Thorndike Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Thorndike Surgery on 27 and 28 June 2017. Overall the practice is rated as requires improvement.

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

- There was an effective system for reporting and recording significant events.
- There were systems, processes and practices to help keep patients safe and safeguarded from abuse.
- The practice was unable to demonstrate they always followed national guidance on infection prevention and control.
- The arrangements for managing medicines in the practice did not always keep patients safe.
- Risks to patients, staff and visitors were not always assessed and managed in an effective and timely manner.
- The practice had arrangements to respond to emergencies and major incidents.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- There was evidence of clinical audits driving quality improvement.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice was unable to demonstrate they had an effective system that managed test results and other incoming correspondence in a timely manner.
- The practice was unable to demonstrate they had a reliable system that followed up on patients who were referred to other services.
- Patients said they were treated with compassion, dignity and respect. However, national GP patient survey results were poor for some satisfaction scores on consultations with GPs and nurses and for involvement in planning and making decisions about their care and treatment when seeing nurses.
- There was limited access to routine appointments for patients, which was ongoing.
- Information about services and how to complain was available and easy to understand. Some improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Governance arrangements were not always effectively implemented.
- There was a clear leadership structure and most staff felt supported by management. The practice gathered feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are;

- 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 of care.

The areas where the provider should make improvements are;

- Include all clinical equipment in checking to help ensure it is working properly.
- Ensure all staff receive an annual appraisal.
- Continue to identify patients who are also carers to help ensure eligible patients are offered relevant support.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- There was an effective system for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to help prevent the same thing happening again.
- There were systems, processes and practices to help keep patients safe and safeguarded from abuse.
- The practice was unable to demonstrate they always followed national guidance on infection prevention and control.
- The arrangements for manging medicines in the practice did not always keep patients safe.
- Risks to patients were not always assessed and managed in an effective and timely manner.

Are services effective?

Requires improvement

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

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to local and national averages.
- There was evidence of clinical audits driving quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. However, records showed that one member of staff had not received an appraisal since 2015.
- The practice was unable to demonstrate they had an effective system that managed test results and other incoming correspondence in a timely manner.
- The practice was unable to demonstrate they had a reliable system that followed up on patients who were referred to other services.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Requires improvement

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

- Patients said they were treated with compassion, dignity and respect. However, national GP patient survey results were poor for some satisfaction scores on consultations with GPs and nurses and for involvement in planning and making decisions about their care and treatment when seeing nurses.
- 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?

Requires improvement

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

- Services were planned and delivered to take into account the needs of different patient population groups.
- The practice had a website and patients were able to book appointments and order repeat prescriptions online.
- There was limited access to routine appointments for patients, which was ongoing. Patients we spoke with said they were not always able to book a routine appointment that suited their needs. Limited on the day appointments, home visits and telephone consultations were available but varied according to the prevailing staffing level each day.
- The practice was equipped to treat patients and meet their needs.
- Information about services and how to complain was available and easy to understand. Some improvements were made to the quality of care as a result of complaints and concerns.

Are services well-led?

Requires improvement

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

- The practice had a vision to deliver high quality care and promote good outcomes for patients.
- Governance arrangements were not always effectively implemented.

Summary of findings

- The practice was unable to demonstrate they had an effective system that managed risks. For example, health and safety risks, the potential risk of legionella in the building's water system and risks associated with the lack of an effective system that managed test results and other incoming correspondence.
- There was a clear leadership structure and most staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The GP encouraged a culture of openness and honesty.
- The practice had systems for notifiable safety incidents and ensured this information was shared with staff to help ensure appropriate action was taken.
- The practice valued feedback from patients, the public and staff.
- The practice was able to demonstrate that learning from incidents, accidents and significant events as well as complaints was taking place. However, improvements were not always fully implemented.

