

Blackthorn Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Blackthorn Medical Centre on 27 July 2016. Overall the practice is rated as requires improvement.

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

- There was a system for reporting and recording significant events.
- Risks to patients, staff and visitors were not consistently assessed and well managed. For example, infection prevention and control, storage of hazardous cleaning fluids, medicines management and arrangements to respond to medical emergencies.
- The practice was unable to demonstrate all appropriate recruitment checks were carried out prior to the employment of staff. The practice's induction training programme was not adequate and there was no overall training plan for staff at the practice. Staff were not up to date with all mandatory training.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance and data showed patient outcomes were similar to local and national averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. The practice offered additional services, such as massage and counselling, free of charge to patients.
- Information about services and how to complain was available and easy to understand.
- Governance arrangements were not always effectively implemented. For example, the practice's risk management had failed to identify all risks to patients, staff and visitors.
- There was a clear leadership structure and staff felt supported by management. However, the practice was unable to demonstrate they sought regular feedback from patients.
- The provider was aware of and complied with the Duty of Candour.

Summary of findings

- The practice was leading innovation projects to meet the needs of specific groups of patients. The practice provided support and mentorship to GPs whose need for additional training had been recognised.

The areas where the provider must make improvements are:

- Ensure the practice is adequately able to respond to medical emergencies in line with national guidance.
- Ensure staff receive relevant induction training, annual appraisals and are supported to keep up to date with all relevant mandatory training such as safeguarding and infection control.
- Ensure the practice follows current national guidance on the safe storage of substances hazardous to health.
- Ensure the practice follows current national guidance on infection prevention and control.
- Ensure identified actions are carried out to reduce the risk of the spread of legionella infection.
- Ensure the correct storage of medicines.
- Ensure all relevant recruitment checks are undertaken prior to the employment of all staff.
- Ensure risk assessment and management includes all risks to patients, staff and visitors.
- Ensure that improvements in patient care are being driven by the completion of clinical audit cycles.

In addition the provider should:

- Improve patient awareness of online services.
- Ensure regular feedback on services provided is sought and acted upon by the practice.

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 inadequate for providing safe services and improvements must be made.

- There was an effective system for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice did not have reliable systems, processes and practices to keep patients safe and safeguard them from abuse.
- Not all staff were up to date with attending mandatory courses such as safeguarding training and infection control training.
- Risks to patients, staff and visitors were not consistently assessed and well managed.
- Hazardous cleaning fluids were not stored in a locked cupboard.
- Clinical wash-hand basins did not comply with national guidance on infection prevention and control.
- Some medicines were inappropriately stored in a non-lockable refrigerator and some medicines we looked at were out of date.
- Records showed that two members of staff had not received a Disclosure and Barring (DBS) check, or had a risk assessment of using them without DBS clearance, prior to being employed by the practice.
- Checks to help ensure that electrical and clinical equipment was safe to use were out of date.
- Actions identified by the legionella risk assessment had not been carried out.
- All relevant emergency equipment and emergency medicines were not available in the practice.

Inadequate



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.

Requires improvement



Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- There was limited evidence of an appraisal process for staff and mandatory and additional training had not been prioritised.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care. A range of additional services such as counselling and massage were available.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to help ensure that they meet patients' needs. For example, they provided a service for patients living with chronic pain and were leading a project to promote well-being for diabetic patients.
- Patients said they were able 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. However, queues of patients formed at reception at busy times.
- Patients could get information about how to complain in a format they could understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Requires improvement



Summary of findings

- 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.
- Governance arrangements were not robust or always effectively implemented.
- The practice's system of risk management had failed to identify all risks to patients, staff and visitors.
- There was a clear leadership structure and staff felt supported by management.
- 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 that identified notifiable safety incidents.
- The practice was unable to demonstrate they sought regular feedback from patients.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. The provider was rated as inadequate for safety, requires improvement for effective and well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- The practice worked closely with the district nursing team.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as inadequate for safety, requires improvement for effective and well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding twelve months was 92% compared to the clinical commissioning group (CCG) and national average of 88%.
- The practice was leading an innovative project to support patients with diabetes.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

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

Requires improvement



Summary of findings

inadequate for safety, requires improvement for effective and well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 department (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The practice had close links with a local charity that offered support to families in crisis.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as inadequate for safety, requires improvement for effective and well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to help ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group. However, patients we spoke with on the day of the inspection were not aware of the online services that were available.
- The practice offered telephone triage as well as early, late and weekend appointments for patients who found it difficult to attend the practice during core working hours.

