Dr Abhijit Neil Banik

Quality Report

Park Farm Surgery
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Folkestone
Kent
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Website: www.parkfarmsurgery.nhs.uk

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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	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

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Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at **Dr Abhijit Neil Banik** on 28 February 2018. **This practice is rated as Inadequate overall.** (At our previous inspection on the 19 January 2016 this practice was rated requires improvement overall and at our follow up inspection on the 14 September 2016 the practice was rated as good)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? - Inadequate

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

Older People – Inadequate

People with long-term conditions – Inadequate

Families, children and young people – Inadequate

Working age people (including those retired and students – Inadequate

People whose circumstances may make them vulnerable – Inadequate

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

We carried out an announced comprehensive inspection at Dr Abhijit Neil Banik on 28 February 2018 as part of our inspection programme.

At this inspection we found:

- The practice did not have clear systems to identify and manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice did not have an effective system to record or share learning from them.
- The practice did not maintain appropriate standards of cleanliness and hygiene.
- Staff were aware of current evidence based guidance. The practice could demonstrate how they ensured role-specific training and updating for relevant staff, with the exception of immunisation and vaccination updates for the practice nurse and for all locum GPs employed directly by the practice.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Staff treated patients with compassion, kindness, dignity and respect.
- Patients said they found it easy to make an appointment (telephone or face to face) with the GP and that there was continuity of care, with urgent appointments available the same day. If there were no

Summary of findings

suitable appointments at the practice patients were referred to the Queen Victoria Hospital hub in Folkestone who provide GP appointments between 8am and 8pm.
- The patient participation group was not active at the time of the inspection.
- The practice had a range of governance documents to support the delivery of good quality care. However, we found that governance arrangements were not effectively implemented nor were staff always able to access them.
- The systems and processes for learning and continuous improvement were not used effectively to identify risks and areas for improvement.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences.
- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards.

The areas where the provider **should** make improvements are:

- Review safeguarding systems to help ensure staff and locums have access to relevant safeguarding information and contact details.
- Review the systems and processes for managing childhood immunisations to help ensure the national childhood vaccination programme targets are met.
- Review patient information to help ensure they are relevant and up to date.
- Review the system for sharing the Medicines and Healthcare products Regulatory Agency (MHRA) alerts across the practice staff team.
- Review the process for clinical audits to help ensure they are improving patient outcomes.
- Review how the practice canvasses patient feedback on services provided via a patient participation group.
- Review national patient survey results and target improvements to national average.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

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

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

Summary of findings

Areas for improvement

Action the service MUST take to improve

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences.
- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards.

Action the service SHOULD take to improve

- Review safeguarding systems to help ensure staff and locums have access to relevant safeguarding information and contact details.
- Review the systems and processes for managing
- Review patient information to help ensure they are relevant and up to date.
- Review the system for sharing the Medicines and Healthcare products Regulatory Agency (MHRA) alerts across the practice staff team.
- Review the process for clinical audits to help ensure they are improving patient outcomes.
- Review how the practice canvasses patient feedback on services provided via a patient participation group.
- Review national patient survey results and target improvements to national average.

Dr Abhijit Neil Banik

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser and a practice manager adviser.

Background to Dr Abhijit Neil Banik

Dr Abhijit Neil Banik (also known as Park Farm Surgery) provides services from a converted semi- detached residential property located in Folkestone, Kent. There are approximately 3200 patients on the practice list. The practice population is close to national averages, although there are slightly more patients under four years old and less over the age of 65. The surrounding area has a high prevalence of people living in deprived circumstances. There is a high level of estimated smoking prevalence in the area (practice 29%, clinical commissioning group (CCG) 21%, national 18%).

The practice list is temporarily closed to new patients until the 15 May 2018.

The practice holds a General Medical Service contract and consists of the principal GP (male) and one practice nurse (female). The GP and nurse are supported by a practice manager and a team of administration and reception staff.

A wide range of services are offered by the practice including diabetes, asthma and chronic obstructive pulmonary disease (COPD). The GP has undergone further training to become a GP with a special interest in respiratory conditions and is the respiratory lead for the CCG.