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

Requires improvement

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

- The practice was responsive to the needs of older people, and offered home visits for those who were not able to travel to the practice building.
- Patients over the age of 75 years had been allocated to a designated GP to oversee their care and treatment requirements.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The provider is rated as requires improvement for providing safe, effective, caring, responsive and well-led 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.
- Performance for diabetes related indicators was comparable to the local clinical commissioning group (CCG) average and national average. For example, 80% of the practice's patients with diabetes, on the register, whose last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months compared with the local CCG average of 77% and national average of 78%. Eighty one percent of the practice's patients with diabetes, on the register, had a last measured total cholesterol of 5mmol/l or less compared with the local CCG average of 80% and national average of 80%.
- All these patients were offered a structured annual review to check their health and medicine needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider is rated as

Summary of findings

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of accident and emergency attendances.
- Childhood immunisation rates for the vaccinations given were comparable to the local CCG and national averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 89% to 95% compared to the local CCG averages which ranged from 82% to 94% and national averages which ranged from 88% to 94%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the local CCG average of 83% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider is rated as requires improvement for providing safe, effective, caring, responsive and well-led 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 help ensure these were accessible, flexible and offered continuity of care. However, lack of sufficient clinical staff led to limited availability of routine appointments.
- The practice was proactive in offering some online services, as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider is

rated as requires improvement for providing safe, effective, caring, responsive and well-led 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.
- Staff told us the practice did not routinely offer longer appointments for patients with a learning disability due to the limited availability of routine appointments.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

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

- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the local clinical commissioning group (CCG) average of 83% and national average of 84%.
- Performance for mental health related indicators was comparable to the local CCG average and national average. For example, 90% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the local CCG average of 91% and national average of 89%. Eighty nine percent of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, in the preceding 12 months compared to the local CCG average of 92% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

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

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 showed the practice was performing below local and national averages. Two hundred and seventy five survey forms were distributed and 109 were returned. This represented 0.7% of the practice's patient list.

- 64% of respondents described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 78% and the national average of 85%.
- 44% of respondents described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 54% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 70% and the national average of 80%.
- 35% of respondents found it easy to get through to this practice by telephone which was lower than the local CCG average of 64% and the national average of 73%.

We received eight patient comment cards, six of which were positive about the service patients experienced at Thorndike Surgery. One comment card contained negative comments about the practice and another comment card contained both positive and negative comments. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy. One theme identified from the negative comments was that patients were not always able to book an appointment that suited their needs.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients stated they found it difficult to book a routine appointment in advance. They said that routine appointments were not available for five or six weeks. However, they also said that if they attended the practice or telephoned the practice first thing in the morning they were sometimes able to book an appointment on the day. Patients said they were always able to get an emergency appointment on the day.

Thorndike Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Thorndike Surgery

Thorndike Surgery is situated in Rochester, Kent and has a registered patient population of approximately 16,000. There are more patients registered between the ages of five and 19 years as well as between the ages of 45 and 54 years than the national average. The practice is located in an area with a lower than average deprivation score.

The practice staff consists of five GP partners (three male and two female), four salaried GPs (one male and three female), one GP Registrar (female), one practice manager, one deputy practice manager, one reception manager, one clinical nurse manager (female), one nurse practitioner (female), three practice nurses (all female), one assistant practitioner (female), two healthcare assistants (both female), three phlebotomists (all female), one pharmacist as well as administration, reception and housekeeping staff. The practice also employs locum GPs directly. There are reception and waiting areas on the ground floor. Patient areas are accessible to patients with mobility issues, as well as parents with children and babies.

The practice does not currently teach medical students but is training GP trainees. The practice does not dispense medicines.

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

Services are provided from:

- The Thorndike Centre, Longley Road, Rochester, Kent, ME1 2TH, and
- The Thorndike Branch Surgery, The Rochester Healthy Living Centre, Delce Road, Rochester, Kent, ME1 2EL.

