

Rochester Road Surgery

Quality Report

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Date of inspection visit: 11 July 2017

Date of publication: 17/08/2017

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rochester Road Surgery on 11 July 2017. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, the recording of their investigation, discussion and learning needed to be strengthened.
- Improvements were needed to minimise risks to patient safety. We found no infection prevention control audit had been conducted and the practice was unable to demonstrate they had assessed and mitigated risks.

- Some staff were not familiar with how to alert staff to an emergency. We found a medicine out of date and the practice failed to have appropriate medicines to treat a patient should they have anaphylaxis or acute severe asthma.
- Staff were aware of current evidence based guidance, but the practice would benefit from a system to ensure all clinicians were kept up to date.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the practice's patient survey in December 2016 showed patients reported positively on the service they received. This was confirmed in our conversations with patients and members of the patient participation group.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they were able to book an appointment within the week if not before with a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice engaged well with their patients, who told us they felt valued and listened to.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

- Ensure appropriate emergency medicines are available.
- Ensure there are systems in place to monitor the use of prescription forms.
- Establish effective systems to identify manage and mitigate infection prevention control risks.
- Evidence how learning from clinical audits and significant events is shared and improves practice.

- Establish systems to ensure the safety of services, such as the recording of evacuation rehearsal procedures and the checking of emergency equipment.
- Maintain personnel records for persons working for the practice.

The areas where the provider should make improvements are:

- Ensure the safety of prescriptions.
- Ensure staff know how to activate and respond to alarms.
- Maintain records on checks on emergency equipment and fire evacuation rehearsals.
- Evidence how they share learning from clinical audits with the clinical team.
- Improve the identification of carers.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- From the sample of documented examples we reviewed, we found there was a system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. However, this was not consistently evidenced.
- When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice needed to strengthen their systems and processes to minimise risks to patient safety. We found the premises clean but there was no infection prevention control audit in place and no evidence that cleaning had been undertaken prior to surgery.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements to respond to emergencies and major incidents. However, they told us they had revised their emergency procedures following the inspection to improve the accessibility of emergency medicines and equipment and the responsiveness of team.
- We found a medicine out of date and the practice failed to have appropriate medicines to treat a patient should they have anaphylaxis or acute severe asthma.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff were aware of current evidence based guidance.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the December 2016 practice patient survey showed 75% of respondents stated the quality of care received from the GP was good or very good and 70% of the respondents stated the quality of care received from the nurse was good or very good.
- Comment cards completed by patients showed that they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice team were multilingual and patients could have consultations in their preferred language.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they were able to get appointments and had confidence in their named GP. 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.

Are services well-led?

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

Requires improvement



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity.
- The practice has introduced a governance framework but it was in its infancy.
- Staff had received performance reviews and attended staff meetings and training opportunities.

Summary of findings

- The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice engaged with their staff and patients and valued their views which they acted on.

Summary of findings

The six population groups and what we found

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

Older people

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. They offered health checks for patients 75 years and older and vaccinations for influenza and pneumococcal.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible

Requires improvement



People with long term conditions

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

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP.
- Patients had been appropriately reviewed, receiving annual checks, blood test monitoring and health screenings.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

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

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had failed to attend their immunisation appointments.
- Children were given health surveillance and developmental assessments.
- Mothers were offered post natal checks after the birth of their child and the practice conducted emotional and mental health screening.
- The practice actively encouraged patients to participate in national screening programmes and followed up on non-attendance.
- Immunisation rates were comparable with national averages for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Young people were offered appropriate immunisations, such as meningitis and HPV vaccinations. They were also offered chlamydia testing and long acting reversible contraception.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for working age people. The provider is rated as requires improvement for safe and well led services and good for providing effective, caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, they provided extended opening hours on four days a week.

Requires improvement



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. For example, health checks for patients 40-74 years of age at risk of developing heart disease, stroke, type 2 diabetes, kidney disease and dementia.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

- The practice provides an accessible service to meet individual patient's needs.
- Patients experiencing poor mental health are offered regular physical and mental health reviews.

Requires improvement



Summary of findings

- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs to mitigate the risks of abuse.
- Dementia assessments were offered to help patients with early diagnosis.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The practice registered with the Care Quality Commission in November 2016. There were no national GP patient survey results for this practice. However, the practice had undertaken an internal patient survey in December 2016. 100 forms were complete by patients, representing 3% of the patient list.

Their survey found;

- 85% of respondents stated they were good or very good at being treated with respect.
- 75% of respondents stated the GP provided good or very good quality care.
- 70% of respondents stated the nurse provided good or very good care.

