

Kingswood Surgery

Quality Report

Kingswood Surgery
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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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

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 Dr. Bowes, Gillam, Roome, Stone, Welch & Roome on 14 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice was providing a service to a local women's refuge, enabling these women and their children to receive treatment as permanent residents, rather than being registered as temporary

Summary of findings

residents. This allowed the practice to obtain past GP records which were summarised as a priority. Children's Immunisation records were checked and any outstanding vaccines administered whilst at the refuge. The permanent resident status also allowed patients to be part of the routine immunisation recall system. The registration process had been adapted for these patients, recognising that some may have fled their homes and had therefore been unable to produce the necessary form of identification.

The areas where the provider should make improvement are:

- Ensure the staff training programme is completed.
- Complete the practice's business development plan.
- The practice's system of recalling patients who had not attended to discuss blood test results and follow-up's from secondary care specialist referrals were not always being processed consistently and the system should therefore be reviewed.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- We found that the system for following up on blood results and clinic letters, for those patients not attending follow-up appointments should be strengthened.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed most 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led.

Good



- 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.
- 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 in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There was a register and care plans in place for all patients identified as being at risk of having an unplanned hospital admission. Patients admitted to hospital were reviewed within three days of discharge.
- Space had been allocated in the surgery for district nurses and palliative care teams, to facilitate easier communication and collaboration. Monthly MDT meetings were attended by representatives from local care and nursing homes.
- GPs carried out scheduled weekly visits to a local care home.
- There was an in-house physiotherapy service.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice's performance for diabetes indicators showed that the last blood pressure reading taken of patients was 140/80mmHg or less (measured in the preceding 12 months), was 73%, compared to the Clinical Commissioning Group (CCG) average of 77% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Where a patient had more than one long-term condition, the practice scheduled appointments suited to review all such conditions at the same time, in order to avoid repeat visits.

Summary of findings

- Clinical support was provided for vulnerable groups, such as local residential care establishment, which provided care for adults with a learning disability and complex needs and another home which provided residential care and support for adults aged 18-65 with acute mental health issues.
- There was an in-house carer's support service offering guidance and advice on services and health checks.
- Monthly multi-disciplinary team meetings were held with district nurses, social and community care specialists and palliative care nurses for patients with long-term conditions.

Families, children and young people

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

Good



- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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 performance for cervical screening was similar to CCG / national averages. For example, 83% of women aged less than 65 years were recorded as having a cervical screening test in the preceding 5 years. This compared to the CCG average of 83% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies and these were triaged before being referred to the GP where there was a clinical need. In such cases, a call back would be made within a maximum four hour period.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice was providing a service to a local women's refuge, enabling these women and their children to receive treatment as permanent residents, rather than being registered as temporary residents. This allowed the practice to obtain past GP records which were summarised as a priority. Children's Immunisation records were checked and any outstanding vaccines administered whilst at the refuge and they also. Became part of the routine immunisation recall system. The registration process had also been adapted for these patients, as it was acknowledged that they may have been unable to

Summary of findings

produce the necessary form of identification, so they were able to register without identification or proof of address. When a woman first registered, they were offered a new patient consultation with the lead GP, so that a relationship could be developed and sensitive issues shared. Women were also being offered counselling as well as being signposted to support in the voluntary sector.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Telephone appointments were offered as an alternative to a face-to-face appointment was not necessary.
- The practice offered extended surgery hours from 7.10am to 8am on Mondays and Wednesdays and a Saturday morning surgery between 8.30am and midday on the first Saturday of the month.
- Sexual health and family planning services were offered.
- Dedicated immunisation sessions were held for students about to go to university, including flu vaccinations.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer, protected appointments for patients with a learning disability.
- There was a high prevalence of patients with a learning disability (76 patients), and all had been invited for health checks, 38 having been completed in the previous 12 months.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients and the child safeguarding lead met every six weeks with the health visitor, school nurse and midwife, to discuss vulnerable families.
- 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.
- There was a named GP for all vulnerable patients, including those with a learning disability.
- Whilst mainly transient, the women at the local refuge centre had been registered as permanent patients, thereby ensuring continuity of care and safeguarding of their personal information.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 71% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG average of 84% and the national average of 84%.
- 78% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months. This compared to a CCG average of 91% and a national average of 89%. We discussed this with the GP, who told us the practice had a strong relationship with the residential home offering care to those patients with acute mental health issues, who had carried out a high number of psychiatric reviews independent of the practice. This meant they did not feel able to claim for this work on ethical grounds.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- The practice had a system in place 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. Their records were tagged to enable receptionists to identify them and offer them priority access to a GP.
- There was a named GP for this group of patients, including those at the residential home offering care to those patients with acute mental health issues.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing better than local and national averages. 217 survey forms were distributed and 108 were returned. This represented 1% of the practice's patient list.

