Staplehurst Health Centre

Quality Report

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

Ratings

Overall rating for this service	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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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Staplehurst Health Centre on 21 November 2016. The overall rating for the practice was Requires Improvement. The full comprehensive report on the 21 November 2016 inspection can be found by selecting the 'all reports' link for Staplehurst Health Centre on our website at www.cqc.org.uk

This practice is now rated as Inadequate overall.

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 recently 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 Staplehurst Health Centre on 22 November 2017. We carried out this inspection as part of our inspection programme in order to follow up on breaches of regulations.

At this inspection we found:

- The practice did not always have clear systems to identify and manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice was not always able to demonstrate that their analysis identified all risks or that their subsequent action and learning was effective.
- The practice did not always 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.

Summary of findings

- Most patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. However, the care plans for patients with dementia were not complete or personalised.
- Staff treated patients with compassion, kindness, dignity and respect.
- Patients told us they were not always able to access care and treatment from the practice within an acceptable timescale for their needs. This aligned with views in the national GP patient survey.
- There was an active patient participation group and Friends group. They, together with the practice, provided a programme of health education events to improve the health and wellbeing for people living locally as well as those registered at the practice.
- The practice had a range of governance documents to support the delivery of the strategy and good quality care. However, we found that governance arrangements were not always effectively implemented.
- The systems and processes for learning and continuous improvement were not always used effectively to identify risks and areas for improvement. Where these had been identified subsequent action was not always timely or effective.

The areas where the provider **Must** make improvements 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 have access to timely advice and support from a safeguarding lead.
- Review training for locum staff to help ensure it meets local policy.
- Continue to implement a plan to review frail and elderly patients to help ensure all their health and social care needs are met.
- Continue to review confidentiality in the patient waiting area.

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 be the process of preventing the provider from operating the service. This will lead to cancelling their registration or to vary 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 services the reassurance that the care they get should improve.

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**

Staplehurst Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Staplehurst Health Centre

Staplehurst Health Centre is a GP practice based Staplehurst, Kent and has a registered patient population of approximately of 5300.

The practice is similar across the board to the national averages for population groups. The practice is in one of the least deprived areas of Kent and has a majority white British population.

The practice holds an Alternative Provider Medical Service contract with NHS England for delivering primary care services to the local community and is part of IMH - (Malling Health (UK) Ltd). The practice consists of four salaried GPs (one male/ three female). The GPs are supported by a practice manager, who is also the CQC registered manager. There are two practice nurses (one male and one female) and an administrative team. The practice told us they had recently recruited a healthcare assistant who was due to join the practice shortly after the inspection. A wide range of services and clinics are offered by the practice including asthma and diabetes.

The practice is accessible to patients with mobility issues, as well as parents with children and babies.

The practice is open between 8am to 6.30pm on Monday to Friday. There are extended hours on Tuesday mornings 7.30am to 8am with GPs, Wednesdays 6.30pm to 7.30pm with GPs and nurses and one Saturday per month 9am to 11am. In addition, appointments that could be booked up to four weeks in advance for GPs and up to 12 weeks in advance for nurses, urgent appointments were also available for people that needed them. There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

Services are provided from:

Staplehurst Health Centre, Offens Drive, Tonbridge, Kent, TN12 0LB.

Inadequate

Are services safe?

Our findings

At our previous inspection on 21 November 2016, we rated the practice as requires improvement for providing safe services. We found:

- There was not an effective system for reporting and recording significant events. Reporting forms were not always completed and recent changes to the reporting and recording system had not yet been fully embedded.
- Records of discussions about significant events were limited as was evidence that lessons were shared to make sure action was taken to improve safety in the practice.
- The system for responding to alerts within the practice did not always include relevant medicines alerts.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety, with the exception of those relating to significant events.
- Not all staff had received a DBS check (DBS .