Requires improvement



People whose circumstances may make them vulnerable

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

Requires improvement



Summary of findings

and well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. However, the practice was unable to provide evidence to show that other staff had received safeguarding training appropriate to their roles and some staff we spoke with were not aware of the correct action to be taken in the event that they suspected a patient was suffering from abuse.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for safety, requires improvement for effective and well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 86% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is similar to the clinical commissioning group (CCG) average of 85% and the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record was 94% compared to the CCG and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Requires improvement



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had close links to the organisation which provided rehabilitation through training or work placements.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Of the 240 survey forms distributed, 109 were returned. This represented 2% of the practice's patient list.

- 83% of respondents found it easy to get through to this practice by telephone compared to the clinical commissioning group (CCG) average of 76% and the national average of 73%.
- 84% of respondents were able to get an appointment to see or speak with someone the last time they tried compared to the CCG average of 81% and the national average of 76%.
- 84% of respondents described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 82% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% 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 26 comment cards, 18 of which were positive about the standard of care received. Five of the comment cards contained both positive and negative comments, and three were negative about their experience of the practice. People who completed cards were positive about the care received from staff at the practice, and about the standards of cleanliness and hygiene. However, three people commented that they did not find it easy to book an appointment and two commented that appointments often ran late.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Blackthorn Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Blackthorn Medical Centre

Blackthorn Medical Centre is situated in Barming, near Maidstone, Kent. The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

There are four GPs (two male, two female) who are partners, and four salaried GPs (two male, two female). All GPs at the practice work part-time. There are two nurses, and two health care assistants (all female). In addition there are two management staff, one secretary, thirteen reception/administrative staff and four therapists.

Services are also offered in anthroposophic therapies (a system of therapies using mainly natural means to optimise physical and mental health and well-being). Therapies include biographical counselling (counselling aimed at supporting an individual to self-understanding), eurhythmy therapy (graceful body movements to the rhythm of spoken words or music), rhythmical massage, colour light and art therapy. These services are provided in addition to the practice's NHS Contract and are free of charge to patients.

The practice is a training practice (training practices have GP trainees and Foundation Year Two trainee doctors). It also provides placements for registrars whose need for additional training has been recognised.

Patient areas are accessible to patients with mobility issues, as well as parents with children and babies. All consultation and treatment rooms are located on the ground floor. Therapy rooms are located on the first floor; there is a lift for access. There is a small car park with a dedicated disabled parking space. There is also parking for bicycles.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered on one Saturday morning each month as well as evening telephone appointments from 6.30pm to 7pm on Monday and Tuesday, early morning GP appointments from 7.30am to 8am on Wednesday, Thursday and Friday, and early morning nursing appointments from 7.30 to 8am on Tuesday and Thursday.

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

The practice has a patient population of approximately 7,088. The proportion of patients who were aged 20 to 39 is lower than national averages and the proportion of patients aged 40 to 49 is higher than the national average. The practice is in an area with a low deprivation score and lower than average levels of unemployment.

Services are provided from Blackthorn Medical Centre, St Andrews Road, Barming, Maidstone, Kent, ME16 9AN.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 July 2016. During our visit we:

- Spoke with a range of staff (five GPs, one nurse, one HCA, two practice managers and two reception/administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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.
- Staff discussed significant events at weekly clinical meetings and monthly practice meetings, and carried out a thorough analysis of the significant events.

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 saw that the practice had introduced a new procedure for logging and storing prescription forms and pads following an incident where some blank prescriptions were stolen from a GP's car. Staff we spoke with were aware of the incident and understood the procedure for logging prescriptions and we saw evidence that the procedure was followed.

Overview of safety systems and processes

The practice did not have reliable systems, processes and practices to help keep patients safe and safeguarded from abuse.

- There were arrangements to safeguard children and vulnerable adults from abuse. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and their contact details, along with those of local authority safeguarding contacts, were attached

to all computer monitors in the practice. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. GPs and one member of the nursing staff were trained to child protection or child safeguarding level 3. However, the practice was unable to provide evidence to show that other staff had received child or adult safeguarding training appropriate to their roles and some staff we spoke with were not aware of the correct action to be taken in the event that they suspected a patient was suffering abuse.