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

We received 44 comment cards which were all positive about the standard of care received. Patients told us they received good care; they were responsive to concerns and supported patient to access services. Staff had time for patients; they were kind, caring and considerate. They were polite and sensitive to individual needs and often spoke to them in their preferred language. The GP always took time to listen for as long as they needed and they took care to explain choices and outcomes to the patient.

We spoke with three patients during the inspection. All three patients said they were pleased with the caring and personable nature of the GP. They told us how the GP was patient and attentive, always finding time to listen to them and support them with their care and treatment.

Areas for improvement

Action the service **MUST** take to improve

- Ensure appropriate emergency medicines are available.
- Ensure there are systems in place to monitor the use of prescription forms.
- Establish effective systems to identify manage and mitigate infection prevention control risks.
- Evidence how learning from clinical audits and significant events is shared and improves practice.
- Establish systems to ensure the safety of services, such as the recording of evacuation rehearsal procedures and the checking of emergency equipment.

- Maintain personnel records for persons working for the practice.

Action the service **SHOULD** take to improve

- Ensure the safety of prescriptions.
- Ensure staff know how to activate and respond to alarms.
- Maintain records on checks on emergency equipment and fire evacuation rehearsals.
- Evidence how they share learning from clinical audits with the clinical team.
- Improve the identification of carers.

Rochester Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Rochester Road Surgery

Rochester Road Surgery has approximately 3446 patients and is located in Gravesend, Kent. The practice has a branch surgery, Beaumont Drive Surgery. The branch surgery is located 2.5 miles away and a ten minute drive from the other surgery. There is unrestricted on street parking at both surgeries and local transport. The branch surgery was not visited during our inspection on 11 July 2017.

The practice is owned and managed by the lead GP (female). The clinical team consists of the female GP who works full time and a male GP providing consultations and minor surgery on Tuesday afternoon/evenings and Wednesday mornings. The practice nurse works 16 hours a week flexibly. They are supported by a multilingual administrative team overseen by the practice manager.

Since registering the practice in November 2016 they had been in discussions with their neighbouring practice Chalk Surgery regarding working together to provide a more accessible and sustainable service. They had held staff and patient consultation to share their vision and capture feedback.

The surgeries provide care to a deprived, culturally diverse and multi lingual community. It is densely populated with patients from Indian Punjab and eastern Europe. The majority of their patients are aged from 0-65 years.

Rochester Road Surgery is open between 10.30am and 1pm Monday, Tuesday, Thursday and Friday. On Wednesday the surgery opens at 9am and closes at 12noon. The surgery opens late on a Thursday 4.10pm to 7pm. In addition to pre-bookable appointments may be booked up to a month in advance, urgent appointments were also available for patients that needed them.

Patients could also attend the practice branch surgery at Beaumont Drive. Beaumont Drive opens from 8.10am to 10.10am Monday, Tuesday, Thursday and Friday and 4.10pm to 7pm on Monday, Tuesday and Friday. On Wednesday afternoons when they are closed patients may attend the Forge Surgery. However, they told us patients rarely use the services of the Forge Surgery.

The practice has a comprehensive website, detailing staff and services. It can be translated into a number of languages and includes health information and signposting to specialist health provision.

Services are delivered from;

Rochester Road Surgery, 115 Rochester Road, Gravesend, Kent DA12 2HU

Beaumont Drive Surgery, 177 Beaumont Drive, Northfleet, Kent DA11 9NY

The practice refers patients to the NHS 111 service when they are closed during the week, on weekends and bank holidays.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 11 July 2017. During our visit we:

- Spoke with a range of staff (practice manager, lead GP and reception team) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- Looked at information the practice used to deliver care and treatment plans.

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 living 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 practice manager of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed two significant incidents relating to clinical diagnosis and the management of patient data. We found that the service recorded and investigated the concerns and when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable. Patients received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice staff were able to tell us about incidents, what had happened and actions taken to mitigate the risk of a reoccurrence. We found procedures had been revised in response to learning and saw changes had been embedded into practice.

Overview of safety systems and processes

The practice had systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. The practice had separate policies for children and adult safeguarding; both were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role in November 2017. GPs were trained to child protection or 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 received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice were unable to demonstrate they had assessed and maintained appropriate standards of cleanliness and hygiene. We found the premises to be clean but the treatment room where minor surgery was conducted appeared cluttered and the ceiling lights were unclean not conducive with maintaining a sterile environment.