Thorndike Surgery is open Monday to Friday 8.30am to 6.30pm. The reception desk is closed between 12.30pm and 1.30pm Monday, Tuesday, Wednesday and Friday. The reception desk is also closed between 12pm to 2pm Thursday. Telephone lines and the practice building remain open when the reception desk is closed during the day. Extended hours appointments are offered Monday to Friday 7.10am to 8.30am and Saturdays 9am to 12pm.

The Thorndike Branch Surgery is open Monday to Thursday 8.30am to 6.30pm and Friday 8.30am to 12.30pm. The reception desk is closed between 12.30pm and 1.30pm Monday, Tuesday and Wednesday. The reception desk is also closed between 12pm to 2pm Thursday.

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

During this inspection we visited The Thorndike Centre, Longley Road, Rochester, Kent, ME1 2TH and The Thorndike Branch Surgery, The Rochester Healthy Living Centre, Delce Road, Rochester, Kent, ME1 2EL.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as the local clinical commissioning group, to share what they knew. We carried out an announced visit on 27 and 28 June 2017. During our visit we:

- Spoke with a range of staff (one GP partner, one salaried GP, one GP Registrar, the clinical nurse manager, three practice nurses, the practice manager, the office manager, one receptionist and three secretaries) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited both practice addresses.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

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

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, note books were introduced for GPs to record details of home visits after such a visit was not subsequently captured in the patient's records.

Overview of safety systems and processes

There were systems, processes and practices to help keep patients safe and safeguarded from abuse.

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Practice staff attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check or risk assessment of using staff in this role without DBS clearance. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and all areas accessible to patients were tidy. There was a lead member of staff for infection control. However, the practice was unable to demonstrate they 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 infection prevention and control training. Infection control audits were undertaken. However, the practice was unable to demonstrate there was an action plan to address any improvements identified as a result. For example, dust was regularly found on audit in many of the clinical rooms and was found to be consistently present in one clinical room.
- The arrangements for managing medicines, including emergency medicines and vaccines in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Appropriate temperature checks for refrigerators used to store medicines and vaccines had been carried out and records of those checks were made. However, these records showed that the maximum temperature of the vaccines refrigerator was outside of the recommended storage range of between two and eight degrees centigrade on two dates in April 2017 and four dates in May 2017. There was written guidance available for staff on the monitoring of refrigerator temperatures. For example, the cold chain management document. However, the practice was unable to demonstrate that staff had followed this written guidance on any of the occasions in April 2017 or May 2017 when the temperature of the vaccines refrigerator was recorded as being outside of recommended limits.
- There were processes for handling repeat prescriptions which included the review of patients who were prescribed high risk medicines. Blank prescription forms

and pads were securely stored and there were systems to monitor their use. 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 all appropriate recruitment checks had been undertaken prior to employment. Records showed references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS) had been carried out by the practice prior to employment of staff.

Monitoring risks to patients

Risks to patients, staff and visitors were not always assessed and managed in an effective and timely manner.

