

Grosvenor Medical Centre

Quality Report

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Date of inspection visit: 13 October 2016

Date of publication: 12/01/2017

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?

Requires improvement



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 Grosvenor Medical Centre on 13 October 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were not always assessed and well managed. For example, fire and electrical safety assessments were out of date; some staff had been employed without appropriate pre-employment checks and the practice was unable to demonstrate that all staff were trained to the appropriate level in safeguarding.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. The practice carried out audits and used the results to improve services to patients.
- The practice was unable to provide records to show that all staff had received appropriate training required to carry out their roles. However, staff told us that they had access to appropriate training and gave examples of recent training they had received.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Feedback from patients about their care was consistently positive.
- 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 implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example they had introduced a text message appointment reminder service.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about services and how to complain was available and easy to understand. The practice actively reviewed complaints and how they are managed and responded to. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had strong and visible clinical and managerial leadership 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 the following area of outstanding practice:

- The practice's uptake for the cervical screening programme was 98%, which was higher than the CCG average of 84% and the national average of 82%.

The areas where the provider must make improvements are:

- Ensure that all staff are trained to the appropriate level in safeguarding.
- Ensure that reference checks are carried out prior to appointing members of staff.

In addition the provider should:

- Ensure regular fire, electrical safety and legionella risk assessments are carried out
- Carry out regular audits of infection prevention and control.
- Record the serial numbers of blank prescriptions that are allocated to staff.
- Ensure all emergency equipment including defibrillator pads are in date and fit for use.
- Ensure that, where members of staff require Disclosure and Barring Service (DBS) checks, these are carried out prior to appointment.
- Ensure staff training records are up to date and demonstrate that staff have received training appropriate to their roles and continue their programme of annual staff appraisals.
- Improve patient privacy in the treatment room.
- Revise the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers are offered relevant support if required.

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 requires improvement for providing safe services.

Requires improvement



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- 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.
- Risks to patients who used services were not always assessed, and the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe.
- Fire and electrical safety assessments were out of date and a specialist legionella assessment had not been carried out.
- Some staff had been employed without appropriate pre-employment checks and the practice was unable to demonstrate that all staff were trained to the appropriate level in safeguarding.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice was unable to provide records to show that all staff had received appropriate training required to carry out their roles. However, staff told us that they had access to appropriate training and gave examples of recent training they had received.
- 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.

Summary of findings

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 higher than others for several aspects of care.
- 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.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice offered services for patients in nearby short-term accommodation and for homeless people in the local area.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example they had introduced a text message appointment reminder service.
- 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.

Good



Are services well-led?

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

- 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.

Good



Summary of findings

- 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 a high level of constructive engagement with staff and a high level of staff satisfaction. High standards were promoted and owned by all practice staff and teams worked together across all roles.
- There was an overarching governance framework, however, this had failed to identify and manage some risks to patients.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for recording 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 doctors involved patients in care planning and patients received a copy of their written care plan. Patients living in nursing homes had enhanced care plans which were written in conjunction with patients, relatives and the staff in their homes.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

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 percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 95%, which was higher than the local Clinical Commissioning Group (CCG) and national average of 88%.
- 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. Patients who were prescribed more than eight different medicines had their medicines reviewed regularly.
- The doctors involved patients in care planning and patients received a copy of their written care plan.
- One of the doctors worked with the pharmacy adviser at the CCG to review a patient with complex needs to rationalise their medicines which led to an improvement in their condition.

Families, children and young people

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

Good



Summary of findings

- 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 uptake for the cervical screening programme was 98%, which was higher than the CCG average of 84% and the national average of 82%.
- 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, health visitors and school nurses.

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.
- Early and late appointments were available, and the practice offered a commuters' clinic for patients who found it difficult to attend during the practice's core working hours.

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 services for patients resident at the local YMCA hostel and other nearby short-term accommodation in the local area.
- 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.

Good



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 86% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the local Clinical Commissioning Group (CCG) (85%) and national average (84%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 89% This was comparable 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. A mental health nurse was assigned to the practice and attended monthly to work with mental health patients.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Staff had undergone dementia awareness training and the Patient Participation Group (PPG) had organised a dementia awareness campaign.

Good



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 in line with local and national averages. Two hundred and seventy two survey forms were distributed and 108 were returned. This represented 1% of the practice's patient list.

- 91% of respondents found it easy to get through to this practice by telephone, which was higher than the national average of 73%.
- 84% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 95% of respondents described the overall experience of this GP practice as good, which was higher than the national average of 85%.
- 93% of respondents said they would recommend this GP practice to someone who has just moved to the local area, which was higher than the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. People who completed comment cards told us that they found it easy to make an appointment when they needed to and that they found the doctors to be very caring.

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. The practice's Friends and Families test results for the period November 2015 to September 2016 showed that 89% of patients who responded were extremely likely to recommend the practice to their family and friends.