The practice nurse was the infection prevention and control (IPC) clinical lead and had completed additional training to perform the role. However, we found no annual infection control audit had been conducted to identify risks and mitigate them. We checked on the last two dates when surgery was conducted within the treatment room against the cleaning schedule. We found their records did not evidence cleaning conducted. We checked with the member of staff supporting the surgery and they confirmed no records were maintained of cleaning conducted before or after interventions. However, the practice were able to demonstrate intense cleaning had been conducted of their carpets in communal areas and fabric chairs.

Following the inspection the national guidance on infection and prevention control (IPC) was shared with the practice team and they were seeking external advice in respect of their IPC audit and recording of cleaning procedures.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- We asked the practice how they managed Medicines and Health Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us that they shared the alerts with their clinical team, conducted searches of their clinical system to identify patients who

Are services safe?

may be adversely affected and reviewed their care. We checked patient records in response to both historical and recent safety alerts and found patients had been reviewed and actioned appropriately.

- There were processes for handling repeat prescriptions which included the review of high risk medicines. We looked at a sample of patient notes and found evidence of appropriate monitoring systems in place to authorise safe prescribing.
- We found there were established systems in place for the management of repeat prescriptions. These were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice followed up on prescriptions that were not collected to identify potential safeguarding concerns.
- The practice had reviewed the previous annual prescribing report produced by Dartford, Gravesham, Swanley and Swale NHS Clinical Commissioning Group 2016/2017. It had identified potential improvements to prescribing practises and used this to prescribe in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored but the serial numbers were not recorded and there were no systems to monitor their use. Following the inspection the practice revised the guidance on the prescription security and introduced a logging system to track the movement of prescriptions.
- We found Patient Group Directions had been appropriately adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, we also asked to see the personnel file for the male GP who conducted consultations and minor surgery. The practice did not have a personnel file for the GP and were unable to demonstrate they had assured themselves that the clinician was safe to practice.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available dated March 2017.
- The practice had revised their fire risk assessment in July 2017 to ensure it was reflective of current risks. Annual maintenance checks had been conducted at both premises in July 2017. The practice fire policy stated fire drills were conducted six monthly and a record kept in their maintenance log. Staff told us they had held an evacuation on 5 June 2017 but this was not recorded. There were designated fire marshals within the practice. All patients were seen on the ground floor of Rochester Road Surgery to assist in the evacuation of patients with mobility problems in the event of an emergency.
- All electrical was checked in March 2017 to ensure it was safe to use and clinical equipment was calibrated in July 2017 to ensure it was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms and physical alarm systems to alert staff to an emergency. However, these were not known to all clinical staff. Following the inspection awareness training was provided to the practice team in activating and responding to alarms.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The practice nurse conducted regular checks but there were no records kept to evidence this.
- A first aid kit and accident book were available.

Are services safe?

- The practice told us they did not know when the list of emergency medicines had been reviewed. We found they did not reflect best practice. For example, they did not have medicine to treat a patient should they have anaphylaxis or acute severe asthma.
- The medicines were not easily accessible to staff as they were held in a secure area of the practice on the first floor. The practice relocated these during the inspection to a clinical room on the ground floor and advised staff.
- We found a medicine was out of date (used for treatment of severe asthma) although not recognised as current best practice in primary care. The practice immediately removed it and requested an alternative medicine.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The practice benefitted from access to alternative premises at their branch surgery and included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We spoke to the lead GP who was aware of 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 clinical templates that had been aligned to national guidance.

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 practice registered in November 2016 therefore no results have been submitted on their clinical performance. The QOF year commences in April and we reviewed the practices performance to date and found;

- 80% of eligible patients with heart disease had received appropriate monitoring a year after diagnosis.
- 33% of eligible patients over 16 years of age with rheumatoid arthritis had received face to face review in the last twelve months.
- 67% of patients with new stroke or transient ischemic attack had been appropriately referred for further investigation between 93 days before or 31 days after diagnosis.
- The practice had reviewed 25% of eligible patients with cancer in the preceding eighteen months with a review within appropriate time periods of confirmation of diagnosis.
- The practice had reviewed 67% of eligible patients with chronic obstructive pulmonary disease. However, they had reviewed one of the fourteen patients applicable to assess their breathlessness within the past twelve months.
- 17% of eligible patients with dementia had received a care review in the preceding twelve months. However, the practice had ensured there was a comprehensive care plan documented in the preceding twelve months for 28% of patients on the mental health register.

- The practice had conducted cervical screening tests on all their female patients aged 25 – 64 years with schizophrenia, bipolar disorder or other psychoses in the preceding twelve months.

