

The Chestnuts Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Chestnuts Surgery on 26 July 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- The practice was unable to demonstrate the action taken as a result of receiving national patient safety agency alerts.
- Risks to patients were not always assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- There was limited evidence of clinical audits driving quality improvement.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Accurate, complete and contemporaneous records in relation to each service user were not always maintained.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Most patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice provided primary care services for a local hostel where prisoners released from local prisons and people who were temporarily homeless were housed. They worked with local substance misuse services to provide shared care to these vulnerable people.
- Governance arrangements were not always effectively implemented.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice gathered feedback from patients through the patient participation group (PPG), complaints received and by carrying out analysis of the results from the Friends and Family Test.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are;

- Revise the system and ensure national patient safety agency alerts are responded to in a timely and appropriate manner.
- Revise the system to monitor and record the hepatitis B status of all clinical staff.
- Revise risk assessment and management to include all associated risks from fire and legionella.
- Revise clinical audit activity to ensure improvements to patient care are driven by the completion of clinical audit cycles.
- Revise record keeping to ensure accurate, complete and contemporaneous records are maintained in respect of each service user.
- Revise governance processes to help ensure that all policy and procedure documents used to govern activity are up to date.

The areas where the provider should make improvements are;

- Revise systems to help ensure results are received for all samples sent for the cervical screening programme and the practice follows up women who are referred as a result of abnormal results.
- Improve the system that identifies patients who are also carers to help ensure eligible patients are offered relevant support.

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.

- There was an effective system for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had a system that identified notifiable safety incidents. However, the practice was unable to demonstrate the action taken as a result of receiving national patient safety agency alerts.
- The practice had systems, processes and practices to help keep patients safe and safeguarded from abuse.
- The practice's system that monitored and recorded the hepatitis B status of GPs and nurses had failed to identify the hepatitis B status of all clinical staff.
- Risks to patients were not always assessed and well managed.

Requires improvement



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was limited evidence of clinical audits driving quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Accurate, complete and contemporaneous records in respect of each service user were not always maintained.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care.
- Most patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Most staff were clear about the vision and their responsibilities in relation to it.
- Governance arrangements were not always effectively implemented.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, the practice did not have an effective system to keep these documents up to date.
- Risk management failed to identify, manage or reduce associated risks from fire and legionella.
- There was a clear leadership structure and staff felt supported by management.

Requires improvement



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice valued feedback from patients, the public and staff.
- There was a strong focus on continuous learning and improvement at all levels.

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 providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients over the age of 75 years had been allocated to a designated GP to oversee their care and treatment requirements.

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 providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was in line with the local clinical commissioning group (CCG) average and national average. For example, 74% of the practice's patients with diabetes, on the register, whose last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less compared with the local CCG average of 77% and national average of 78%. Ninety two percent of the practice's patients with diabetes, on the register, had a record of a foot examination and risk classification within the preceding 12 months compared with the local CCG average of 88% and national average of 88%.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicine needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- 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 attendances.
- Childhood immunisation rates for the vaccinations given were higher than clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 94% to 100% compared to the local CCG averages which ranged from 84% to 95%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the local CCG average of 83% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

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

Requires improvement



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to help ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflects the needs for this age group.

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 providing safe, effective and well-led services and good for providing 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, travellers and those with a learning disability.
- 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 informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided primary care services for a local hostel where prisoners released from local prisons and people who were temporarily homeless were housed. They worked with local substance misuse services to provide shared care to these vulnerable people.

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 providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Requires improvement



Summary of findings

- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the local clinical commissioning group (CCG) average of 83% and national average of 84%.
- Performance for mental health related indicators was higher than the local CCG average and national average. For example, 97% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the national average of 88%. Ninety four percent of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months compared to the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local clinical commissioning group (CCG) averages. 237 survey forms were distributed and 121 were returned. This represented 1% of the practice's patient list.

- 66% of respondents found it easy to get through to this practice by telephone which was comparable to the local CCG average of 64% and lower than the national average of 73%.
- 69% of respondents described their experience of making an appointment was good which was comparable to the local CCG average of 66% and national average of 73%.
- 81% of respondents described the overall experience of their GP surgery as fairly good or very good which was higher than the local CCG average of 80% and lower than the national average of 85%.

- 71% of respondents said they would definitely or probably recommend their GP practice to someone who has just moved to the local area which was higher than the local CCG average of 72% and lower than the national average of 79%.

We received 34 patient comment cards all of which were positive about the service patients experienced at The Chestnuts Surgery. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy. Seven comment cards also contained negative comments. All of these related to difficulty obtaining an appointment that suited their needs.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Two patients stated they found it difficult to book an appointment that suited their needs.

The Chestnuts 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 The Chestnuts Surgery

The Chestnuts Surgery is situated in Sittingbourne, Kent and has a registered patient population of approximately 9,440. There are more patients registered between the ages of 55 and 85+ years than the national average.