Grosvenor 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 Grosvenor Medical Centre

Grosvenor Medical Centre is situated in Tunbridge Wells, Kent. The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

The practice has a patient population of approximately 9,736. The proportion of patients who are aged 10 to 19 and 55 to 69 is lower than national averages and the proportion of patients aged 25 to 44 is higher than the national average. The practice is in an area with a low deprivation score and lower than average levels of unemployment.

Consultation and treatment rooms are located on the ground and first floors. The ground floor is fully accessible to patients with mobility issues, as well as parents with children and babies. There is no lift access to the first floor. Staff told us that they would arrange for patients who had difficulty using the stairs to be seen in one of the ground floor consulting rooms. There is a small car park with a dedicated disabled parking space. The practice is located in the town centre with easy access to public transport.

There are five GPs (three male, two female) who are partners, and two salaried GPs (female). There is an

advanced nurse practitioner as well as three practice nurses and two health care assistants (all female). In addition there is a practice manager and various reception and administrative staff.

The practice is a training practice (training practices have GP trainees and Foundation Year Two trainee doctors) and currently has two trainees based at the practice.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered on Tuesday evening from 6.30pm to 8.30pm. The practice's telephones are closed between 12.30pm and 2pm daily. During this time, patients can call the duty doctor at the practice.

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

Services are provided from Grosvenor Medical Centre, 23 Upper Grosvenor Road, Tunbridge Wells, Kent, TN1 2DX.

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

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 13 October 2016.

During our visit we:

- Spoke with a range of staff (four GPs, one practice nurse, one HCA, the practice manager and five administration/reception staff). We also spoke with six patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- 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. For example, after a member of staff had inadvertently sent a referral to the incorrect fax number, the patient was informed, and staff ensured that numbers regularly used were pre-programmed into the fax machine to reduce the risk of errors.
- The practice carried out a thorough analysis of the significant events and we saw evidence that significant events were regularly discussed at clinical meetings.

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, following an incident when a patient's referral had been sent but not received by the hospital, the practice had implemented a system to ensure they recorded in patients' notes when email referrals had been received.

Overview of safety systems and processes

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

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. There was guidance available to staff about who to contact if they had concerns about a patient's welfare. There was a lead

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and GPs were trained to child protection or child safeguarding level 3. However, the practice was unable to provide evidence to show that all members of staff had received training on safeguarding children and vulnerable adults to an appropriate level relevant to their role.

- Notices in the waiting room and consulting rooms advised patients that chaperones were available if required. The practice had a chaperone policy and all staff who acted as chaperones were trained for the role. However the practice was unable to provide evidence to show that all members of staff who acted as chaperones 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 did not have a policy to determine which members of staff should have a DBS check prior to employment. The practice had not undertaken risk assessments where staff had been employed without a DBS check. We discussed this with the practice on the day of the inspection and they immediately applied for DBS checks for the four members of staff who required one and showed us evidence that these had been applied for.
- 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. However, the practice was unable to provide evidence to show that all members of staff had received training in infection prevention and control, and annual infection control audits had not been undertaken. We discussed this with the practice who arranged for an audit to be carried out. Following our inspection, the practice provided evidence that an audit had been completed.
- 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).

Are services safe?

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 ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. However, the serial numbers of blank prescriptions were not recorded. One of the nurses had qualified as a nurse practitioner 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 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 to manage them safely. There were also arrangements for the destruction of controlled drugs.
- We reviewed five personnel files and found that some recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body. However, the practice was unable to provide evidence to show recent references had been checked for two of the staff whose files we reviewed.

Monitoring risks to patients

Risks to patients, visitors and staff were not always assessed and well managed.

- There was a fire safety policy and a health and safety policy available with a poster in the reception office.
- The practice's fire risk assessment was out of date. We discussed this with the practice who made arrangements for it to be carried out. Following our inspection, the practice provided documentary evidence to show that these arrangements had been made.

- The practice had carried out its own risk assessment for legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the practice had not sought professional advice regarding the risk of legionella infection and was unable to demonstrate that regular system flushing and water temperature monitoring had 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.

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. We found that the defibrillator pads had recently gone out of date. We discussed this with the practice and they immediately ordered replacement defibrillator pads. On the day of our inspection, the practice provided documentary evidence to show that they had done so. 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 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 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. Care planning templates included details of evidence based medicine to guide GPs when prescribing treatment.
- We saw minutes of clinical meetings that showed that doctors discussed relevant clinical guidance and put it into practice.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available compared to the Clinical Commissioning Group (CCG) average of 96% and the national average of 95%. Exception reporting was 14% compared to the CCG and national average of 9%. (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 2014/2015 showed:

- Performance for diabetes related indicators was better than 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 12 months was 95% compared to the CCG and national average of 88%.

- Performance for mental health related indicators was comparable to the 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 the record, in the preceding 12 months was 89% compared to the CCG and national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been 12 clinical audits undertaken in the last two years, four of which were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result of audit included reducing the rate of prescription of antibiotics, including high risk antibiotics, over a period of 12 months to July 2016, to lower than local Clinical Commissioning Group (CCG) and national averages.