- 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.
- A health and safety compliance audit had been carried out in March 2017 by an external company. The practice had developed an action plan to address issues identified by the audit. Records showed that actions had been carried out to reduce some health and safety risks. However, the action plan was incomplete. It did not contain a time frame for all action points. For example, the audit identified that lone workers had not been provided with sufficient information, instruction and training to help ensure their safety at work. This was marked as high priority to address in the audit report action plan. Although there was an action point in the plan to address this, records showed that a responsible person had not been allocated to address the issue and there was no target date for completion.
- The practice had an up to date fire safety assessment and there were designated fire marshals. There was a fire evacuation plan and a fire safety policy which identified how staff could support patients with mobility problems to vacate the premises.
- Records showed that all staff were up to date with fire safety training.
- All electrical equipment was checked to help ensure the equipment was safe to use and clinical equipment was checked to help ensure it was working properly. However, we found clinical equipment in one of the GP's home visit bags that was overdue calibration. For example, a blood pressure machine.
- The practice had other risk assessments to monitor safety of the premises such as control of substances hazardous to health.
- The practice had a system for the routine management of legionella (a germ found in the environment which can contaminate water systems in buildings). There was written guidance to inform staff on the legionella management in the practice. For example, the legionella management protocol. Records showed a legionella risk assessment had been carried out in December 2016 by an external company. The risk assessment report contained recommendations for action to be taken to reduce the risk of legionella and ongoing monitoring of the water system in the building. The practice had sent water samples for testing and records showed that these were free from legionella. However, the practice was unable to demonstrate they had developed and implemented an action plan to address the issues and recommendations raised by the risk assessment. With the exception of those recorded in the risk assessment the practice was unable to demonstrate any further monitoring and recording of water temperatures from hot or cold outlets had taken place. Staff told us that flushing of little used water outlets was taking place but there were no records to confirm this. Staff told us that they had obtained a quotation from an external company to carry out the recommendations from the legionella risk assessment as well as set up monitoring of the water system in the building. We saw records that confirmed this.
- Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff told us that lack of clinical workforce was leading to issues. For example, poor availability of routine appointments and a backlog of incoming documentation that required clinical attention.

Arrangements to deal with emergencies and major incidents

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

Requires improvement

Are services safe?

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

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available compared with the clinical commissioning group (CCG) and national averages of 95%.

Data from 2015/2016 showed:

- Performance for diabetes related indicators was comparable to the local clinical commissioning group (CCG) average and national average. For example, 80% of the practice's patients with diabetes, on the register, whose last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months compared with the local CCG average of 77% and national average of 78%. Eighty one percent of the practice's patients with diabetes, on the register, had a last measured total cholesterol of 5mmol/l or less compared with the local CCG average of 80% and national average of 80%.
- Performance for mental health related indicators was comparable to the local CCG average and national average. For example, 90% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the local CCG average of 91% and national average of 89%. Eighty nine percent of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, in the preceding 12 months compared to the local CCG average of 92% and national average of 89%.

There was evidence of clinical audits driving quality improvement.

- Staff told us the practice had a system for completing clinical audits. For example, an audit of calcium and vitamin D3 therapy audit. The practice had analysed the results and implemented an action plan to address its findings. Records showed this audit had been repeated to complete the cycle of clinical audit.
- A cervical screening audit had been carried out. The practice had analysed the results and produced an action plan to address its findings. Records showed this audit was due to be repeated to complete the cycle of clinical audit.
- Three chaperone audits had been carried out. Results showed that there was a deficit in the recording of chaperones either being used or refused when compared to the number of times chaperones were offered to patients. For example, the audit carried out on 28 February 2017 showed that a chaperone was offered on 238 occasions. Records showed the chaperone was accepted on 29 occasions and refused on 36 occasions. However, the audit does not explain the deficit of 173 occasions where there was no record of the chaperone being accepted or refused. The audit concluded that no action was required. Staff told us that the deficit was due to coding issues but there were no plans to address the errors or omissions in the recording of the use of chaperones.
- Staff told us that other clinical audits had been carried out. For example, an audit of the length of appointments for patients with asthma and a national cancer diagnosis audit.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff.
- 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 attendance at update training sessions.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. However, one member of staff's personnel records showed their last appraisal was carried out in 2015.
- Staff received training that included: safeguarding, fire safety awareness and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigations and test results. However, there was a backlog of incoming records that required the attention of clinical staff. For example, test results and other incoming correspondence. Staff told us that the ongoing lack of a sufficient clinical workforce resulted in staff being overwhelmed with work, including dealing with incoming documentation in a timely manner at times. Records showed there had been a significant event in March 2017 where there was a reported 23 day delay between the practice receiving a patient's test results and them being seen and appropriately referred on to the relevant service. Records also showed that action required as a result of incoming correspondence was not always taken by practice staff. For example, there had been a significant event in November 2016 where a patient's test results suggested referral but this was not carried out at the practice.
- On the day of our inspection we saw that there were 394 items of incoming records that were awaiting coding and 413 items that were awaiting filing. We looked at a random sample of eight incoming records dating back to 6 January 2017 that were awaiting coding and found that one contained abnormal test results. We looked at this patient's records and saw that a relevant diagnosis based upon the test results had not been recorded. We also looked at a random sample of five incoming records dating back to 21 April 2017 that were awaiting filing. One of these records was a letter from another service provider requesting additional information about a patient. We looked at this patient's records and saw that there was no record of a reply being sent to the other service provider.
- After our inspection of Thorndike Surgery on 26 and 27 June 2017 the practice sent us two reports to demonstrate they had analysed the backlog of test results as well as the backlog of other correspondence received. Their reports showed that no significant harm had come to any patients as a result of the backlog of test results. They also showed that in the other correspondence backlog four items might have, but had not, caused adverse consequences for patients. Both reports contained remedial action required to address the backlogs as quickly as possible and also outlined learning points for the wider practice team. For example, it was now the duty of the lead clinician to monitor the clinicians' inboxes and to act when individuals were found to be falling behind in processing test results and other correspondence.
- The practice shared relevant information with other services in a timely way. For example, when referring patients to other services. However, staff told us they relied upon patients informing the practice if they did not receive appointments with other services they had been referred to urgently under the two week wait system. Staff told us the practice did not have a formal system that followed up patients who were referred urgently to other services under the two week wait system. Records showed there had been a significant event in April 2016 where a patient was referred for an urgent test but did not contact the practice for several months to inform them they had not received an appointment.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were

