

Aylesford Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Aylesford Medical Centre on 9 February 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.
- Risks to patients were assessed and well managed, with the exception of those relating to fire safety checks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- 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 areas where the provider must make improvements are:

- Ensure the practice has an effective system to assess, monitor and mitigate the risks arising from fire safety requirements.
- Ensure that all GPs have received training in safeguarding adults

Summary of findings

The areas where the provider should make improvements are:

- Ensure that national patient safety alerts are routinely reviewed in accordance with the increasing patient list size.

- Ensure that minutes of appropriate meetings are recorded.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system for reporting and recording significant events.
- However, the provider should ensure that historic national patient safety alerts are routinely reviewed in order to ensure new patients registered with the practice, do not fit the criteria of such alerts.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse. However, the provider should ensure GPs receive training in safeguarding adults, where required.
- Risks to patients were assessed and well managed, with the exception of those relating to fire safety checks.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice in line with others for almost all aspects of care. For example, 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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. However, national patient survey results from 2014/15 did not reflect this.
- 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. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.

Requires improvement



Summary of findings

This included arrangements to monitor and improve quality and identify most areas of risk. However, issues relating to the recording of fire safety checks and safeguarding adult training of GPs had not been identified.

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a 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 and well-led services and good for effective, responsive and caring 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 population included a high number of patients who are aged 75 and over, who have good health and those who may have one or more long-term physical or mental condition. It included patients who live at home as well as those who are in a residential or nursing home, where the practice maintained long term and end of life care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with other healthcare professionals such as the community nurses.

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 and well-led services and good for effective, responsive and caring 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 96%, which were better than the CCG and national average of 91%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider is rated as requires improvement for providing safe and well-led services and good for effective, responsive and caring 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage 79
- 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 percentage women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years84
- 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 and well-led services and good for effective, responsive and caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- 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 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.
- The practice were piloting email consultations, in order to provide care to working age patients.

Requires improvement



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

Requires improvement



Summary of findings

rated as requires improvement for providing safe and well-led services and good for effective, responsive and caring 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 travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- It had carried out annual health checks for all patients with a learning disability. It offered longer appointments for people with complex needs that related to their circumstances as well as their health concerns. The practice identified that there were a number of Nepalese and Eastern European patients registered with them and had translation services available if needed.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 96% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months,
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.

Requires improvement



Summary of findings

- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2015 (data collected during August 2014 - March 2015), showed the practice was performing below and/or in line with the local and national averages. 266 survey forms were distributed and 107 were returned. This represented 1.7% of the practice's patient list.

- 73% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 78% were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- 76% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).

- 69% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care received. However, one contained both positive and negative comments, which related to receiving good care but appointment times not occurring at the time they are scheduled and having to wait for a long time.

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

Areas for improvement

Action the service **MUST** take to improve

- Ensure the practice has an effective system to assess, monitor and mitigate the risks arising from fire safety requirements.
- Ensure that all GPs have received training in safeguarding adults.

Action the service **SHOULD** take to improve

- Ensure that national patient safety alerts are routinely reviewed in accordance with the increasing patient list size.

- Revise the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers are offered relevant support if required.
- Ensure that minutes of appropriate meetings are recorded.

Aylesford Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Aylesford Medical Centre

Aylesford Medical Centre is a GP practice based in Aylesford, Kent. There are 6,700 patients on the practice list. The practice is located within the Royal British Legion Village and has more patients aged over 64 years, as well as patients aged 18 and under than national averages. There are significantly more patients (63%) with a long standing health condition, compared to the national average (54%). The practice also had considerable numbers of Nepalese, Eastern European and ex service personnel patients registered with them.

There are two partner GPs (female) and one salaried GP (male). The GPs are supported by a practice manager, an advanced nurse practitioner (also a partner), a practice nurse, a healthcare assistant and an administrative team.

Aylesford Medical Centre is open 8.00am to 12.30pm and 1.30pm to 6.30pm Monday to Friday. Extended hours with the advanced nurse practitioner are available Monday to Friday from 7am to 8am. There is an emergency number for patients to be able to contact the practice during the hours of 12.30pm to 1.30pm.

There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

The practice has a general medical service (GMS) contract and also offers enhanced services for example; minor operations and joint injections.

The practice had previously inspected on 27 November 2013 and was found non-compliant in areas relating to infection control. A further focussed inspection was carried out on 15 August 2014 and the practice was found to be compliant.

The practice is currently in the process of changing its registration in line with the CQC (Registration) Regulations 2009. It is registered as a two partner practice, one of whom has left the partnership. Applications forms and the required notifications have been received by CQC in order to change the registration of the practice, to show that there are now four partners and to remove the previous registered partner.