The practice was aware of their progress against QOF and were able to explain the data in accordance with their patient practice demographics. For example, the practice had identified the management of diabetic patients as an area for improvement. They had found that patient's cultural beliefs and language barriers may potentially be influencing their compliance with medication. The practice was working with the Clinical Commissioning Group to commission a service to educate and meet these patient groups' individual needs.

There was evidence of quality improvement including clinical audit:

- The practice had been identified as a high outlier for antibiotic prescribing. They had conducted a single cycle audit on delayed antibiotic prescribing. This included recommendation such as an educational leaflet being provided to patients in different languages such as Punjabi to explain when it may be appropriate for antibiotics to be prescribed and why.
- The practice had conducted a two cycle audit on the use of long acting reversible contraception. It was aligned to NICE with learning identified and improvements evidenced.
- The practice could not evidence how they had shared their learning with the wider clinical team.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support. We reviewed six staff files all staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of in-house training and externally commissioned training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system. This included care and risk assessments, care plans, medical records and investigation and test results. We checked the practice systems and saw all processes were effective.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a three monthly basis. We reviewed two sets of meeting minutes from December 2016 and March 2017 and found good attendance by partner services including the community nursing and Hospice. We saw care plans were reviewed and updated for patients with complex needs and they reflected discussions and communication between services.

We reviewed the care of an end of life patient. We found their care had been delivered in a coordinated way which took into account the needs of the patient.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example: Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice told us they used visual aids to educate patients on their lifestyle choices. For example, the different calorie content for foods including Asian delicacies.

The practice's uptake for the cervical screening programme was 83%, which was comparable with the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds were 90% and for five year olds the rates ranged from 70% to 90%.

There was a policy to offer telephone or written reminders for patients who did not attend for their immunisations or cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice had been recognised as demonstrating good practice in patient attendance for the health checks.

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

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They told us they were happy and had confidence in the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

The practice had conducted an internal patient survey of 100 patients in December 2016. This identified that 85% of respondents felt the surgery were good or very good at treating them with respect.

Care planning and involvement in decisions about care and treatment

Comment cards completed by 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.

The practice had conducted an internal survey of 100 of their patients in December 2016. They found;

- 75% of respondents stated the quality of care received from the GP was good or very good.
- 70% of the respondents stated the quality of care received from the nurse was good or very good.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available and used for patients who did not have English as a first language. We saw notices in the reception areas were in different languages and informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them.
- Information leaflets were available.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area in several languages and told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website which could be translated.

The practice identified carers at registration and the computer system alerted GPs if a patient was also a carer. The practice had identified 28 patients as carers (less than 1% of the practice list) they accepted this was an area for improvement. We found a poster on carers services displayed in the waiting area. The practice contacted carers to invite them for immunisations.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday, Tuesday, Thursday and Friday evening for patients who could not attend during normal opening hours.
- The practice offered online appointments and online repeat prescriptions to be dispensed from a pharmacy of their choice.
- There were longer appointments available for patients with learning disabilities or who had complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. We found the practice used translation services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- The practice had a separate telephone line for partner services to contact the surgery directly.
- The practice were working with the Virtual Cardiology Clinic to identify and conduct joint consultations to review cardiology patient's care and medicines.
- The practice provided offered minor surgery treatments such as the removal of skin lesions from Rochester Road Surgery.

- The practice offered long acting reversible contraception.
- Well Baby Clinics operated at Rochester Road surgery on the second and fourth Friday of each month at 10am. They were also held at 9am on the first and third Friday of each month at their branch surgery in Beaumont Drive.
- The practice nurse provided a range of services, including advice on chronic disease management, leg ulcer care, ear irrigation, suture removal, cervical smears and smoking cessation.
- The GP was multi-lingual and able to speak to many patients in their native tongue.

Access to the service

The practice has two surgeries. Rochester Road Surgery was open between 10.30am and 1pm Monday, Tuesday, Thursday and Friday. On Wednesday the surgery opened at 9am and closed at 12noon. The surgery opened late on a Thursday 4.10pm to 7pm. In addition to pre-bookable appointments that could be booked up to a month in advance, urgent appointments were also available for patients that needed them.

Patients could also attend the practice branch surgery at Beaumont Drive. Beaumont Drive was open from 8.10am to 10.10am Monday, Tuesday, Thursday and Friday and 4.10pm to 7pm on Monday, Tuesday and Friday. On Wednesday afternoons when they were closed they were covered by Forge Surgery. However, they told us patients rarely use the other surgery.

We asked the practice when the next available appointments were with the GP and practice nurse. An appointment was available with both within five working days. Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

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

We found clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. Staff told us the receptionists took the home visit requests and documented the reason for it, obtaining a contact telephone number to call back the patient. These details were added to the GP patient record screen and easily visible for them to action. We checked the patient record system and could see evidence the system was being

Are services responsive to people's needs?