We undertook a responsive comprehensive inspection on 22 November 2017 and found the arrangements for managing Patient Safety Alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) had significantly improved. All the necessary staff had DBS checks, fulfilling the practices action plan. However, during the inspection, we found a range of other issues. The practice is now rated as inadequate for providing safe services and across all population groups.

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies, which had been devised by the provider Malling Health (UK) Ltd. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. There was a safeguarding lead who was trained to level three. However, the GP safeguarding lead was only at the practice for two and a half days a week. The practice could not demonstrate that there was a deputy to undertake this role during times of absence. This did not meet the adult or childhood safeguarding policies provided by Malling Health (UK) Ltd. Policies stated that clinical staff should be able to 'seek advice from the practice safeguarding lead GP'. However, this was not always evident in practice. Staff told us in when the safeguarding lead was absent they would obtain advice from the practice manager or another GP.
- 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 carried out (DBS
- Most staff received up-to-date safeguarding and safety training appropriate to their role. We checked the personnel files of four employed members of staff and one locum. All had received safeguarding training with the exception of one clinical locum, who had recently worked at the practice. This did not comply with the Malling Health (UK) Ltd policy for compliance for clinical locum employment. Staff who acted as chaperones were trained for the role and had received a DBS check.
- 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 and hygiene. We observed that not all areas of the premises were clean and tidy, nor were improvements from IPC audits sustained. For example, the practice IPC action plan noted an improvement in cleaning after the PM spoke to cleaners regarding unclean areas such as window sills. There was ongoing action to re audit and monitor. However, we noted not all consulting rooms were dust free including window sills. For example, we found dust on the bottom of a treatment couch and the top of a fridge. Thorough cleaning is important for infection control, particularly in clinical areas because deposits of dust, soil and microbes on surfaces can transmit infection. The nurses' rooms were carpeted and staff told us that procedures, with a risk of spillages, such as phlebotomy took place in these areas. This is

not best practice because carpeted areas are difficult to clean. We saw evidence that carpets and fabric chairs had been deep cleaned on the 11 November 2017. There were open top bins in some of the toilets at the practice, including for staff, for patients with a disability and the unisex patients' toilet.

- The practice ensured most equipment was safe and maintained according to manufacturers' instructions. However, the practice was unable to demonstrate a consistent approach to the maintenance of the machine used to check blood levels for patients taking warfarin. The practice provided two records; the first for the 28 July 2017 and the second 22 September to the 11 November 2017. Without regular calibration of the machine in accordance with the manufacturer's advice the practice could not be assured that the readings obtained would be accurate. This may impact on the doses of medicine the patient was advised to take and might mean they received too little or too much which would be unsafe.

Risks to patients

Risks to patients were not always effectively assessed or well managed.

- There were arrangements for planning and monitoring the number and mix of staff needed. However, there was not always enough cover for the medical secretary role. The medical secretary worked twenty hours per week, at the time of the inspection no other members of staff were trained to undertake this role. Therefore, during times of absence, there was a risk that referral letters may not be sent in a timely fashion. The secretary had raised this with the practice who had agreed to train two members of staff to support this activity when the secretary was absent. However, this was not being implemented until January meaning there was an ongoing risk until that time.
- Staff we spoke with told us they understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention and were able to give us a recent example when staff had responded effectively to a medical emergency. Clinicians we spoke with told us how they would identify and manage patients with severe infections, for example, sepsis. However, there was not a practice wide approach to managing the deteriorating patient. Staff we spoke with were not aware of any practice protocols, guidance or training to support clinical and non-clinical staff in managing the deteriorating patient. The practice was unable to demonstrate that it could effectively respond to a child with suspected sepsis. For example, the practice did not have a paediatric oximeter (After the inspection the practice sent us evidence that there was a sepsis screening tool accessible to staff on the computer system. However, this did not contain an action plan to train staff in its use.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe, with the exception of care plans for patients with dementia. 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. However, records showed these systems were not always effectively implemented. For example, in one significant event a referral was not made or noticed until the practice received a reminder from another organisation. There was an ongoing risk that referrals may also be delayed. For example, the medical secretary had sole responsibility for sending out referrals and no other staff were trained to undertake this role during times of absence.