The practice is open Monday to Friday from 8am to 1pm and 2pm to 6.30pm. The telephones are transferred to the principal GP during 1pm and 2pm when the practice is closed. The GP provides a telephone clinic every day from 8.30am to 9.30am and appointments start from 10am to 11am and 3pm to 6pm.

The practice collaborates with eight GPs and the CCG in the area to provide urgent home visits with a paramedic practitioner and extended hours for patients from 8am to 8pm at the Queen Victoria Hospital hub, Folkestone.

Out of hour's services are provided by Integrated Care 24. Details of how to access this service are available on their website.

Services are delivered from:

Park Farm Surgery

1 Alder Road

Folkestone

Kent

CT19 5BZ

Inadequate

Are services safe?

Our findings

We rated the practice, and all of the population groups, as inadequate for providing safe services.

The practice was rated as inadequate providing safe services because:

Safety systems and processes

The practice's systems to keep patients safe and safeguarded from abuse were not always effectively implemented.

- The practice had a range of safety policies. However, these were not always relevant to the practice or easily accessible. For example, during the inspection the practice showed us their adult safeguarding policy which was titled Wirral NHS and dated 2008. After the inspection the practice sent us another adult safeguarding policy but the contact numbers were unavailable when tested. Neither the child safeguarding policy nor locum pack contained any contact details for raising safeguarding concerns with the relevant agencies. However, some staff we spoke with told us they had developed their own contact details with relevant agencies. All staff had received up-to-date safeguarding and safety training appropriate to their role.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice told us they had carried out staff checks for new members of staff, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). However, the practice was unable to demonstrate that references had been obtained for a recently appointed clinical member of staff. The practice told us they had employed two locums on a number of occasions in January and February 2018. However, the practice was unable to demonstrate that the necessary checks had been completed prior to employment.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice ensured equipment was safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The practice had a system to manage infection prevention and control (IPC). However, this was not always effectively implemented. The practice did not always maintain appropriate standards of cleanliness. For example, we found a used tissue on the floor and dust under the treatment couch in one of the consulting rooms. We saw that the couch in the treatment room was not intact nor was the flooring in the clinical room. The practice had carried out an audit which noted an issue with the treatment room floor. However, the issue was not described nor was any action noted on the audit. Two other areas were not compliant but there was no detail or action plan to address these nor was the audit was not dated or signed. There were material curtains in the clinical and treatment rooms. The practice's cleaning protocol stated these should be cleaned every 3-4 months. Neither the audit nor weekly cleaning planner indicated when these had been cleaned. The practice had an infection prevention and control policy. However, the named lead had left the practice before the review of the policy had been undertaken and this had not been updated. The practice nurse had been appointed as the infection prevention and control lead, but at the time of the inspection had not undertaken role specific training. After the inspection we saw evidence that the practice nurse had contacted the relevant agency to gain support for this role.

Risks to patients

The practice's systems to assess, monitor and manage risks to patient safety were not always effectively implemented.

- There were arrangements for planning and monitoring the number and mix of staff needed. However, the practice told us they were finding it difficult to recruit regular locum or salaried GPs in order to provide consistent GP cover .There was a locum pack for GPs. However, it did not always contain relevant contact details.

Inadequate

Are services safe?

- Clinicians knew how to identify and manage patients with severe infections. For example, sepsis and there were posters in patient areas describing sepsis symptoms.
- The systems for managing medical gases, emergency medicines and equipment did not always minimise risks for patients. The practice had an oxygen cylinder which was dated April 2014. However it was not clear if this was the manufacture or expiry date. We were shown evidence that a replacement cylinder had been ordered. The practice did not have a defibrillator. There was a risk assessment stating why one was not necessary. The risk assessment stated that staff could access the defibrillator at the fire station next door in the event of a medical emergency. However, not all staff we spoke with knew where the oxygen cylinder or the defibrillator was located. The practice had some medicines to respond to a medical emergency, for example, anaphylaxis (Anaphylaxis is an extreme and severe allergic reaction) and croup (Croup is a common childhood ailment). However, they did not have enough medicines to respond to all medical emergencies. For example, meningitis, epilepsy, asthma, cardiac (heart) associated chest pain or diabetic complications. We advised the practice about the absence of these medicines during the inspection and contacted them the next day to ask what medicines they now had. The practice failed to provide evidence that new medicines had been obtained.

