up to date. We looked at 21 such policies and guidance documents and found that 17 were not dated so it was not clear when they were written or when they came into use. Nine of the 21 documents did not contain a planned review date.
- There was understanding of the performance of the practice.
- There was a programme of continuous clinical audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The GP partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised high quality and compassionate care. The GP partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The GP partners encouraged a culture of openness and honesty. The practice had systems that identified notifiable safety incidents.

When there were incidents, accidents or significant events:

- Staff followed guidance to report them.
- The practice investigated them and carried out analysis of them.
- The practice kept accurate records of them.
- The practice demonstrated that learning from them took place and shared this learning with all relevant staff.

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

- Staff told us that the practice held regular staff meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at meetings. They said they were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GPs in the practice.

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

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

- The practice gathered feedback from patients through the patient participation group (PPG) as well as surveys and complaints received.
- Records demonstrated that the practice had responded to patients' suggestions put forward in the patient survey. For example, the practice was continuing to analyse average call wait times and feedback on telephone access and had plans to increase further telephone lines and reception staff at peak times if needed.
- The PPG report 2014/2015 showed there were plans to keep the group informed of any changes within the practice.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff

Are services well-led?

Good 

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

told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. All staff were involved in discussions about how to run and develop the practice, and the GP partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Continuous improvement

There was evidence of continuous learning and improvement at all levels within the practice. For example, the practice learned from incidents, accidents and significant events as well as from complaints received.