- 96% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 76%.
- 99% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.
- 94% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards which were all positive about the standard of care received. Patients felt the whole of the practice team was friendly and professional and the doctors listened to them. One parent remarked that their suggestion for a trainee GP at the surgery to receive refresher training to deal with their daughter who had a learning disability was dealt with sympathetically.

We spoke with five patients during the inspection. All said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice invited patients to complete the NHS Friends and Family test (FFT). The FFT gives each patient the opportunity to provide feedback on the quality of care they received. We looked at the results for 2015. These indicated that 94% of patients were "extremely likely" to recommend the practice to their friends and family.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure the staff training programme is completed.
- Complete the practice's business development plan.

- The practice's system of recalling patients who had not attended to discuss blood test results and follow-up's from secondary care specialist referrals were not always being processed consistently and the system should therefore be reviewed.

Outstanding practice

- The practice was providing a service to a local women's refuge, enabling these women and their children to receive treatment as permanent residents, rather than being registered as temporary residents. This allowed the practice to obtain past GP records which were summarised as a priority. Children's Immunisation records were checked and

any outstanding vaccines administered whilst at the refuge. The permanent resident status also allowed patients to be part of the routine immunisation recall system. The registration process had been adapted for these patients, recognising that some may have fled their homes and had therefore been unable to produce the necessary form of identification.

Kingswood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Kingswood Surgery

Drs. Bowes, Gillam, Roome, Stone, Welch & Roome also known as Kingswood Surgery is situated in Tunbridge Wells, West Kent and is within walking distance of the town centre. The practice operates out of two-storey premises and clinical services are delivered on both floors. The facilities are accessible for patients with a disability. However there is no lift, so for those patients who are unable to climb the stairs, the doctors will see them in a ground floor clinical room and this is arranged by the receptionists when booking the appointment. There is limited on-site parking and street parking is available around the practice. 22% of the practice population were older people and 23% were in the younger age group. 95% of the registered patients were white and 2.5% were Asian.

The staffing team consists of six GPs who are partners in the practice and two salaried GPs. Two of the GPs are male who work 8 sessions and 6.4 sessions respectively and there are six females working between 2 sessions and 6.4 sessions. There are also four part-time practice nurses, two part-time health care assistants and a part-time phlebotomist. There is a full-time practice manager, who is supported by a team of part-time receptionists, administrators and medical secretaries.

The practice is open between 7am and 6.30pm on Mondays and Wednesdays and between 8am and 6.30pm on

Tuesdays, Thursdays and Fridays. It also opens between 8.30am and 12am on the first Saturday of each month. Appointments are available from 7.10am to 12.00pm and from 3.30pm to 6pm Mondays and Fridays, and between 2pm and 6pm on Tuesdays, Wednesdays and Thursdays. Appointments are also available on the first Saturday of each month between 8.30am and 12am.

When the practice is closed, patients are redirected to Integrated Care 24 ('IC24'), the out of hours provider for the area.

There are 9,722 registered patients on the practice list.

The practice offers medical student training for final year students at the University College of London, as well as providing training for a GP Registrar.

Services are provided from

Kingswood Surgery, Kingswood Road, Tunbridge Wells, Kent, TN2 4UH

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.