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. For example, there were two thermometers provided to record the temperature for the vaccine/ medicines. However, records showed that only one thermometer reading was collected. We found on a number of occasions the practice had failed to record fridge temperatures. For example, on 3 and 6 October 2017 and three occasions in September 2017. There was an inconsistent approach to medicine inventories. For

example, the vaccine inventory was not always dated (with the exception of November 2017). Nor were there any dates on the 'stock list' medicines inventory, neither document showed who had made the entries. Adrenaline was stored in treatment rooms and consulting rooms but the locations were not recorded on the inventory.

- The practice did not have an effective system for the management of blank prescription forms and pads. Not all prescription forms were held securely. For example, the practice recorded how many prescription form boxes were delivered, but did not monitor them through the practice by recording prescription identifying numbers. On the 29 August 2017 five boxes were ordered and records were seen to demonstrate this, however, only four boxes were recorded as being received by the practice. One box remained unaccounted for. We found 28 blue controlled drug prescriptions and four prescription pads for two different GPs that the practice was not able to produce records for. On the day of the inspection we found blank prescription forms in the treatment room printer tray. There were no members of staff in the room, the door was unlocked all day and could be accessed by members of the public. We found the box in reception, where patients could drop off their repeat prescription, was also unlocked. It was located on a table away from the reception desk, so was not closely monitored.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There was evidence of actions taken to support good antimicrobial stewardship. For example, the practice told us they attended clinical commissioning meetings and were not high for antibiotic prescribing.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately.

Track record on safety

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

- The practice had a health and safety policy and had completed a risk assessment. However, the risk assessment was not comprehensive. For example, the action plan failed to note concerns the practice and patient participation group had raised about the state of the car park, nor did it contain any dates.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Records showed the practice had recorded 21 significant events and near misses since 16 November 2016. Staff told us they knew how to report significant events and gave examples of doing so. However, we found the practice was still unable to demonstrate that trends and issues were identified and that appropriate mitigating action was taken. For example, two of the significant events recorded in October 2017 linked to prescribing and prescriptions did not contain an action plan or a change in protocols. We saw evidence that significant events were discussed at clinical meetings. For example, we saw two were discussed at a clinical meeting on 14 November 2017 and a further five at a clinical meeting on 27 October 2017. However, there was insufficient detail in the minutes to demonstrate what learning had been achieved to help prevent the same thing happening again. After the inspection the practice sent us photos of a white board to demonstrate learning from significant events. However, this was not dated nor was it clear how learning was shared with staff not at the meeting including locum staff or what action the practice had taken to mitigate the risk of the event reoccurring.
- We talked to staff and checked two patient safety alerts and found there was an effective system for receiving and acting on safety alerts.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 21 November 2016, we rated the practice as good for providing effective services. We found:

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

The practice is now rated requires improvement for effective services. All population groups are rated Inadequate.

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. However, staff told us the practice did not have protocols to support the management of sepsis.

- Most patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. However, not all care plans for patients with dementia were complete. For example, three documents that we examined were generic in nature and not personalised to the patient.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice was in the process of introducing a system to help identify older patients who are frail or may be vulnerable in order to provide a clinical review including a review of medication and a frailty score.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital to help ensure that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Data from the Quality and Outcomes Framework (QOF) showed performance for diabetes related indicators were comparable with or better than local and national averages.
- We reviewed the care plans of two patients with long term conditions and found both were personalised to the patient.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. There were four areas where childhood immunisations were measured; each had a target of 90%. The practice was above the target in three areas and below in one area.

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

- The practice's uptake for cervical screening was 79%, which was comparable with the 80% coverage target for the national screening programme. Staff were aware of this and told us they had promoted the screening programme in order to raise awareness.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

Requires improvement

Are services effective?