Information to deliver safe care and treatment

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

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

Safe and appropriate use of medicines

The practice did not always have reliable systems for appropriate and safe handling of medicines.

- The practice did not have a systematic approach for monitoring the storage of vaccines and medicines. We found on a number of occasions the practice had failed to record fridge temperatures. For example, there were no recordings for one fridge from the 2 February 2018 to 9 February 2018 and staff were unclear who should undertake this role if the nurse was absent. There was only one thermometer in each fridge. There was an inconsistent approach to medicine inventories. For example, there were two separate inventories for emergency medicines and no inventory for vaccines. After the inspection the practice submitted a comprehensive vaccine inventory. The practice told us that the nurse used Patient Group Directions (PGDs) to deliver vaccines and immunisations. However, the practice was not able to demonstrate that they kept copies of these that had been signed by the nurse and the GP on behalf of the practice. The practice informed us after the inspection that this had been completed. However, we have not been provided with evidence to support this. The practice did not have an effective system for the management of blank prescription forms and pads. Not all prescription forms were held securely, nor were they monitored through the practice by recording roll numbers.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. With the support of the Clinical commissioning group (CCG), the practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice was unable to demonstrate a systematic approach to safety.

- The practice had carried out some risk assessments and completed actions. For example, the site audit waste report. However, the practice was unable to provide evidence that it was carrying out comprehensive risk assessments. Additionally, we saw that control of substances hazardous to health (COSHH) products were inappropriately stored in the cupboard under the stairs which was accessible to patients as the lock on the door had been removed.

Inadequate

Are services safe?

Lessons learned and improvements made

The practice did not have a systematic approach to reporting significant events.

- There was a system for recording and acting on significant events and incidents. Staff we spoke with told us they understood their duty to raise concerns and report incidents and near misses. However, we found a range of issues that should have been reported and investigated as significant events. For example, a breach of patient confidentiality, a safeguarding alert regarding a temporary patient, the out of date oxygen cylinder and a complaint about a treatment received by a patient.
- The practice did not have adequate systems for reviewing and investigating when things went wrong. We saw evidence that significant events were discussed at the significant event review meeting attended by the principal GP and practice manager, as well as at the regular full staff meetings. However, minutes from this meeting indicated that there were four incidents where prescriptions were issued for the wrong patients but later rectified. It was not recorded which staff members were involved, analysis of why the incidents had happened or if they were linked and what learning had been achieved. We saw that part of the action was to warn patients if they noted a discrepancy to contact the pharmacy or surgery. However, there were no details as to how all patients would be informed of this. There was another event recorded in January 2017 indicating the wrong name had been put on a blood test form. The significant event recording book shows this was rectified. However, this did not appear to be recorded on the significant event log or discussed at the significant event meeting. The event log did not contain enough detail to track the events, analysis and learning through the practice.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Staff advised patients what to do if their condition got worse and where to seek further help and support and there were advisory posters displayed in the practice for patient information.

Older people:

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

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of their medicines.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services. We reviewed three patient's notes and saw these were supported by an appropriate care plan.
- As part of a clinical commissioning group (CCG) project, the practice supported the local intermediate care team at the dementia and local in patient unit for step up/ step down care (a pathway for people who are tipping into or have tipped into a care crisis and who have a care need that cannot be managed within their own home or they cannot be left safely at home, re-enabling them to return home (step down) with a care package). These patients were able to temporarily register with the practice in order to access GP services

People with long-term conditions:

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

- Patients with long-term conditions had a structured annual review to check that their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The GP had undergone further training to become a GP with a special interest and had a lead role within the CCG in respiratory conditions.

Families, children and young people:

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

- Childhood immunisations were carried out in line with the national childhood vaccination programme. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice did not achieve the target in three of the four areas (ranging between 75% to 91%). These measures can be aggregated and scored out of 10, with the practice scoring 8 (compared to the national average of 9). We discussed this with the practice who told us they sent reminder letters to parents/guardians and informed social services when children repeatedly failed to attend immunisation appointments.
- Patients we spoke with during the inspection told us children who needed an urgent appointment could get them on the same day, either at the practice or at the Queen Victoria Hospital hub, Folkestone.

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

Requires improvement

Are services effective?