Detailed findings

How we carried out this inspection

For example:

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 December 2016. During our visit we:

- Spoke with a range of staff, including three GPs, a practice nurse, the practice manager, a receptionist and a health care assistant. We also spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts 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, we were told of a child who had collapsed at school with a severe asthma attack, but had not shown any symptoms. It was discovered they had not had an asthma review recently, due to not attending when invited. This patient was then dealt with appropriately and moving forwards, the practice had prioritised patients being called for asthma reviews and after three invitations they would then be invited to see a GP for follow up.

Overview of safety systems and processes

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

- Arrangements were in place 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 were two lead members of staff for safeguarding one for adults and the other for children. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and the remainder of the practice team to levels 1 and 2.

- 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. (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 found a few examples where the practice's system of recalling patients who had not attended to discuss blood test results and follow-up's from secondary care specialist referrals were not always being processed consistently and that the system should therefore be reviewed.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the CCG's medicines optimisation team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to

Are services safe?

administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements for the destruction of controlled drugs.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety poster on display in the reception area. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available; with exception reporting overall at 11%. This was comparable with both the CCG average and the national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). We discussed this with the GPs who explained what had happened with the review process of their mental health patients at the care home and how efforts were being made to monitor more closely those patients with Chronic Obstructive Pulmonary Disease (COPD), hypertension and atrial fibrillation. More recent performance results showed this approach had been effective.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to the CCG and national average. For example, this showed that the last blood pressure reading taken of patients with diabetes was 140/80mmHg or less (measured in the preceding 12 months) was 73%, compared to the CCG average of 77% and the national average of 78%.

- Performance for mental health related indicators was below the national and CCG average. For example 78% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months. This compared to a CCG average of 91% and a national average of 89%. We discussed this with the GP, who told us the practice had a strong relationship with the residential home offering care to those patients with acute mental health issues, who had carried out a high number of psychiatric reviews independent of the practice. (This meant they did not feel able to claim for this work on ethical grounds).

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits undertaken in the last two years. These were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve services. Recent action taken as a result included patients prescribed Sildenafil, (a medication used to treat erectile dysfunction and pulmonary arterial hypertension) had been assessed and the numbers being prescribed was reduced having consulted with the patients concerned.
- The practice was aware that within the locality, they had a greater than average number of patients on the severe mental health register. This potentially increased the prescribing of lithium, (a medication used as a mood stabilising drug in the treatment of bipolar disorder). Progressive steps were then taken with this group of patients to ensure their levels and thyroid and renal function tests were monitored at regular intervals.
- COPD patients were checked to assess whether they had been appropriately referred for pulmonary rehabilitation and the GPs had concluded that they should code the records correctly to ensure this group of patients had been properly identified.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, and one-to-one meetings, during which their training and development needs would be discussed. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. A small number of gaps were identified in the training records, which the manager was aware of and was dealing with.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals on a monthly and two-monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 83% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to the national averages. There are four areas where childhood immunisations are measured; each

Are services effective?

(for example, treatment is effective)

has a target of 90%. The practice achieved the target in three out of four areas; in the remaining area they scored 25%. These measures can be aggregated and scored out of 10, with the practice scoring 7.5 (compared to the national average of 9.1). The practice provided us with data from 2016/17 (which has not yet been verified, published and made publically available) and these showed that 90% of two years had received this vaccination.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability

and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the seven patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They also told us of several initiatives they were involved in, such as preparing a newsletter, arranging health talks, including 'Living well with diabetes' and 'The side effects of medication.' They had also introduced a support group for patients diagnosed with diabetes. They told us they had been fully consulted during the practice's plans to extend the premises and to widen the consultation process for the future planning and development of new services locally, a virtual group had been launched so that patients could comment via emails.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 98% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.