(for example, treatment is effective)

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- We reviewed three records from patients with a learning disability and found all had received appropriate health checks and care planning.

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is better than the Clinical Commissioning Group (CCG) average of 82% and national average of average of 84%. We reviewed three care plans for patients with dementia and found those care plans were incomplete. For example, incomplete action plan, no recorded date for medicine review or a record of whether information can be shared with other healthcare professionals. The care plans were not personalised to the individual and were generic.
- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months which was comparable with the CCG average of 93% and the national average of 90%. We reviewed the care plans for three patients with mental health conditions and found they were personalised.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The clinical team including the nursing team had completed a range of audits some were on a rolling programme. For example, one of the practice nurses completed ongoing audits of patients on anti-coagulant medicine (a medicine used as a blood thinner to help in the prevention of strokes and heart attacks). There were a range of completed audits which had improved patient outcomes. For example, a two cycle audit investigating patients with gout (gout is a form of inflammatory arthritis that develops in some people who have high levels of chronic uric acid). This resulted in an improved management for the 32 patients identified.

The most recent published Quality Outcome Framework (QOF) results were 99% 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 14% compared with a CCG average of 11% national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.). The practice was performing in line with or better than local and national averages in some areas of care. For example:

- 91% of patients with diabetes, on the register, had a recorded IFCCHbA1c that was 64 mmol/mol or less in the preceding 12 months, compared to the CCG and national average of 79%.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was better than the CCG average of 82% and national average of average of 84%. However, we found the results of these reviews were not consistently recorded in a patient centred way on their care and treatment notes.

Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. The practice held 'Lunch, munch and learn' sessions (which were learning sessions provided by the practice for staff who wished to

Requires improvement

Are services effective?

(for example, treatment is effective)

attend). There had been four of these in last eighteen months in areas such as gynaecology. The practice told us there were plans for another learning session on the 15 February 2018.

- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The nursing staff told us they attended training with other local nurses on conditions such as diabetes.

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.
- Most 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. However, as not all roles were covered during times of absence there was a risk that not all referrals were undertaken in a timely way.
- The practice worked with patients to develop personal care plans, with the exception of patients with dementia, which were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns. Together with the Friends of Staplehurst health centre, the practice produced regular newsletter to promote national screening programmes and local services. For example, the March 2017 newsletter contained information about shingles vaccines.

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

At our previous inspection on 21 November 2016, we rated the practice as good for providing effective services.

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

The practice remains rated good for providing caring services. All population groups are rated Inadequate.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients support and information.
- Conversations between receptionists and patients could be overheard in the reception area. We noted from the staff meeting on 12 September 2017 confidentiality has been an issue in reception. The minutes showed staff were advised to use the private interview room for confidential matters and the telephones had been moved away from reception. However, we noted some confidential information being shared in reception which could be overheard by other patients.
- We received one comment card which contained mixed comments about the service. The comments were positive about the caring and understanding staff, but negative about phone access and making an appointment.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and thirty three surveys were sent out and 100 were returned. This represented about 2% of the practice population. The practice was lower but comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 76% of patients who responded said the GP gave them enough time; CCG - 88%; national average - 86%.
- 91% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 76% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 87%; national average - 86%.
- 87% of respondents said the nurse was good at listening to them; (CCG) - 92%; national average - 91%.
- 90% of patients who responded said the nurse gave them enough time; CCG - 93%; national average - 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 87% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.
- 83% of patients who responded said they found the receptionists at the practice helpful; CCG - 89%; national average - 87%.

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. There were no notices in the reception or waiting areas to promote this. However, the practice took action to resolve this during the inspection and placed signs in the patient waiting area.
- Staff told us they communicated with patients in a way that they could understand.

The practice identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 83 patients as carers (2% of the practice list).

Good

Are services caring?