Services are delivered from;

Aylesford Medical Centre, Admiral Moore Drive, Aylesford, Kent, ME20 7SE

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 February 2016. During our visit we:

Spoke with a range of staff; three GPs, the advanced nurse practitioner, the practice nurse, the healthcare assistant, the practice manager, five administrative staff and spoke with seven patients who used the service (four of whom were members of the patient participation group).

- Talked with carers and/or family members.
- 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 practice carried out a thorough analysis of the significant events.

Lessons were shared to make sure action was taken to improve safety in the practice. For example, a sharps injury sustained by a member of the cleaning team, following a vial of medicine for injection being discarded in a clinical waste bin. This incident was reported, investigated and discussed at a clinical meeting. As a result processes were reviewed and changes made to improve patient safety. Records showed that learning from this event was shared with relevant staff.

We reviewed safety records, incident reports national patient safety alerts (NPSA) and minutes of meetings where these were discussed.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three in children.
- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The advanced nurse practitioner was the infection control clinical lead 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems to monitor their use. We spoke with GPs and members of the non-clinical team, who told us there was a system for checking that repeat prescriptions were issued according to medicine review dates and to help ensure, that patients on long-term medicines were reviewed on a regular basis. Patients told us that they had not experienced any difficulty in getting their repeat prescriptions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five 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.
- There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Are services safe?

Risks to patients were 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 did not have an up to date fire risk assessments. Staff told us that routine fire drills were carried out. However, records of fire drills were not being maintained. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for the planning and monitoring of the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive 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 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 99.6% of the total number of points available, with 18.4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 96%, which was better than the CCG and national average of 91%.
- The percentage of patients in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 82% which was similar to the CCG and national average of 83 %.
- Performance for mental health related indicators 96% which was better than the CCG and national average of 83%.

The practice had carried out an audit in relation to their high exception reporting percentage. They found that this related to:

- Asthma reviews. The audit concluded that patients excepted in this area have either not attended appointments or not responded to three invitations for a review. As a result of this the practice are sending these patients a questionnaire to complete. The practice had plans for the respiratory nurse to telephone anyone who appears out of control to attend for a face to face review and be referred to the GP. The audit also highlighted that some patients were excepted due to declining to attend the practice, as they are regularly seen at the hospital, or because they had wrongly been coded as asthmatic.
- Of those patients with chronic obstructive airways disease (COPD – a long term respiratory condition) that were excepted, these related to patients who were seen at the hospital and had declined to attend the practice for reviews. Additionally, diagnosis changes, patients being wrongly coded and those undergoing or awaiting surgery had also been considered and excepted.
- The practice have a 50 bedded nursing home on their site, who accommodate patients with severe neurological problems, which makes it difficult to carry out the health checks required for QOF reporting.

The practice has also undertaken a review of potentially missed 'chronic disease register' patients as their prevalence was low in some areas. In response, the practice have added a total of 310 patients to various registers. For example, chronic kidney disease, atrial fibrillation, hypertension, osteoporosis, depression and learning disabilities.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. Further audit cycles had been conducted to check whether the improvements had been sustained.

Information about patients' outcomes was used to make improvements such as; routinely reviewing patients on a certain medicine which had adverse cardiac (heart) side effects.

Are services effective?

(for example, treatment is effective)

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. 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 ongoing support during sessions, one-to-one meetings, appraisals, mentoring, clinical supervision and the facilitation and support of the revalidation of GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

- The practice shared relevant information with other services in a timely way. For example, when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs, in order to ensure they were assessed and to plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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 or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records' audits.

Supporting patients to live healthier lives

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

- These included patients requiring end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and healthy lifestyle choices. Patients were then signposted to the relevant service.
- Smoking cessation, healthy lifestyle choices and dietary advice was available from a local support group.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 83% and the national average of 81%. There was a policy to telephone, and send written reminders to, patients who did not attend for their cervical screening test. The practice

Are services effective?

(for example, treatment is effective)

demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to participate in national screening programmes for bowel and breast cancer screening. For example, 59% of patients aged between 60 – 69 years had been screened for bowel cancer, which was above the CCG average of 58% and the national average of 55% and 74% of females aged 50 – 70 years had been screened for breast cancer, which was above the CCG average of 73% and the national average of 72%.