- 96% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 99% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were better than local and national averages. For example:

- 98% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 95% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 96% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw a notice in the first floor waiting area informing patients this service was available. However, this was not replicated in the main surgery reception area and the manager agreed to rectify this immediately.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 125 patients as carers (1% of the practice list) and had nominated a 'carer's champion' from within the practice team. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients who rang after all routine appointments had been booked were offered a call back from the duty doctor so that further assessment could be made. This was done twice a day, once in the morning and again in the afternoon.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was providing a service to a local women's refuge, enabling these women and their children to receive treatment as permanent residents, rather than being registered as temporary residents. This allowed the practice to obtain past GP records which were summarised as a priority. Children's Immunisation records were checked and any outstanding vaccines administered whilst at the refuge. The permanent resident status also allowed patients to be part of the routine immunisation recall system. The registration process had been adapted for these patients, recognising that some may have fled their homes and had therefore been unable to produce the necessary form of identification. As part of this service, the women were also offered sexual health advice.
- Student immunisation sessions were available.

Access to the service

The practice was open between 7am and 6.30pm on Mondays and Wednesdays and between 8am and 6.30pm

on Tuesdays, Thursdays and Fridays. The practice was also open from 8.30am to midday on the first Saturday of the month. Appointments were from 7.10am to 11.20am and from 3.30pm to 6pm on Mondays and Wednesdays. On Tuesdays and Thursdays, appointments were between 8am and 11.30am and 2pm to 5.50pm. On Fridays, the practice offered appointments between 8am and 11.30am and 3.30pm and 6pm. On the first Saturday of the month, appointments were available between 8.30am and midday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. When the practice was closed, patients are directed to Integrated Care 24, the provider of out of hours services in the area.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than both local and national averages.

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% national average of 79%.
- 96% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

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

The practice had a system in place to assess:

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

Home visit requests were taken by the reception team, who would then pass these on to the duty doctor. These would be pre-assessed by telephone during morning surgery, in order to ensure that clinical risk was suitably managed. 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 an effective system in place for handling complaints and concerns.

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This was displayed in the reception area and on the practice website. However, the information in the practice leaflet was included under the heading 'Comments' and therefore did not lead the patient directly to the complaints procedure.

We looked at 9 complaints received in the last 12 months and found they had been satisfactorily handled, dealt with

in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. There were no clear examples of improvements as the practice was able to demonstrate that the issues raised had either been handled by them appropriately, or were outside of their jurisdiction. For example, patients being blocked in at the front of the building and a patient who had been unable to obtain their new medication online as a repeat prescription. It was explained to them that as this was on the acute list, it was therefore subject to review by a doctor before it could be prescribed.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice was in the process of completing their business plan, which would clearly set out a firm strategy, reflecting their vision and values, but were able to demonstrate to us during our visit what these were in terms of their ambitions and desires.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were firm arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance 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). This included support

training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to 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 verbal interactions as well as written correspondence.

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

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a number of health talks had been organised on topics including, 'Diabetes', 'Depression' and 'Caring for carers.' A support group for those patients with diabetes had also been launched. They told us they had been fully consulted during the alterations to the surgery premises.
- The practice had gathered feedback from staff through a survey conducted during 2016. The survey generally

Are services well-led?

Good 

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

showed that staff had a strong sense of purpose and valued the working environment. They also felt there were opportunities to develop. Staff meetings and appraisals were also used to gather feedback from staff.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues. However, the staff survey had shown they did not always feel recognised and valued in their roles and this would be a matter for further discussion.

Continuous improvement

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

The practice was a training practice which took foundation year three registrar GPs and there was one GP Registrar working at the practice. The practice regularly hosted medical student placements.

The quality of GP registrar (GPs in training) decisions was under near constant review by their trainers. The practice

was subject to scrutiny by the 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. Therefore GPs' communication and clinical skills were regularly under review.

The practice engaged with health and social care colleagues at monthly multi-disciplinary meetings, including the management of their palliative care patients. Their focus being to review data concerning the elderly with long-term illnesses and the safeguarding of vulnerable of vulnerable patients and those with mental health issues.

A review had been carried out of COPD patients, summarising their present symptoms and diagnosis, as well as their ongoing management. This had identified a need for a specialist nurse to provide spirometry testing and this was being addressed by the practice.