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

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

- 77% 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 88% and the national average of 87%.
- 76% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 84%; national average - 82%.
- 83% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 83% 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' 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

At our previous inspection on 21 November 2016, we rated the practice as requires improvement for providing safe services. We found:

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they hadn't always found it easy to make routine appointments or an appointment with a named GP, although urgent appointments were available on the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available although evidence showed the practice had not always responded quickly to issues raised. The practice did not have a log of complaints and we did not see evidence that complaints were shared with staff and other stakeholders or that learning was discussed.

The practice is still rated as requires improvement for providing responsive services. All population groups are rated Inadequate.

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.

- There are extended hours on Tuesday mornings 7.30am to 8am with GPs, Wednesdays 6.30pm to 7.30pm with GPs and nurses and one Saturday per month from 9am until 11am.
- Telephone consultations were available for those unable to attend the practice.
- Since our inspection the practice has provided evidence that GPs contact any vulnerable patients who have made contact with an outside agency. For example, NHS 111.
- The practice improved services where possible in response to unmet needs. For example, the practice worked with the clinical commissioning group to provide clinics normally accessed at hospital including consultant led diabetes clinics and clinics for abdominal aortic aneurysm. This reduced the need for patients, in the local area as well as those registered at the practice, to travel to access care
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice told us patients who are unable to read or write would be assisted by a member of the practice team should the need arise.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The Friends of Staplehurst Health Centre and the PPG promoted the practice, national health campaigns within the local community with regular new letters. For example, the November 2017 newsletter contained information about national breast screening and mental health support. Alongside this they provided a rolling programme of health events. People from the local community as well as patients could attend these events, which included topics such as first aid training.

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Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The GP's carry out a ward round once a week at the largest elderly care nursing home attached to the practice.
- There is an emergency number for vulnerable or patients who may need urgent support to bypass the normal phone lines.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Eight week post-natal appointments were booked for parent/carer and baby on the same day as the babies' first immunization to reduce the number of times new parents have to visit the practice.
- The Health Visiting team held a baby weighing session at the practice on a Friday.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, there were extended hour's pre-bookable appointments with a GP or practice nurse.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including patients nearing the end of their life and those with a learning disability.
- The practice held monthly multidisciplinary meetings with the palliative care and community care teams.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to the service

We spoke with seven patients on the day and they told us they were not always able to access care and treatment from the practice within an acceptable timescale for their needs. This aligned with views in the national GP patient survey and NHS choices.

- Patients were not always able to access initial assessment, test results, diagnosis and treatment due to ongoing issues with the telephone lines.
- Patients with the most urgent needs had their care and treatment prioritised. The practice had provided patients identified as high risk with an emergency telephone number to bypass the practice telephone system.
- Patients we spoke with on the day told us the appointment system was not easy to use. For example, they told us that booking appointments on the telephone was difficult, with the telephone ringing and then cutting off after a few minutes.

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. This was supported by observations on the day of inspection, completed comment cards and feedback on the NHS Choices website. Two hundred and thirty three surveys were sent out and 100 were returned. This represented about 2% of the practice population.

- 59% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 80%.
- 53% of patients who responded would recommend this surgery to someone new to the area this was significantly below the CCG average: **81%;** national average: **77%**
- There had been an 11% reduction in respondents satisfaction with telephone access since the 2016 survey, with 60% of patients who responded said they could get through easily to the practice by phone; CCG – 74%; national average - 71%.
- 69% 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 - 80%; national average - 75%.
- 77% of patients who responded said their last appointment was convenient; CCG - 85%; national average - 81%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 55% of patients who responded described their experience of making an appointment as good; CCG - 77%; national average - 73%.
- 44% of patients who responded said they don't normally have to wait too long to be seen; CCG and national average 58%.

The practice had recognised the downward trend in patient feedback in some areas from the 2016 survey and formulated an action plan on the 12 September 2017. There were seven actions on the action plan which were about discussing the survey results at practice and clinical meetings. The practice told us they had contacted other organisations such as the clinical commissioning group to support them in improving the phone service. However, the practice could not demonstrate that they had taken sufficient action to significantly improve the patient experience since the previous inspection on the 21 November 2016.

