Chilton Place Surgery

Quality Report

The Surgery
Chilton Place
Ash
Canterbury
CT3 2HD
Tel: 01304812227
Website: www.ashsurgery.nhs.uk

Date of inspection visit: 6 March 2018
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

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

Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement overall. (Previous inspection February 2016 – Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Chilton Place Surgery on 6 March 2018 as part of our inspection programme.

At this inspection we found:

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Data from the Quality and Outcomes Framework (QOF) demonstrated that the practice was performing in line with local and national averages for patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients we spoke with said they were able to book an appointment that suited their needs. Pre-bookable, on the day appointments, home visits and a telephone consultation service were available. Urgent appointments for those with enhanced needs were also provided the same day.
- Information about services and how to complain was available and easy to understand.
- 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.

Summary of findings

The areas where the provider must make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care, so that actions for improvement, arising from complaints, significant events or other sources, are recorded and monitored to help ensure that they are completed.
- Ensure that recruitment checks are completed for all staff employed and that appropriate standards of hygiene are maintained in line with national guidance.

The areas where the provider should make improvements are:

- Consider installing a hearing loop so that patients and their carers can access and understand the information they are given.

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

Chilton Place 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 adviser.

Background to Chilton Place Surgery

Chilton Place Surgery, also known as the Ash surgery is a GP practice located in the village of Ash Kent. It provides care for approximately 4700 patients. The practice is in a rural area.

There are four GP partners, one male and three female. There is a practice nurse (female) and a healthcare assistant (female).

There are marginally fewer children (aged less than 5 years) and about a third more older people (aged over 64 years) in the practice population than in the national average population. Income deprivation is about two thirds the national average. Unemployment is about half the national average.

The practice has a general medical services contract with NHS England for delivering primary care services to local communities. The practice offers a full range of primary medical services. The practice is not a training practice.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 11.30am and 3.30pm until 6pm. The practice collaborates with The Butchery and Market surgeries to provide access to urgent appointments, one Saturday every four weeks, from 9am to 12pm on Saturday at Chilton Place Surgery.

The practice has opted out of providing out-of-hours services to their own patients. This is provided by Integrated Care 24**.** There is information, on the practice building and website, for patients on how to access the out of hours service when the practice is closed.

Services are provided from:

Chilton Place Surgery

Ash Surgery,

Chilton Place,

Ash,

Canterbury

Kent,

CT3 2HD

Requires improvement

Are services safe?

Our findings

We rated the practice as requires improvement for providing safe services.

Safety systems and processes

The practice did not have consistent systems to ensure people were kept safe.

- The practice conducted safety risk assessments. It had safety policies which had been shared and were accessible to staff. Staff received safety information for the practice as part of their induction.
- There were arrangements to safeguard adults and children from abuse. Policies and notices were displayed at strategic points within the building and showed who to contact for further guidance if staff had concerns about patients' welfare. There was a GP lead for safeguarding. However, the practice was unable to demonstrate that all clinical staff had received up-to-date safeguarding training appropriate to their role.
- The practice carried out (DBS Where non-clinical staff acted as chaperones the practice had assessed the risks and decided, as they were not left alone with the patient, that the practice would not require a DBS check.
- We reviewed three personnel files and found that not all the appropriate recruitment checks had been undertaken prior to employment. For example, we found two staff files lacking in certain areas such as references and proof of identify for both clinical and non-clinical staff.
- The practice appeared clean and tidy. They had an appointed infection prevention control nurse who had received additional training to perform the role.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Since our inspection, the provider has informed us that they had ordered a testing kit.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal

requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

- There were risk assessments in place for health and safety, fire risk assessment and safety issues.
- We found some clinicians had not undertaken practical basic life support training within the past year and not all staff had received up to date training for safeguarding vulnerable adults. This had not been identified as a risk.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- We reviewed safety records, incident reports national patient safety alerts and there were no minutes of meetings where these were discussed. We were told that generally lessons were shared to help ensure that action was taken to improve safety in the practice. However, it was not always possible to tell from the records available who was responsible for some of the actions and whether they had been completed.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice had lower than local and national averages for their average daily quantity of Hypnotics prescribed per Specific Therapeutic group prescribing data.
- The practice had above the local and national averages for the percentage of antibiotic items prescribed that are Cephalosporin's or Quinolones. They achieved 10% as opposed to the local average of 8.4% and the national average of 8.9%.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice achieved comparable rates to the local and national average for their patients with diabetes on the register, in whom the last IFCC- HbA1c is 64mmol/mol or less in the preceding 12 months. The practice achieved 84% and the local average was 81%, national average 80%.
- The practice achieved above the local and the national average for the percentage of patients with asthma, on the register, who have had asthma review in the preceding 12 months that includes an assessment of asthma control. The practice achieved 87% the local average was 74% and the national average was 76%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice achieved between 86% and 91% uptake rates for vaccines for children under five years comparable with national averages.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening in 2015/2016 was 84%, which was above the local average of 73% and national average of 72%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

Good

Are services effective?

(for example, treatment is effective)

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

People experiencing poor mental health (including people with dementia):

- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the national and local average of 84%.
- 96% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the local and national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 96%; CCG 92%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 98%; CCG 95%; national 95%).