The practice staff consists of four GP partners (three male and one female), one salaried GP (female), one practice manager (currently on long term leave), three practice nurses, one healthcare assistant as well as administration and reception staff. There are reception and waiting areas on the ground floor. The practice also employs locum GPs via an agency. Patient areas on the ground floor are accessible to patients with mobility issues, as well as parents with children and babies.

The practice is not a teaching or training practice (teaching practices have medical students and training practices have GP trainees and FY2 doctors).

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

Services are provided from 70 East Street, Sittingbourne, Kent, ME10 4RU only.

The Chestnuts Surgery is open Monday to Friday between the hours of 8am to 12.30pm and 1.30pm to 6pm. Extended hours appointments are offered Monday to Friday 7am to 8am. Primary medical services are available to patients via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with other providers (Medway On Call Care) to deliver services to patients outside of the practice's working hours.

Why we carried out this inspection

We 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 and asked other organisations to share what they knew. We carried out an announced visit on 26 July 2016.

During our visit we:

- Spoke with a range of staff (two GP partners, one practice nurse and two administrators).
- Observed how patients were being cared for and talked with carers and/or family members

Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had updated their list of service providers that patients were referred to, following a breach of confidentiality when a patient was referred to a service that was no longer operating.

The practice had a system that identified notifiable safety incidents. For example, staff told us that national patient safety agency alerts were received by the practice manager via email and distributed to GPs electronically and in paper form. However, the practice was unable to demonstrate the action taken as a result of receiving such alerts.

Overview of safety systems and processes

The practice had systems, processes and practices to help keep patients safe and safeguarded from abuse, which included:

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns

about a patient's welfare. There was a lead member of staff for safeguarding. Practice staff attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- 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 or risk assessment of using staff in this role without DBS clearance. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and tidy. There was a lead member of staff for infection control who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Infection control audits were undertaken and there was an action plan to address any improvements identified as a result. The practice's system that monitored and recorded the hepatitis B status of GPs and nurses had failed to identify the hepatitis B status of all clinical staff.
- The arrangements for managing medicines, including emergency medicines and vaccines in the practice helped keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Are services safe?

Risks to patients were not always assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice's fire risk assessments was out of date. The practice was unable to demonstrate they were carrying out activities detailed in the action plan to reduce the risk of fire. Records showed that fire alarm testing was not being carried out weekly and there had been no fire drills carried out for the last 18 months. All electrical equipment was checked to help ensure the equipment was safe to use and clinical equipment was checked to help ensure it was working properly. The practice was unable to demonstrate they had a system for the routine management of legionella (a germ found in the environment which can contaminate water systems in buildings). Records showed water samples had been sent off for legionella testing. However, the practice did not have a legionella risk assessment or action plan and did not regularly record the water temperature from hot and cold outlets.
- Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to help keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available.

Data from 2014/2015 showed:

- Performance for diabetes related indicators was in line with the local clinical commissioning group (CCG) average and national average. For example, 74% of the practice's patients with diabetes, on the register, whose last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less compared with the local CCG average of 77% and national average of 78%. Ninety two percent of the practice's patients with diabetes, on the register, had a record of a foot examination and risk classification within the preceding 12 months compared with the local CCG average of 88% and national average of 88%.
- Performance for mental health related indicators was higher than the local CCG average and national average. For example, 97% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the national average of 88%. Ninety four percent of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months compared to the national average of 90%.

There was limited evidence of clinical audits driving quality improvement.

- Staff told us the practice had a system for completing clinical audits. For example, an audit of musculoskeletal injections within a primary care setting. However, records showed that this was an audit of injection techniques used within the Medway Community Healthcare Clinical Assessment Service. Although it involved some patients from The Chestnuts Surgery it was not specific to this practice as most patients included in the audit were from other practices.
- A clinical audit of the blood glucose management of diabetic patients had been carried out. The practice had analysed the results and produced an action plan to address its findings. Records showed this audit was due to be repeated to complete the cycle of clinical audit.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff.
- 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. For example, by access to on line resources and discussion at practice meetings.
- 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 on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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

- This included care and risk assessments, care plans, medical records and investigations and test results.
- The practice shared relevant information with other services in a timely way. For example, when referring patients to other services.

However, staff did not always maintain accurate, complete and contemporaneous records in respect of each service user. For example, staff told us of safeguarding concerns they had raised with their local safeguarding team about two children registered at the practice. When we looked at both patients' records there were no entries regarding these concerns having been raised.

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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Staff told us that meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP 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.

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

The practice's uptake for the cervical screening programme was 83%, which was comparable to the local CCG average of 83% and national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice was unable to demonstrate there were systems to help ensure results were received for all samples sent for the cervical screening programme and that the practice had followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were higher than clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 94% to 100% compared to the local CCG averages which ranged from 84% to 95%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Incoming telephone calls and private conversations between patients and staff at the reception desk could be overheard by others. However, when discussing patients' treatment staff were careful to keep confidential information private. Staff told us that a private room was available near the reception desk should a patient wish a more private area in which to discuss any issues.