- Notices in the consultation and treatment rooms advised patients that chaperones were available if required. However, there was no notice in the waiting area. Staff told us that they offered patients a chaperone prior to undertaking any intimate examinations. 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).
- The practice maintained reasonable standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control protocol. One of the practice nurses was the infection control clinical lead. However, the practice was only able to provide evidence to show that one member of staff at the practice had received up to date infection control training and the practice did not carry out annual infection control audits.
- Cleaning equipment, including hazardous cleaning fluids were stored in a cupboard which was not locked. COSHH (Control of Substances Hazardous to Health) assessments had been carried out and the practice had copies of data sheets showing how fluid should be handled and what to do in case of spillage on skin or ingestion.
- The clinical wash-hand basins at the practice contained overflows and had wooden surrounds. This had been identified at a recent audit undertaken by the clinical commissioning group (CCG). The practice had an action plan to seek further advice and funding for replacement basins but was unable to demonstrate a timescale for completion.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did

Are services safe?

not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). We found that some medicines were inappropriately stored in a non-lockable refrigerator in the office behind the reception area. These included some homeopathic remedies that had been supplied for individual patients, some influenza vaccines that were out of date, and a pneumococcal vaccine that was in date. Staff were unable to explain why these medicines were inappropriately stored or to provide any records that related to them.

- 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 local CCG pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as a nurse prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer influenza vaccines against a Patient Specific Prescription or Direction from a prescriber.
- The practice held stocks of vaccines in a lockable refrigerator in the nurse's room. We saw that these vaccines were appropriately stored and in date, and that the temperature of the refrigerator was checked regularly and records were kept. Where the temperature recorded was outside of the desired range we saw that explanations for this were recorded. For example, where staff had been restocking the refrigerator.
- We reviewed six personnel files and found that, in most cases, 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 (DBS). However, the practice was unable to provide evidence of DBS checks for two members of staff whose roles required these checks to have been made. The practice had not completed risk assessments in relation to the lack of DBS checks for these staff.

- All of the therapists working at the practice were registered with the Council for Anthroposophic Health and Social Care (CAHSC).

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Checks to help ensure that electrical and clinical equipment was safe to use and working properly were out of date. However, we saw evidence that testing had been booked to be carried out within the two weeks following our inspection. 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). However, actions identified in the legionella risk assessment, such as cleaning the hot water tank and regularly monitoring and recording water temperatures had not been carried out.
- 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. However, staff told us that nursing staff were extremely busy and patients had to wait up to four weeks for an appointment with a nurse.

Arrangements to deal with emergencies and major incidents

The practice had arrangements to respond to emergencies and major incidents. However, these were not adequate for all types of potential emergency.

- There was no means of summoning help from the consultation and treatment rooms, such as an instant messaging system on the computers or a panic alarm to alert staff to any emergency. Staff told us that they would call out for help but were not confident they would be heard if they were unable to open the door.

Are services safe?

- All staff had received annual basic life support training and the practice had a defibrillator available on the premises and oxygen with an adult mask. There was no children's oxygen mask. A first aid kit and accident book were available.
- Emergency medicines for the treatment of anaphylaxis (a severe allergic reaction) were accessible to staff in the reception area and all staff knew of their location.

However, there were no anaphylaxis kits in the treatment rooms where vaccines were given. The practice did not hold any medicines for the treatment of other emergencies, such as asthma or cardiac arrest.

- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for suppliers and 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 help keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. GPs discussed new guidelines at their weekly clinical meetings.

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 98% of the total number of points available. Exception reporting was 8.1% on average, compared to the CCG average of 9% and the national average of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the local and national average. For example, the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding twelve months was 92% compared to the clinical commissioning group (CCG) and national average of 88%.
- Performance for mental health related indicators was better than the local and national average. For example, the percentage of patients with schizophrenia, bipolar

affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record was 94% compared to the CCG and national average of 88%.

There was evidence of quality improvement including clinical audit.

- We were shown two clinical audits that had been completed in the last two years.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had participated in a prescribing audit which indicated that they had reduced their prescribing of high risk antibiotics, bringing it in line with local and national averages in the period January to March 2016.