Requires improvement

Are services effective?

(for example, treatment is effective)

referred, or after they were discharged from hospital. Staff told us that multidisciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated. We saw records that confirmed this.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 79%, which was comparable to the local CCG average of 83% and national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems to help ensure results were received for all samples sent for the cervical screening programme and that the practice had followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to the local CCG and national averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 89% to 95% compared to the local CCG averages which ranged from 82% to 94% and national averages which ranged from 88% to 94%.

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

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains and screens 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 and conversations taking place in these rooms could not be overheard.
- Incoming telephone calls and private conversations between patients and staff at the reception desk could be overheard by others. However, when discussing patients' treatment staff were careful to keep confidential information private. Staff told us that a private room was available near the reception desk should a patient wish a more private area in which to discuss any issues. Most incoming telephone calls were answered in the back office by staff other than receptionists.

We received eight patient comment cards, six of which were positive about the service patients experienced at Thorndike Surgery. One comment card contained negative comments about the practice and another comment card contained both positive and negative comments. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy. One theme identified from the negative comments was that patients were not always able to book an appointment that suited their needs.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients stated they found it difficult to book a routine appointment in advance. They said that routine appointments were not available for five or six weeks. However, they also said that if they attended the practice or telephoned the practice first thing in the morning they were sometimes able to book an appointment on the day. Patients said they were always able to get an emergency appointment on the day.

Results from the national GP patient survey were mixed for satisfaction scores on consultations with GPs and nurses. For example:

- 84% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and national average of 89%.
- 77% of patients said the nurse was good at listening to them compared with the CCG average of 91% and the national average of 91%.
- 77% of respondents said the GP gave them enough time (CCG average 82%, national average 87%).
- 75% of respondents said the nurse gave them enough time (CCG average 91%, national average 92%).
- 86% of respondents said they had confidence and trust in the last GP they saw (CCG average 88%, national average 92%).
- 87% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 74% of patients said the last GP they spoke with was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 78% of respondents said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey were mixed about their involvement in planning and making decisions about their care and treatment. For example:

Requires improvement

Are services caring?