We received 34 patient comment cards all of which were positive about the service patients experienced at The Chestnuts Surgery. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy.

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

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

- 87% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and national average of 89%.
- 87% of respondents said the GP gave them enough time (CCG average 86%, national average 87%).
- 94% of respondents said the nurse gave them enough time (CCG average 92%, national average 92%).

- 97% of respondents said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 85% of respondents said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received indicated they felt involved in decision making about the care and treatment they received. They also 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. We also saw that care plans were personalised.

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

- 88% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 89% of respondents said the last nurse they saw or spoke with was good at explaining tests and treatment (CCG average 90%, national average 90%).
- 82% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 90% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 91%).

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

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

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 18 patients on the practice list who were carers. The practice did not have a system that formally identified patients who were also carers and relied upon patients self-identifying as carers when interacting with staff. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Appointments were available outside of school hours and outside of normal working hours.
- There were longer appointments available for patients with a learning disability.
- Telephone consultations and home visits were available for patients from all population groups who were not able to visit the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice had a website and patients were able to book appointments or order repeat prescriptions online.
- The premises and services had been designed or adapted to meet the needs of patients with disabilities.
- The practice provided patients with the choice of seeing a female GP.
- The practice maintained registers of patients with learning disabilities, dementia and those with mental health conditions. The registers assisted staff to identify these patients in order to help ensure they had access to relevant services.
- There was a system for flagging vulnerability in individual patient records.
- Records showed the practice had systems that identified patients at high risk of admission to hospital and implemented care plans to reduce the risk and where possible avoid unplanned admissions to hospital.
- There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.
- The practice provided primary care services for a local hostel where prisoners released from local prisons and people who were temporarily homeless were housed. They worked with local substance misuse services to provide shared care to these vulnerable people.

Access to the service

The Chestnuts Surgery was open Monday to Friday between the hours of 8am to 12.30pm and 1.30pm to 6pm.

Extended hours appointments were offered Monday to Friday 7am to 8am. Primary medical services were available to patients via an appointments system. There were a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There were arrangements with other providers (Medway On Call Care) to deliver services to patients outside of the practice's working hours.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local clinical commissioning group (CCG) averages and at times lower than national averages.

- 71% of respondents were satisfied with the practice's opening hours compared to the local CCG average of 71% and national average of 78%.
- 66% of respondents said they could get through easily to the practice by telephone compared to the local CCG average of 64% and national average of 73%.
- 65% of respondents said they were able to see or speak with someone the last time they tried compared to the local CCG average of 67% and national average of 76%.

People told us on the day of the inspection that patients were not always able to get appointments when they needed them. Seven comments cards also indicated that patients were not always able to book an appointment that suited their needs. However, following an audit the practice had revised the appointments system and was continuing to monitor the results of improvements to patient access.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information for patients was available in the practice that gave details of the practice's complaints procedure and included the names and contact details of relevant complaints bodies that patients could contact if they were unhappy with the practice's response.

The practice had received six complaints in the last 12 months. Records demonstrated that the complaints were

Are services responsive to people's needs? (for example, to feedback?)

investigated, the complainants had received a response, the practice had learned from the complaints and had

implemented appropriate changes. For example, practice communication with pharmacies had been reviewed following a patient experiencing difficulty obtaining a prescription.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

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

Governance arrangements

Governance arrangements were not always effectively implemented.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. However, we looked at 19 such policies and guidance documents and found that 16 of the policies and guidance documents we looked at did not contain a planned review date to help ensure they were kept up to date. Two were due to have been reviewed in February 2016 so were overdue review. The practice was therefore unable to demonstrate they had an effective system to help ensure all governance documents were kept up to date.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of internal audit was used to monitor quality and to make improvements. However, there was limited evidence of clinical audits driving quality improvement.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice was unable to demonstrate a legionella risk assessments had been carried out and had failed keep the fire risk assessment up to date or demonstrate actions to reduce the risk of fire detailed in their action plan had been implemented.

Leadership and culture

On the day of inspection the partner in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied 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 practice partners encouraged a culture of openness and honesty. The practice had systems that identified notifiable safety incidents. However, the practice was unable to demonstrate the action taken as a result of receiving national patient safety alerts.

The practice had systems to help ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice valued feedback from patients, the public and staff.

- The practice gathered feedback from patients through the patient participation group (PPG), complaints received and by carrying out analysis of the results from the Friends and Family Test.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

Are services well-led?

Requires improvement 

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

management. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Continuous improvement

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

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for service users. The registered person was not: assessing all risks to the health and safety of service users receiving the care and treatment; doing all that was reasonably practical to mitigate any such risks; assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 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; assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided; maintain securely such other records as are necessary to be kept

This section is primarily information for the provider

Requirement notices

in relation to – (ii) the management of the regulated activity; evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).

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