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 97%. The overall exception reporting rate was 9% compared with a local average of 11% and national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. For example, patients with cardiovascular disease (CVD is a class of diseases that involve the heart or blood vessels) were supported and managed in the practice. By using a web calculator to work out the risk of developing a heart attack or stroke over the next 10, the practice were able to identify those patients at risk and to treat cholesterol issues appropriately.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice worked closely with the Community Hub Operating Centres (CHOC) and neighbouring practices for bi-weekly multi-disciplinary team meetings, to risk stratify and support those with extra needs.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Good

Are services effective?

(for example, treatment is effective)

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- All of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and eighteen surveys were sent out and 123 were returned. This represented about 3% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 84% of patients who responded said the GP gave them enough time; CCG - 88%; national average - 86%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 96%.
- 85% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 86%; national average - 85%.
- 91% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%.
- 95% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 92%.
- 100% of patients who responded said they had confidence and trust in the nurse they saw or spoke to; CCG - 98%; national average - 97%.
- 91% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 94%; national average - 91%.
- 90% of patients who responded said they found the receptionists at the practice helpful; CCG - 88%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, easy read materials were available. However, there was no communication aid in the form of a hearing loop available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 90 patients as carers 2% of the practice list.

- Written information was available to direct carers to the various avenues of support available to them.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent

Good

Are services caring?

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.

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:

- 85% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 90% and the national average of 86%.
- 84% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 84%; national average - 82%.
- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 93%; national average - 90%.
- 88% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.

The practice made reasonable adjustments when patients found it hard to access services.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these. There was a paramedic practitioner home visiting service. Paramedics would only visit when and if the GP felt the case was appropriate, or if an urgent visit was required and no GP was immediately available.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- 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 a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group 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, extended opening hours and Saturday appointments.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics.

Timely access to the service

Good

Are services responsive to people's needs?

(for example, to feedback?)

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Two hundred and eighteen surveys were sent out and 123 were returned. This represented about 3% of the practice population.

- 70% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 85% and the national average of 80%.
- 81% of patients who responded said they could get through easily to the practice by phone; CCG – 78%; national average - 81%.
- 87% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 82%; national average - 76%.
- 84% of patients who responded said their last appointment was convenient; CCG - 87%; national average - 81%.
- 71% of patients who responded described their experience of making an appointment as good; CCG - 80%; national average - 73%.
- 39% of patients who responded said they don't normally have to wait too long to be seen; CCG - 61%; national average - 58%.

The practice told us they had reviewed the findings of their patient survey data and had recently trialled Saturday opening with neighbouring practices.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Eleven complaints were received in the last year. We reviewed 11 complaints and found that they were satisfactorily handled in a timely way. However, it was not always possible to tell whether the actions that were generated as a result of incidents or complaints had been carried out because there was no systematic monitoring recorded.

The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, the practice has introduced more appointment slots and telephone consultations to reduce waiting times for appointments.

Are services well-led?

Requires improvement

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

Our findings

We rated the practice as requires improvement for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. There were regular team meetings. Staff told us that learning from complaints and significant events were discussed. However, it was not always possible to tell whether the actions that were generated as a result of incidents or complaints had been carried out because there was no systematic monitoring recorded.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Governance arrangements were not always effectively implemented.

- There were arrangements for identifying, recording and managing risks, issues. Although it was not always possible to identify if mitigating actions had been implemented or recorded.

Are services well-led?

Requires improvement

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

- The partners were unaware that not all the appropriate recruitment checks had been undertaken prior to employment for clinical and non-clinical member of staff.
- Structures, processes and systems to support good governance and management were not clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

The practice did not have clear and effective processes in place for identifying and managing risks, issues and performance including risks to patient safety.

- The partners were unaware members of their clinical team had not undergone annual practical training in basic life support.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

- The practice had systems in place to capture the views of patients, the public and staff and used national survey data. For example,
- There was an active patient participation group. The PPG spoke positively of practice and told us of how they had listened and responded to concerns. The practice had also supported their involvement in a patient survey.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. It was part of a local scheme called Encompass. The purpose of this scheme was to develop a new model of care, with the practice being part of a multi-speciality community provider (MSCP). An MSCP brings together nurses and community health services, hospital specialists and others to provide integrated out-of-hospital care. This

Are services well-led?

Requires improvement

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

had brought a great many outpatient consultations and the ambulatory care of the practice's patients to nearby "HUBS" such as Whitstable and Northgate and reduced the need for patients to travel to the District General Hospital.

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance. **How the regulation was not being met:** Systems or processes were not established and operated effectively to ensure compliance with the requirements in this part. Such systems or processes did not enable the registered person, in particular, to; • maintain securely such other records as are necessary to be kept in relation to – (ii) the management of the regulated activity. In particular: records did not show that verbal complaints had been discussed or that learning from them had taken place; the practice did not always keep records of action taken (or if no action was necessary) in response to receipt of all notifiable safety incidents. • assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may have been at risk which arose from the carrying on of the regulated activity. In particular: the practice was not always following national guidance on the management of infection prevention and control including legionella. • ensure clinicians providing care and treatment had received appropriate training to do so such as annual basic life support training and safeguarding training. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19(3) HSCA (RA) Regulations 2014: Fit and proper persons employed

How the regulation was not being met:

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- Persons employed for the purposes of carrying on a regulated activity must—
  - be of good character,
  - have proof of identity including a recent photograph

This was in breach of regulation 19(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.