Information about patients' outcomes was used to make improvements. The practice used a system of alerts to identify patients whose records indicated that treatments or tests may be required and had a system for calling these patients to review appointments.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This included introduction to the practice's policies and procedures including health and safety, accidents and confidentiality. However, it did not specify any mandatory training requirements such as safeguarding, infection prevention and control, fire safety, and health and safety.
- 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.
- There was no overall training plan for staff at the practice. Staff told us that they had appraisals but that these were not always carried out annually. The practice was unable to produce evidence of annual appraisals for staff.

Are services effective?

(for example, treatment is effective)

- Staff received training that included basic life support and information governance. Staff had access to e-learning training modules and in-house training. However, some staff told us that they were awaiting training that had not yet become available. For example, infection control training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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. District nurses were based at the practice, and staff told us they had easy access to health visitors, physiotherapists, community mental health workers and midwives. Multi-disciplinary team meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Additional services such as counselling, massage and other therapies were available to patients on site. These services were provided in addition to the practice's NHS Contract and were free of charge to patients.

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. However, staff had not received training regarding 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 cessation and alcohol consumption. The practice was accredited as a level two diabetes care practice. Patients were signposted to the relevant service.
- Patients with learning disabilities were invited for an annual health check, along with a family member or carer.

The practice's uptake for the cervical screening programme was 82%, which was similar to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were system to help 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 vaccines given were similar to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 84% to 96% compared to the CCG average from 69% to 91%, and five year olds from 92% to 97% compared to the CCG average from 82% to 95%.

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.
- Private conversations between patients and staff at the reception desk could be overheard by others. However, when discussing patients' treatment, staff were careful to keep confidential information private. Staff told us that a private room was available near the reception desk should a patient wish a more private area in which to discuss any issues.

Eighteen of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. Five of the comment cards contained both positive and negative comments, and three patients who completed cards were negative about their experience of the practice. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. 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 similar to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of respondents 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%.
- 88% of respondents said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 95% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 86% of respondents said the last GP they spoke with was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 92% of respondents said the last nurse they spoke with was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 95% of respondents 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 in line with local and national averages. For example:

- 89% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 83% of respondents 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%.
- 84% of respondents 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:

- Staff told us that translation services were available for patients who did not have English as a first language. Sign language services for deaf people were also available. We saw notices in the reception areas and information on the practice website informing patients that these services were available.

Are services caring?

- Longer appointments were available for people with learning disabilities or those with complex needs. Patients could be seen jointly by GPs and therapists at a monthly Saturday clinic.

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 72 patients as

carers (1% of the practice list). Staff told us that carers were signposted to a local carers' centre to access further help and support. Written information was available to direct carers to other avenues of support available to them.

The practice had close links to an organisation which provided rehabilitation through training or work placements to patients who had experienced poor mental health.

Staff told us that if families had suffered bereavement, they ensured that all staff involved in the patient's care were informed. The patient's usual GP contacted the family and this call was either followed by a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered a chronic pain management service giving patients access to the range of additional services available at the practice. The practice had also been successful in securing funding for a Diabetes and Wellness (DWELL) project. The practice was a partner in the European project to enable patients to access tailored support, empowering them to self-manage their condition and improve their well-being.

- The practice offered extended hours appointments with GPs and nurses at various times throughout the week and on one Saturday each month. However, patients we spoke with were not aware of the availability of extended hours appointments.
- The practice offered a triage service for urgent needs between 8.30am and 10am each day. GPs called patients back to determine whether an urgent appointment was needed, or dealt with the patients' needs over the telephone.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were longer appointments available for patients with a learning disability and others with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop, translation and sign language services available. The practice had a lift to allow access to therapy rooms on the first floor.
- Patients could book appointments or order repeat prescriptions online. However, patients we spoke with were not aware of the online services offered.
- The practice also offered anthroposophic therapies (a system of therapies using mainly natural means to optimise physical and mental health and well-being).

Therapies included biographical counselling (counselling aimed at supporting an individual to self-understanding), eurhythmmy therapy (graceful body movements to the rhythm of spoken words or music), rhythmical massage, colour light and art therapy. These services were provided in addition to the practice's NHS Contract were are free of charge to patients.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered on one Saturday morning each month as well as evening telephone appointments from 6.30pm to 7pm on Monday and Tuesday, early morning GP appointments from 7.30am to 8am on Wednesday, Thursday and Friday, and early morning nursing appointments from 7.30am to 8am on Tuesday and Thursday.