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 significant improvement had been made to the systems and processes for learning from individual complaints and concerns raised by patients.

- Information about how to make a complaint or raise concerns was available and it was easy to do.
- The complaint policy and procedures were in line with recognised guidance. Six complaints had been recorded since 24 November 2016. We reviewed three complaints and found that the practice was not always able to demonstrate that learning and issues were prioritised. For example, a complaint from patient regarding a prescription batch included an action to discuss learning at next practice meeting. The next full staff meeting was on the 13 July 2017 and we saw no evidence to suggest complaint was discussed and shared with staff. The practice had also recorded a complaint from a patient regarding prescribed medicines and treatment at the practice. The practice was unable to demonstrate that there had been any learning or a change to practice as a result.

Are services well-led?

Inadequate

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

Our findings

At our previous inspection on 21 November 2016, we rated the practice as requires improvement for providing well-led services. We found:

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, the systems for managing and learning from significant events and complaints were not fully embedded in terms of recording, learning and ensuring that trends and issues were identified and that appropriate mitigating action was taken.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients. However, responses and action as a result was not always clear, for example in relation to issues with the telephone system. The patient participation group was active.

The practice is now rated as inadequate for providing well-led services and across all population groups.

Leadership capacity and capability

Leaders did not always have capacity and skills to deliver high-quality, sustainable care.

- Staff and patients told us the management team at the practice was visible and approachable. However, not all areas of the practice felt supported by the leadership fromMalling Health UK Ltd. For example, the patient participation group told us they had very little contact with the leadership from Malling Health UK Ltd.

Vision and strategy

The practice had a vision to improve the health and wellbeing of their patients. However, this was not consistently translated into action to support it.

- There was a clear vision and set of values.
- Staff were aware of and understood the vision and it was displayed in the practice.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population. However, patients on the day told us accessing services via the telephone system was difficult and that they could not always get an appointment when they needed one.
- The practice monitored progress against delivery of the strategy. However, in areas such as patient satisfaction the practice was unable to demonstrate improvement.

Culture

Staff were encouraged to develop their skills

- Staff stated they felt respected, supported and valued.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. However, the practice was not able to demonstrate the learning from these events was effectively shared through the practice. Nor were they able to demonstrate that analysis was effective enough to identify all the issues connected with some significant events. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

Are services well-led?

Inadequate

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

- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. For example, the nursing team told us they had attended training locally with other practice nurses in areas such as diabetes.

Governance arrangements

The practice had a range of governance documents to support the delivery of the strategy and good quality care. However, we found that governance arrangements were not always effectively implemented:

- The Malling Health (UK) Ltd policies were available to all staff and updated regularly. However, these were not always effectively implemented across the practice. For example, the infection prevention and control, health and safety and safeguarding policies.
- Staff were clear on their roles and accountabilities including in respect of safeguarding. However, the safeguarding lead was not always accessible to staff during core operational hours.

Managing risks, issues and performance

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

- There was not an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, infection prevention and control, medicines management, prescriptions, significant events, health and safety and patient access to care and sufficient staffing levels for some administration roles. .
- Practice leaders had oversight of the Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents, and complaints. The practice had made improvements to their systems to manage MHRA alerts. However, recommendations from the 21 November 2016 CQC inspection had not been sufficiently acted upon to facilitate sustained improvement. For example, the identification of issues and trends and sharing learning from significant events and complaints
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had recently responded to a major medical incident. The practice and the patient participation group told us that staff had been commended for their actions by the emergency services.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care. For example, eight week post-natal appointments were booked for parent/carer and baby on the same day as the babies' first immunization to reduce the number of times new parents have to visit the practice.