(for example, treatment is effective)

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

- The practice's uptake for cervical screening was 69%, which was below the 80% coverage target for the national screening programme and below the clinical commissioning group (CCG) average of 76% and the national average of 72%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. In August 2017 the practice had identified and offered 47 such patients the meningitis vaccine. Eight patients had attended.
- There were telephone appointments every morning for patients that were unable to access the practice during working hours.
- The practice collaborated with eight GPs and the CCG to provide extended hours for patients from 8am to 8pm at Queen Victoria Hospital hub, Folkestone.
- Patients who smoked were offered screening for chronic obstructive pulmonary disease (COPD is the name for a group of lung conditions that causes breathing difficulties).

People whose circumstances make them vulnerable:

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

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice told us it was difficult to get other professionals to attend palliative care meetings. If the GP needed to review a patient with the palliative care team and they failed to attend, we saw evidence that a telephone review meeting was arranged.
- The practice held quarterly multidisciplinary meetings with the community nurses and we saw minutes from meetings to support this.
- The practice held a register of patients living in vulnerable circumstances and those with a learning disability. There were 29 patients on the learning disability register.

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

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

- 71% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was below the CCG average of 83% and the national average of 84%.
- The practice had participated in two dementia projects which resulted in 19 more patients with dementia being identified and added to the practices dementia register.
- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the CCG average of 88% and the national average of 90%.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. For example, 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months (CCG 88%; national 90%). Ninety two percent of patients with physical and/or mental health conditions records smoking status in the preceding 12 months (CCG and national average of 95%).
- The practice told us they encouraged counselling for patients experiencing poor mental health and were working with voluntary groups and the Invicta mental health team, to help ensure the mental and physical well-being of patients was given equal importance.

Requires improvement

Are services effective?

(for example, treatment is effective)

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. The overall exception reporting rate was 13% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Data from 2015/2016 showed the results for practice management of patients with long-term conditions were good;

- The practice had achieved 45 out of 45 points (100%) in the four clinical domain indicators for asthma as well as 35 out of 35 points (100%) in the six clinical domain indicators for chronic obstructive pulmonary disease.
- The practice had achieved 29 out of 29 points (100%) in the three clinical domain indicators for atrial fibrillation as well as 35 out of 35 points (100%) in the four clinical domain indicators for secondary prevention of coronary heart disease.
- The practice had achieved 86 out of 86 points (100%) in the 11 clinical domain indicators for diabetes mellitus.
- The practice had achieved 26 out of 26 points (98%) in the seven clinical domain indicators for mental health.
- The practice had achieved 6 out of 6 points (100%) in the two clinical domain indicators for palliative care.

Effective staffing

The practice was unable to demonstrate that staff always had the skills, knowledge and experience to carry out their roles.

- The practice did not always maintain up to date training files for all permanent and locum members of staff. For example, the practice did not have personnel files showing what training had been undertaken by locum GPs directly employed by the practice. There was a lack of evidence to show that the practice nurse was up to date for vaccine and immunisation training.
- The practice provided staff with on going support, this included appraisals and staff meetings. However, the practice was unable to demonstrate there was an effective induction process for newly recruited members of staff. For example, the practice was unable to demonstrate that the recently recruited practice nurse had received a local induction. When we discussed this with them they told us that the local community trust had covered this. However, this covered training needs rather than practice specific policy and procedure. Additionally, the practice nurse had not received training for practice specific governance. The nurse told us a local induction had not been delivered and we observed the practice nurse could not access all the relevant role specific policies. For example, infection prevention and control policy.

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health. For example, stop smoking campaigns.

Consent to care and treatment

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

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

Good

Are services caring?

Our findings

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

The practice was rated as good for caring because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff told us they understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Conversations between receptionists and patients could be overheard in the reception area. The receptionists were aware of patient confidentiality and we saw that they took account of this in their dealings with patients.
- We received 23 patient Care Quality Commission comment cards. Nineteen contained positive comments, three had mixed comments and one was negative. The positive comments were about the caring attitude of the staff especially the GP and practice nurse. Negative comments were about being overheard in the waiting room and not enough GPs.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and seventy nine surveys were sent out and 125 were returned. This represented about 4% of the practice population. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 90% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 96%.
- 77% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 83%; national average - 86%.
- 73% of patients who responded said the nurse was good at listening to them which was below the CCG average of 92% and the national average 91%.
- 74% of patients who responded said the last nurse they spoke to was good at treating them with care and concern which was below the CCG average of 92% and the national average of 91%. The practice told us that these figures related to a nurse that had since left the practice and that another nurse was now in position.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Interpretation services were available for patients who did not have English as a first language. Multi-lingual staff were able to support patients that might need them.
- Staff communicated with patients in a way that they could understand.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment. There were information leaflets and posters in the practice to support patients. However, we found some of these were out of date. For example, a poster about diabetes was dated 2014 and another one about community services was dated 2015.