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

- 75% of respondents were satisfied with the practice's opening hours compared to the CCG and national average of 78%.
- 83% of respondents said they could get through easily to the practice by telephone 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. However, they also told us that appointments often ran late and they had to wait past their appointment time to be seen. Staff told us that patients were kept informed if they had to wait, and were offered a free tea or coffee if they were waiting for more than 30 minutes.

The practice had a system to assess:

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

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

Listening and learning from concerns and complaints

The practice had an effective system 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. Staff were able to access a leaflet to give to patients on request.

We looked at seven complaints received in the last 12 months and found that these had been dealt with in a

timely manner, and that patients who complained were dealt with in an open and transparent way. Lessons were learnt from individual concerns, complaints and from analysis of trends. Action was taken to as a result to improve the quality of care. For example, reception staff had received training in customer service following complaints regarding some interactions with reception staff.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy to provide holistic care and treatment, combining ancillary therapies with conventional medicine and nursing.

Governance arrangements

The practice had an active governance culture. However, the governance arrangements were not always effectively implemented.

- 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 arrangements for identifying, recording and managing risks and issues. However, the practice was unable to demonstrate that checks to help ensure electrical and clinical equipment was safe to use were up to date or that actions identified by the legionella risk assessment had been carried out. The practice had failed to identify the potential risks associated with: the lack of safeguarding and infection control training for all relevant staff; incorrect storage of hazardous cleaning fluids; clinical wash-hand basins failing to conform to current national guidance on infection prevention and control; the incorrect storage of some medicines; using staff without Disclosure and Barring Service (DBS) checks or risk assessment of using staff without a DBS check; the lack of all standard emergency equipment and emergency medicines.

Leadership and culture

The partners in the practice told us they prioritised high quality and compassionate care. They were aware of and understood the challenges facing the practice. 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 help 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 for all staff communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to help ensure that when things went wrong with care and treatment:

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

There had been a number of recent changes to the leadership structure. Staff told us that they felt positive about the future and 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. However, they were unable to demonstrate that they regularly sought and acted upon feedback from patients.

- The practice had carried out a patient survey in 2014. They showed us that they were in the process of carrying out a patient survey for 2016. However, they were unable to provide evidence to show that they had carried out a patient survey in 2015.

Are services well-led?

Requires improvement 

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

- The practice had gathered feedback from patients through the patient participation group (PPG). However, at the time of our inspection the membership of the PPG was made up of only one person and the practice was unable to provide evidence to show how the PPG was engaged in the management of the practice. The practice was able to demonstrate that they were making efforts to increase membership of the PPG. For example, posters inviting participation in the PPG were displayed in the waiting area.
- The practice participated in “iWantGreatCare” as part of the Friends and Family Test requirement. However, they were unable to provide evidence to demonstrate that they reviewed and acted upon the results of the feedback received.
- The practice had introduced a telephone triage system for urgent appointments as a result of feedback received from a patient survey in 2014.
- The practice had gathered feedback from staff through staff survey, staff away days and generally through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They commented that they had begun to be better informed of changes at the practice and were confident that the practice was addressing concerns and issues. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was one of the founding practices of the Mid Kent GP Alliance.

The practice was innovative in offering services to groups of patients such as those with diabetes and those living with chronic pain.

The practice was a training practice and all the staff were to some degree involved in the training of future GPs. The practice provided support and mentorship to GPs whose need for additional training had been recognised. 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.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to monitor and manage the risks associated with legionella infection. They had failed to ensure that hand-wash basins in clinical rooms complied with Department of Health guidelines. They had failed to ensure that staff followed procedures for the safe storage of medicines and substances which may be hazardous to health. They did not have appropriate equipment and medicines to deal with medical emergencies. They were unable to demonstrate that clinical and electrical equipment was safe to use.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not do all that was reasonably practicable to assess, monitor and improve the quality and safety of the services provided.. They had not done all that was reasonably practicable to identify and manage risks to patients and staff.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not do all that was reasonably practicable to ensure that staff received appropriate training to enable them to carry out the duties they were employed to perform, including safeguarding, fire safety, infection control, health and safety and the mental capacity act. They had not ensured that staff received annual appraisals.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider did not have effective recruitment procedures to ensure that persons employed had the qualifications, skills and experience required because they did not ensure that all staff had a Disclosure and Barring Service (DBS) check, or a risk assessment in relation to a lack of DBS check, prior to starting employment.

This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.