Appropriate and accurate information

The practice did not always have a proactive approach to taking action on 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. However, the practice was unable to demonstrate that it had effectively used patients' views to improve the quality of care provided.
- The practice used performance information which was reported and monitored.
- The information was used to monitor performance and the delivery of quality care.
- The practice submitted data or notifications to external organisations as required.

Engagement with patients, the public, staff and external partners

The practice worked in conjunction with the patient participation group and The Friends of Staplehurst Health Centre to engage with their patient population and people living in the surrounding areas.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, but not always effectively acted upon. For example, patient satisfaction in some areas of care had declined since our inspection on 21 November 2016.

Are services well-led?

Inadequate

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

- There was an active patient participation group and Friends group. Together with the practice, both groups provided a programme of health education events to improve the health and wellbeing for people living locally as well as those registered at the practice.
- The service was transparent, collaborative and open with stakeholders about performance and worked with the clinical commissioning group to bring new services to the area.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation. However, the practice had not always used these effectively to identify risks and areas for improvement. Where these had been identified subsequent action was not always timely or effective.

- There was a focus on professional development within the practice. Staff told they were given opportunities to attend training events with colleagues from other local practices.
- Staff had made some improvements for example MHRA alerts. However, not all opportunities for improvement were recognised or acted upon. For example, prescribing errors, infection prevention and control, medicines management and patients' experience of accessing services.
- 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 shared and used to make improvements.

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 9 HSCA (RA) Regulations 2014 Person-centred care Care and treatment was not being designed with a view to achieving service user preference or ensuring their needs were met. In particular: • Care plans for patients with dementia were incomplete, were not personalised to the individual and generic. This was in breach of Regulation 9 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 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered persons had not done all that was reasonably practicable assessing the risk of, the proper and safe management of medicines. In particular: • That practice did not have a systematic approach for monitoring the storage vaccines and medicines. • There was an inconsistent approach to medicine inventories The registered persons had not done all that was reasonably practicable assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are healthcare associated In particular: • The practice did not always maintain appropriate standards of cleanliness and hygiene. We observed that not all areas of the premises were clean and tidy. The practice had completed infection prevention and

Requirement notices

control (IPC) audits. However, these were not effectively implemented as not all issues were identified or improvements detailed in action plans maintained.

- The practice was unable to demonstrate effective training and support for microbial stewardship.

The provider was unable to demonstrate that all the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way. In particular:

- The practice was unable to demonstrate a consistent approach to the maintenance of the INR machine. Without regular calibration of the machine in accordance with the manufacturer's advice the practice could not be assured that the readings obtained would be accurate. This may impact on the doses of medicine the patient is advised to take and might mean they received too little or too much which would be unsafe.
- Not all emergency equipment was stored in an appropriate way in that they were not individually contained in sterile wrapping, nor was there an expiry date evident.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services and the patient experience. In particular: • The provider had failed to make significant improvements to the should in 21 November 2016 inspection report where the provider should 'Ensure that responses and action as a result of patient feedback are clearly identified and acted upon, particularly in relation to issues with the telephone system and appointment booking' . The practice had made an inconsistent attempt to make improvements to the phone lines and sent emails to gain funding and support from other organisations However, patients continued to report issues. • The practice had a system for recording and analysing verbal and written complaints. However, the practice was not able to demonstrate that any significant improvements had been made to the systems and processes for learning and identifying trends from individual complaints and concerns raised by patients. 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 system for recording and analysing significant events. However, the practice was not able

This section is primarily information for the provider

Enforcement actions

to demonstrate that any significant improvements had been made to the systems and processes for learning and identifying trends. Analysis did not always identify and act on significant issues.

- The practice did not have effective systems and processes for medicine management including prescriptions.
- The practice carried out risk assessments but these did not always capture and act on all risks including infection prevention control.

The registered person had systems or processes in place that were not operating effectively in that they failed to act in a timely fashion to sufficient numbers of staffing levels in some areas of the practice. In particular:

- Not all roles were covered effectively during times of absence meaning not all referral letters may not be sent in a timely fashion.

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