The practice identified patients who were carers. The practice had identified 30 patients as carers (1% of the practice list). The practice offered carers flu vaccinations and 19 patients who were also carers had received these.

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

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 below local and national averages:

- 79% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.

Good

Are services caring?

- 76% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 81%; national average - 82%.
- 82% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 72% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 87%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

The practice was rated as requires improvement for providing responsive services because:

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, joining the clinical commissioning group and eight other practices to provide extended hours at Queen Victoria Hospital hub, Folkestone.
- The facilities and premises were not always appropriate for the services delivered. For example, treatment couches and clinic room floors were not always intact.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice told us care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. However, we found an incident that the practice had failed to record as significant event regarding a temporary patient at the end of life, where the communication between the practice and other agencies had not been effective.

Older people:

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

- The principal GP was the named GP for all patients and supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. Many of the home visits were undertaken by the home visiting team attached to the Queen Victoria Hospital hub.
- The practice was using the frailty index (FI is used to measure the health status of older individuals) to identify patients who might require extra support. For example, annual prescribed medicines reviews with the GP.

People with long-term conditions:

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

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice held regular meetings with the local community nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

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

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice told us that children with behaviour problems were referred to family support teams and when necessary, fast tracked to child psychiatry.
- There were alerts on the computer system for children at risk.

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

The practice is rated as inadequate for the care of working age people. The provider is rated as inadequate for

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

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

- There were telephone appointments every morning for patients that were unable to access the practice during working hours.
- The practice collaborated with eight GPs and the CCG the area to provide extended hours for patients from 8am to 8pm at Queen Victoria Hospital hub, Folkestone.
- Patients were able to book appointments with the nurse or GP up to three weeks in advance.

People whose circumstances make them vulnerable:

The practice is rated as inadequate for the care of people whose circumstances make them vulnerable. The provider is rated as inadequate for providing safe and well-led services, requires improvement for effective and responsive services and good for providing 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 those with a learning disability.
- The practice told us they worked closely with the local voluntary sector to support vulnerable patients.

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

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice told us they had recently agreed to a shared care pathway with the local memory clinic for patients with dementia.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised either at the practice or via the Queen Victoria Hospital hub, Folkestone.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages in some areas.

- 70% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) and national average of 80%.
- 60% of patients who responded said they could get through easily to the practice by phone; CCG – 69% and national average - 71%.
- 83% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG and national average - 76%.
- 69% of patients who responded described their experience of making an appointment as good; CCG - 74% and national average - 73%.

Listening and learning from concerns and complaints

The practice had a system for recording and analysing verbal and written complaints. However, the practice was not able to demonstrate that there were effective systems and processes for learning and identifying trends from individual complaints and concerns raised by patients. Nor did the process direct patients to the next steps to take if they remained dissatisfied.

- The practice had received four written complaints in the last year and we saw evidence that these had been replied to. We reviewed two of the replies. However, neither of the responses made reference to the parliamentary health service ombudsmen (PHSO) if complainants were not satisfied with the practice response, as detailed in the practices complaints policy.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

The practice did not have a complaints leaflet for patients. There was a poster displayed in the waiting area and on the website. However, neither provided information on next steps for complainants.

- In one of the complaints we reviewed, the complainant suggested harm had been caused to the patient during a procedure. We reviewed the patient's notes for this complaint and found no mention that the clinician had encountered complications or had advised the patient there may be any as a result of the procedure. The principal GP and practice manager discussed the complaint during the 4 January 2018 complaints annual review. The minutes of the complaints review meeting suggested patients and carers would be provided with information about any procedure and complications in future. There was no evidence that this learning or protocol change had been shared with staff, nor did the minutes from 30 January 2018 show that the complaint and learning had been discussed with staff. We reviewed the last three staff meetings and found that complaints were not a fixed agenda item.