Childhood immunisation rates for the vaccinations given were better than the CCG and national averages (68% to 94%). For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 100% and five year olds from 88% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced, with the exception of one which gave positive feedback in relation to care and treatment but reported issues with waiting a long time to be seen, after checking in for their appointment. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 84% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 78% said the GP gave them enough time (CCG average 89%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)

- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 89% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

The practice was in line with or above the average for its satisfaction scores on consultations with nurses. For example:

- 92% said the nurse was good at listening to them compared to the CCG average of 90% and national average of 91%.
- 97% said the nurse gave them enough time (CCG average 96%, national average 95%).
- 88% said they had confidence and trust in the last nurse they saw (CCG average 86%, national average 85%).
- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

The practice was responsible for a local nursing home. Despite the fact that the Visiting Medical Officer scheme was no longer funded the practice had maintained their level of care.

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 either below or line with local and national averages. For example:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 89%.
- 73% said the last GP they saw was good at involving them in decisions about their care (CCG average 89%, national average 84%)

Are services caring?

- 88% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%)

The practice had taken lower than average results into consideration and had conducted an audit to determine why the results were below the average. As a result, changes had been made to the way in which consultations were conducted. The patient participation group, were conducting a survey after the changes had been made, in order to monitor whether patients experience had improved.

The practice had considerable numbers of Nepalese, Eastern European and ex service personnel patients registered with them. Staff told us that translation services were available for patients who did not have English as a first language. We saw notices, in different languages, in the reception areas informing patients of this service.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 187 (2.7)% of the practice list as carers. There was a carers notice board (known as Carers Corner), which contained leaflets and questionnaires, asking if patients were carers. The practice had a system to ensure that all carers were coded on the clinical system. Additionally, there was a carers folder in the main reception. Any referrals required for carers, were made to the appropriate agencies.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, providing more consultation rooms by renovating and extending the existing premises. Such changes have been approved and will be carried out in due course.

- The practice offered a .
- Longer appointments were available for patients with a learning disability and there was an alert system on the computer, prompting the receptionists to book these appointments at the beginning of clinics to reduce waiting times for these patients.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

Aylesford Medical Centre was open and available for appointments from 8.00am to 12.30pm and 1.30pm to 6pm Monday to Friday. Extended hours with the advanced nurse practitioner were available Monday to Friday, from 7am to 8am. There was an emergency number for patients to be able to contact the practice during the hours of 12.30pm to 1.30pm and 6pm to 6.30pm. In addition to appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages in some areas. For example;

- 73% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).

However, when asked about opening times and seeing a GP they prefer, the results were below the local and national averages in some areas. For example;

- Only 56% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 55% patients said they always or almost always see or speak to the GP they prefer (CCG average 79%, national average 59%).

The practice had taken lower than average results into consideration and had conducted an audit to determine why the results were significantly below the average in some areas. The practice were concerned that patients felt dissatisfied with the current opening hours despite offering extended hours clinics on a daily basis. As a result, changes had been made to appointment system and walk-in clinics had been introduced. Patients were encouraged to ask for their named GP when booking appointments in person or online. The patient participation group, were conducting a survey after the changes had been made, in order to monitor whether patients experience had improved.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.
- We saw that information was available to help patients understand the complaints system. For example, posters displayed in the waiting area, summary leaflets, as well as in the practice information leaflet.

We looked at 10 complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learnt from

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

concerns and complaints and action was taken as a result to improve the quality of care. For example, explaining to patients the reasons why treatment options might be limited in certain cases.

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 clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. fire risk assessments being out of date and minutes of nursing team and whole staff team meetings not being recorded.

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written 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 in doing so and felt supported if they did.
- 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 encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, conducting a survey after changes had been made to the appointment system and the introduction of the walk-in clinics, in order to monitor whether patients experience had improved.
- The practice website includes a community forum, for patients with online access to discuss practice issues and give feedback.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Requires improvement 

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

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

The practice's main challenge was the ability to continue to function in a building it had outgrown. Refurbishment of the premises has been planned and NHS England Premises team have approved this. The practice are monitoring and managing the proposed refurbishment in conjunction with their PPG, in order to determine the impact it will have on patients.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services</p> <p>How the regulation was not being met:</p> <p>The provider did not have systems or processes that were fully established and operated effectively to ensure compliance with the requirements in this Part. In that systems or processes did not enable the registered person, in particular, to; 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. In that:</p> <ul style="list-style-type: none">• A fire risk assessment had not been undertaken. The practice was unable to demonstrate that an assessment had been scheduled to be conducted.• The lead GP for safeguarding adults had not completed the required level.• There were no minutes of meetings maintained for practice nurse meetings, nor meetings attended by the whole team. <p>This was in breach of regulation 17 (1) (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>