- 79% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and national average of 86%.
- 70% of respondents said the last nurse they saw or spoke with was good at explaining tests and treatment (CCG average 88%, national average 90%).
- 75% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 75%, national average 82%).
- 65% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

Where national GP patient survey results were below average the practice had developed and implemented an action plan to address some of the findings and improve patient satisfaction. For example, the practice was considering adopting 10 minute appointments for patients with nurses instead of the current 15 minutes appointments in order to increase the number of appointments with nurses available to patients. However, as this had the potential to exacerbate the negative perception around nurses giving patients enough time during consultations the practice had not yet introduced the change. The practice's analysis of the national GP patient survey also concluded that no action was appropriate in regard to some of the findings. For example, the practice concluded that patients found receptionists unhelpful when they were unable to book an appointment that suited their needs due to lack of appointment availability. Records showed that the practice indicated their receptionists could be proud that three quarters of the patients they were dealing with saw them as helpful. There were no further plans to directly improve this result.

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

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

Patient and carer support to cope emotionally with care and treatment

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

The practice supported patients who were also carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 166 patients on the practice list who were carers (1% of the practice list). The practice had a system that formally identified patients who were also carers and written information was available to direct carers to the various avenues of support available to them.

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

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned to take into account the needs of different patient population groups. For example;

- Appointments were available outside of school hours and outside of normal working hours.
- Staff told us the practice did not routinely offer longer appointments for patients with a learning disability due to the limited availability of routine appointment.
- Telephone consultations and home visits were available for patients from all population groups who were not able to visit the practice. However, staff told us that the availability of telephone consultations varied according to the staffing levels that prevailed at the time.
- There were on the day appointments available and some urgent access appointments were available for children and those with serious medical conditions. However, staff told us that there was no formal rapid access / fast track system available for patients with a sudden deterioration in heath such as those with long-term conditions.
- The practice had a website and patients were able to book appointments or order repeat prescriptions online.
- The premises and services had been adapted to meet the needs of patients with disabilities.
- The practice provided patients with the choice of seeing a male or a female GP.
- The practice maintained registers of patients with learning disabilities, dementia and those with mental health conditions. The registers assisted staff to identify these patients in order to help ensure they had access to relevant services.
- There was a system for flagging vulnerability in individual patient records.
- Records showed the practice had systems that identified patients at high risk of admission to hospital and implemented care plans to reduce the risk and where possible avoid unplanned admissions to hospital.
- The practice was in discussion with the clinical commissioning group (CCG), along with three other local GP practices, and had plans to support the setting up of a minor illness clinic.
- There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.

Access to the service

Thorndike Surgery was open Monday to Friday 8.30am to 6.30pm. The reception desk was closed between 12.30pm and 1.30pm Monday, Tuesday, Wednesday and Friday. The reception desk was also closed between 12pm to 2pm Thursday. Telephone lines and the practice building remained open when the reception desk was closed during the day. Extended hours appointments were offered Monday to Friday 7.10am to 8.30am and Saturdays 9am to 12pm.

The Thorndike Branch Surgery was open Monday to Thursday 8.30am to 6.30pm and Friday 8.30am to 12.30pm. The reception desk was closed between 12.30pm and 1.30pm Monday, Tuesday and Wednesday. The reception desk was also closed between 12pm to 2pm Thursday.

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

Results from the national GP patient survey for satisfaction with how they could access care and treatment were similar to but mostly lower than clinical commissioning group (CCG) and national averages. For example;

- 65% of respondents were satisfied with the practice's opening hours compared to the local CCG average of 67% and national average of 76%.
- 35% of respondents said they could get through easily to the practice by telephone compared to the local CCG average of 64% and national average of 73%.
- 59% of respondents said the last time they wanted to see or speak with someone the last time they tried they were able to get an apoointment compared to the local CCG average of 69% and national average of 76%.
- 86% of respondents said their last appointment was convenient compared with the CCG average of 91% and the national average of 92%.
- 44% of respondents described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 34% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 63% and the national average of 66%.

Where national GP patient survey results were below average the practice had developed and implemented an action plan to address the findings and improve patient satisfaction. For example, the practice had installed a new telephone system incorporating a call management tool. They had also amended reception working practices to maximise the numbers of staff available to answer the telephones at times of high demand.