Are services well-led?

Inadequate

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

Our findings

We rated the practice, and all of the population groups, as inadequate for providing a well-led service.

Leadership capacity and capability

The GP and practice manager did not always have the capacity and skills to deliver high-quality, sustainable care.

- Not all leaders demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it. Staff told us both the principal GP and the practice manager were visible and approachable. However, in the event of unplanned absence the practice was unable to demonstrate they had sufficient arrangements to cover these key roles. For example, the principal GP.
- The principal GP told us they were in talks regarding merging with a nearby practice. However, the provider was unable to demonstrate this with documentary evidence during the inspection.

Vision and strategy

The practice told us their aim was to maintain safe and high quality care. The practice told us they felt this aim had been put under pressure by increasing their list size by approximately 10%.

- The practice had taken action to mitigate the risks they had identified to achieving their aim by successfully applying for a list closure from 15 October 2017 until the 15 May 2018. They had also consulted with two members of the patient participation group (PPG) and subsequently applied for a boundary reduction (Practice boundaries show the geographical catchment area for each GP practice. The practice may choose to only register patients from that area). However, we did not see that the practice was undertaking formal advance planning in readiness for the reopening of the list size on the 15 May 2018.

Culture

The practice was not always able to demonstrate a culture of high-quality, safe and sustainable care.

- Staff stated that they raise concerns with the management. However, these were not always actioned. For example, when unexpected staff absences meant not all areas of the practice were effectively covered, the practice had not reported these as significant events or reviewed their processes.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. However, the practice's complaints system did not direct patient's where to get further support if they were dissatisfied with the practices response. Nor were all significant events in the practice reported, analysed and learning shared effectively.
- All staff had received annual appraisals in the last year and training needs were identified from this. For example, after the completion of annual appraisals, staff had received information governance training.
- After a discussion with the practice manager the practice nurse was given time to attend meetings provided by the clinical commissioning group (CCG) with other practice nurses in the area.

Governance arrangements

The practice had a range of governance documents. However, we found that governance arrangements were not always effectively implemented. Nor were roles and responsibilities clearly defined.

- Structures, processes and systems to support good governance and management were not clearly set out, understood or effective across the practice. For example, not all clinical roles were effectively covered during times of absence, which meant tasks like checking and recording fridge temperatures were not undertaken. Whilst there was a range of governance documents available these did not always contain up to date information nor were they effectively implemented. For example, medicines management, adult safeguarding, infection prevention and control and health and safety.
- Practice leaders had not established appropriate policies, procedures and activities to ensure safety and had not assured themselves that they were operating as intended.

Managing risks, issues and performance

The processes for managing risks, issues and performance were not always effectively implemented:

Are services well-led?

Inadequate

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

- There was not an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, risk assessments and effective policies for infection prevention and control, medicines management, prescriptions, significant events, health and safety and for future planning for staff cover and the practice list reopening in May 2018.
- Practice leaders had oversight of the Medicines and Healthcare products Regulatory Agency (MHRA) alerts and we saw evidence that action had been taken. However, the practice did not have a system wide approach for sharing this information with all clinical staff.
- There was some evidence that clinical audit had a positive impact on quality of care and outcomes for patients. For example, the practice had completed an audit for medicines used in patients with diabetes and one for medicines used in the prevention of strokes. However, the practice did not have a systematic approach to clinical audit.
- The practice had some plans in place for major incidents. For example, a business continuity plan with contact details including that of a 'buddy' practice. However, not all staff could respond to medical emergencies as practice protocols and risk assessments did not provide essential information. For example, the location of the defibrillator or the oxygen cylinder.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to help improve performance. For example, the practice used data from the Quality and Outcomes Framework (QOF) to measure performance and was above local and national averages in some areas of care.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

Engagement with patients, the public, staff and external partners

The practice had made some changes to services due to patient feedback but did not have a proactive approach to involving patients in improving services:

- The practice told us they had made changes to how patient's accessed services via the telephone in response to feedback from the GP national patient survey. Actions included reducing telephone calls during busy times by asking patients to in telephone after 10am for test results. However, the practice was not able to demonstrate how this was communicated to patients. We reviewed the January 2018 newsletter and found this information had not been included. Nor was this advice displayed on the practice website.
- We spoke to one of the two members of the patient participation group. They told us they had been consulted regarding a boundary change but otherwise the group had not been active for some time.