(for example, to feedback?)

followed. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice in partnership with the lead GP.

- The practice had a patient information leaflet that invited patients to speak with staff or address written complaints to the practice manager.

The practice told us they tried to resolve complaints at the time of reporting. They had received one written complaint relating to an incident that had occurred under the previous legal entity. We reviewed the investigations and found it had been handled in a timely and transparent manner. The allegation was not upheld.

Patients told us that should they have concerns they would speak to staff and had confidence in the practice resolving them.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice lead GP told us they wished to provide an accessible and professional service to their patients. Since registering the practice in November 2016 they had been in discussions with their neighbouring practice Chalk Surgery regarding working together to provide a more accessible and sustainable service. They had held staff and patient consultation to share their vision and capture feedback. They had also had discussions with external stakeholders such as Dartford, Gravesend, Swanley and Swale NHS Clinical Commissioning Group regarding the future vision of the practice and the feasibility of it including timescales.

Governance arrangements

The practice accepted they would benefit from defining and strengthening their governance framework to support and evidence the delivery of the strategy and good quality care. We found;

- There was a clear staffing structure and that staff were aware and confident in performing their own roles and responsibilities. The GPs and nurse had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff.
- The practice had an understanding of their clinical performance in respect of QOF. However, on reviewing their performance data refinement of their administration processes could strengthen their overall performance to capture all interventions provided to patients.
- The practice monitored the practice performance. Practice meetings were held regularly and staff spoke daily provided opportunities for staff to learn about the performance of the practice.
- The practice accepted they would benefit from strengthening their clinical and internal audit programme to share learning and improve their monitoring of the quality of the service.
- There were some arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. However, these were not established for example, the practice had not conducted an infection prevention control audit and used this to inform their cleaning schedules to evidence safe care and treatment.

Leadership and culture

On the day of inspection the lead GP demonstrated they had the experience to run the practice but needed time to embed changes and strengthen governance systems to ensure the consistent delivery of high quality care.

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

The lead GP and practice manager encouraged a culture of openness and honesty. We spoke to staff who were well informed about significant incidents although the system for documenting them and subsequent decisions could be strengthened. We found the practice ensured that when things went wrong with care and treatment:

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

There was a leadership structure in place. The lead GP had taken over the management of the service nine months ago and was introducing and embedding changes.

- The practice conducted multi-disciplinary meetings three monthly. We reviewed the meeting minutes from December 2016 and March 2017. We saw patient care was reviewed and actions assigned but no dates were stated from them to be progressed and completed. We checked a sample of patient files and saw they had been up dated to reflect the outcome of the discussions.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We reviewed practice meeting minutes from January 2017, March 2017 and May 2017. We found these were well attended but lacked narrative of the discussion, defining of actions, dates for completion and ensured progress was not reviewed at subsequent meetings. Meeting minutes were available for staff unable to attend the meetings to review.
- Staff said they felt respected, valued and supported, particularly by the lead GP and the practice manager.

Are services well-led?

Requires improvement 

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

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG). The practice had successfully recruited membership from a culturally diverse group. We spoke to three members of the PPG, they met six monthly and regarded the forum as supportive, informative and receptive to feedback. For example; the practice had introduced a queuing system on the telephones following concerns raised by the group. Patients had reported being frustrated waiting on the telephone with no indication of when it may be answered.
- the NHS Friends and Family test, complaints and compliments received.
- staff through appraisals, daily discussions and team meetings. Staff told us they enjoyed working at the practice and felt supported. They would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt they were supported to make decisions and involved and engaged with changes to how the practice was run.

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 Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way.</p> <p>We found no annual infection control audit had been conducted to identify risks and mitigation them. There was no enhanced cleaning schedule in place for the minor surgery procedure.</p> <p>Emergency medicines did not reflect best practice.</p> <p>Blank prescription forms and pads were securely stored but the serial numbers were not recorded and there were no systems to monitor their use.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Regulated activity | Regulation |
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The practice did not have established systems in place to identify manage and mitigate infection prevention control risks.</p> <p>There was an absence of documentation to evidence how learning from clinical audits and significant events was shared and improved practice.</p> <p>There was an absence of systems to ensure the safety of services, such as the recording of evacuation rehearsal procedures and the checking of emergency equipment.</p> <p>The practice did not have a personnel file for the male GP and were unable to demonstrate they had assured themselves that the clinician was safe to practice.</p> |

This section is primarily information for the provider

Requirement notices

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

This section is primarily information for the provider

Enforcement actions

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.