One theme identified from the negative comments we received via the patient comment cards was that patients were not always able to book an appointment that suited their needs.

We spoke with four patients during the inspection. Patients stated they found it difficult to book a routine appointment in advance. They said that routine appointments were not available for five or six weeks. However, they also said that if they attended the practice or telephoned the practice first thing in the morning they were sometimes able to book an appointment on the day. Patients said they were always able to get an emergency appointment on the day.

Staff told us that patients were routinely directed to a local walk in centre when all the on the day appointments had been taken.

The practice had a system to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

The practice had received 76 complaints during the period July 2016 to June 2017, 22 of which related to patients experiencing difficulties in obtaining access to services. Records demonstrated that the complaints were investigated and the complainants had received a response. The practice had learned from the complaints and appropriate changes were implemented as a result. For example, the practice had increased the number of contraception clinics and patients requesting the mini pill method of contraception were to be seen by a nurse or healthcare assistant to help ensure correct information was given. However, records showed that implementation of changes as a result of the complaints relating to patients experiencing difficulties in obtaining access to services was limited. For example, the practice repeatedly planned to close the practice list but had been unsuccessful in their application to the local CCG to do so. The practice had been successful in directly employing two locum GPs for some sessions but an advanced nurse practitioner had recently left and a practice nurse was due to leave in the near future.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

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

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

Governance arrangements

Governance arrangements were not always effectively implemented.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff and there was a system to help keep them up to date. However, we looked at 28 such policies and guidance documents and found that four were not dated so it was not clear when they were written or when they came into force.
- A comprehensive understanding of the performance of the practice was maintained. However, the practice had been unsuccessful in recruiting to replace the five GPs who had left the practice since 2012, and currently were also operating with a shortage of one practice nurse. They had been successful in their application to close their branch practice (due to close on 25 July 2017). They had also been granted funding in order to receive an assessment from the Royal College of General Practioners (RCGP) designed to help the practice improve. However, there were no other plans to effectively address the safety issues associated with the shortage of clinical staff that were current and that had been ongoing at the practice for some time.
- There was evidence that clinical audits were driving quality improvement.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice was unable to demonstrate they had an effective system for the management of medicines or infection prevention and control. The practice had failed to assess and manage in an effective and timely manner all identified risks to patients, staff and visitors. For example, health and safety risks, the potential risk of legionella in the building's water system and risks associated with the lack of an effective system that managed test results and other incoming correspondence.

Leadership and culture

On the day of inspection staff told us the practice prioritised high quality and compassionate care. Staff said the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems that identified notifiable safety incidents.

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

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

There was a clear leadership structure and most staff we spoke with felt supported by management.

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

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

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

- The practice gathered feedback from patients through the virtual patient participation group (PPG), complaints received and by carrying out analysis of the results from the GP patient survey and Friends and Family Test.

Are services well-led?

Requires improvement

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

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion as well as a staff survey. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. All staff were involved in discussions about how to run and develop the practice, and the managers encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Continuous improvement

The practice was able to demonstrate that learning from incidents, accidents and significant events as well as from complaints received was taking place. However, improvements were not always fully implemented. For example, improvements as a result of complaints relating to patients experiencing difficulties in obtaining access to services were limited.

The practice was subject to scrutiny by Health Education Kent, Surrey and Sussex (called the Deanery) as the supervisor of training. Registrars were encouraged to provide feedback on the quality of their placement to the Deanery and this in turn was passed to the GP practice. GPs' communication and clinical skills were therefore regularly under review.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for service users. The registered person was not: doing all that was reasonably practical to mitigate the risks to the health and safety of service users of receiving the care or treatment; ensuring the proper and safe management of medicines; assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person, in particular, to; assess, monitor and improve the safety of the services provided in the carrying on of the regulated activity; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e). This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.