Continuous improvement and innovation

The practice was actively involved in a range of local projects. However, the practice did not have an effective approach to identifying areas for improvement.

- The practice was involved in two dementia projects; one supporting new diagnosis and one supporting the intermediate care team at the local inpatient dementia ward.
- The principal GP was the respiratory lead clinician in the local clinical commissioning group (CCG) and provided talks and training and support for other clinicians in the local area.
- Not all opportunities for improvement were recognised or acted upon. For example, not all issues relating to significant events, infection prevention and control, medicines management and health and safety had been effectively identified or actioned appropriately. Whilst there were governance arrangements to support them, the practice did not always make use of learning from internal and external reviews of incidents and complaints. Learning was not always effectively identified, shared and used to make improvements.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person had not done all that was reasonably practicable in assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks. In Particular: · The practice's systems to keep patients safe and safeguarded from abuse were not always effectively implemented. The practice had adult and safeguarding policies. However, these were not always relevant to the practice or did not contain the correct contact details. · The practice was unable to demonstrate a systematic approach to safety. The practice had carried out some risk assessments and completed actions. However, the practice was unable to evidence that it was carrying out comprehensive risk assessments in all areas of the practice. · The practice did not have a systematic approach to reporting significant events. There was a system for recording and acting on significant events and incidents. However, we found a range of issues that ought to have been reported as significant events that had not been. · The practice could not demonstrate that it had the necessary equipment or medicines to respond to all types of medical emergencies. The registered person had not done all that was reasonably practicable in the proper and safe management of medicines. In particular:

This section is primarily information for the provider

Enforcement actions

· The practice did not always have reliable systems for appropriate and safe handling of medicines.

· The practice did not have a systematic approach for monitoring the storage of vaccines and medicines.

· There was an inconsistent approach to medicine inventories.

· The practice was not able to demonstrate that they kept copies of Patient Group Directions (PGDs) that had been signed by the nurse and the principal GP.

· The practice did not have an effective system for the management of blank prescription forms.

The registered persons had not done all that was reasonably practicable in assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are healthcare associated. In particular:

· The practice had a system to manage infection prevention and control (IPC). However, this was not always effectively implemented and flooring and treatment couch were not intact.

· The practice did not always maintain appropriate standards of cleanliness.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	**How the regulation was not being met**
Treatment of disease, disorder or injury	The registered person had systems or processes in place that were not operating effectively in that; they failed to enable the registered person to assess, monitor and improve the quality and safety of the services provided

This section is primarily information for the provider

Enforcement actions

in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services), throughout the governance process. In particular

· The registered person was unable to demonstrate a consistent approach when neither managing complaints nor that learning from complaints was routinely disseminated to all relevant staff.

· The system for reporting and recording significant events was not always effectively managed and implemented. Staff we spoke with told us they understood their duty to raise concerns and report incidents and near misses. However, we found a range of issues that ought to have been reported as significant events

The registered person had systems or processes in place that were not operating effectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk, throughout the governance process. In particular:

· The practice had a wide range of policies and procedures to govern activity but these were not always effectively implemented, practice specific or accessible to staff.

· There was an inconsistent approach for identifying, recording and managing risks, issues and implementing mitigating actions and for the governance documents to support this. The practice was unable to demonstrate they had an effective system for the management of medicines including medicines storage and prescription forms. The practice had failed to assess and manage in an effective and timely manner all identified risks to patients, staff and visitors. For example, risks from infection prevention and control, COSHH, responding to a medical emergency and safeguarding.

This section is primarily information for the provider

Enforcement actions

· The practice was unable to demonstrate there was an effective approach for monitoring information in governance documents including locum packs and adult safeguarding policies.

· The practice did not have sufficient governance arrangements for permanent and temporary staff recruitment and training. For example, not all recruitment checks had been carried on permanent or temporary members of staff. Nor had the recently recruited nurse received a local induction.

· These omissions had not been identified by an effective system or process established to ensure compliance with the requirements.

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