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 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, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical

Are services effective?

(for example, treatment is effective)

supervision and facilitation and support for revalidating GPs. Most staff had received an appraisal within the last 12 months and there were plans to ensure that all staff annual appraisals were up to date.

- There was an overall training matrix for the practice. However, this was incomplete and there were inconsistencies between the training matrix and records of training in the files of individual members of staff. Therefore, the practice was unable to demonstrate that all staff had received appropriate training required to carry out their roles. However, staff told us that they had access to appropriate training and gave examples of recent training attended including basic life support and information governance.

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. For example, staff showed us how information about relevant patients was effectively shared with the local hospice.

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. For example, we saw evidence that the practice had sought advice from the local Clinical Commissioning Group (CCG) pharmacy adviser regarding a patient with complex needs and had revised their medication plan resulting in an improvement in the patient's condition.

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. We saw minutes of bimonthly multidisciplinary team meetings that took place at the practice involving health visitors, community mental health teams and community nurses.

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, alcohol consumption and smoking cessation. Patients we spoke with told us they were offered healthy living advice as part of their consultation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 98%, which was higher than 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. The practice's uptake for the bowel cancer screening programme was 54% compared to the CCG average of 61% and the national average of 58%. There were systems to ensure results were received for all samples sent for the cervical and bowel screening programme and the practice followed up patients who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 53% to 93% compared to average CCG rates from 52% to 92%

Are services effective? (for example, treatment is effective)

and national rates from 73% to 95%. Rates for vaccinations given to five year olds ranged from 88% to 97% compared to average CCG rates from 86% to 96% and national rates from 81% 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. However, in one of the treatment rooms there were no curtains around the examination couch which was in the centre of the room with the foot end pointing towards the door. Staff told us that they locked the door while treatment or examinations were taking place and that they turned their backs while patients were changing.
- 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 14 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. Seven patients commented that they found that doctors were very caring and took time to listen to them.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 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%.

- 95% of respondents said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 99% of respondents 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%.
- 98% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 96% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 93% 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. Staff told us that patients were given copies of their care plans as well as a copy being retained on the patients' records.

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:

- 96% of respondents 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%.
- 96% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 95% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to 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 notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Longer appointments were available each day for patients to book if they felt they needed extra time for their consultation.

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 84 patients who were carers (1% of the practice list). The PPG had produced a leaflet for carers, giving details of local support organisations and directing carers to the various avenues of support available to them. Posters in the practice encouraged people who were carers, and those who were military veterans, to notify the practice.

The practice worked with the local hospice to provide care to patients who were reaching the end of life. Staff told us that if families had suffered bereavement, their usual GP contacted them and offered them a consultation at a flexible time to meet the family's needs and gave them advice on how to find a support service, such as Cruse Bereavement Care. The practice worked with the local hospice and referred bereaved relatives for counselling if required.

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. The practice offered services for patients resident at the local YMCA hostel, other nearby short-term accommodation and for homeless people in the local area.

The partners at the practice participated in developing a five year plan for the practice to identify strengths and weaknesses and agree planned improvements to the practice.

- The practice offered a 'Commuter's Clinic' on a Tuesday evening until 8.30pm for working patients who could not attend during normal opening hours.
- 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 were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services. For example, following consultation with patient groups, reception staff introduced themselves by name when answering the telephone in order to help patients living with dementia to feel at ease.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered on Tuesday evening from 6.30pm to 8.30pm. The practice's telephones were closed between 12.30pm and 2pm daily. During this time, patients could call the duty doctor at the practice.

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

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 89% of respondents were satisfied with the practice's opening hours compared to the national average of 79%.
- 91% of respondents said they could get through easily to the practice by phone compared to 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 to assess:

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

The duty doctor telephoned patients requesting a home visit in order to establish their level of clinical need. 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.

- 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 included a practice leaflet that set out the complaints procedure, the timescale for responding, and sources of further information for complainants.

We looked at four complaints received in the last 12 months and found that these had been satisfactorily

Are services responsive to people's needs? (for example, to feedback?)

handled and dealt with in a timely way. The practice had been open and transparent when dealing with the complaints and had apologised to the complainants. We saw that lessons were learnt from individual concerns and complaints and also from analysis of trends and action was

taken to as a result to improve the quality of care. For example, following some complaints about the attitude of some reception staff, staff working on reception had attended customer care training.

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 carried out a five year planning process a robust strategy and had supporting business plans which reflected the vision and values and were regularly monitored.
- Staff knew and understood the values of the practice.

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, although annual infection control audits had not been carried out.
- The arrangements for identifying, recording and managing risks had failed to identify the lack of up to date fire, electrical safety and legionella assessments. The practice had failed to identify the potential risks associated with the lack of safeguarding and infection control training for all relevant staff and of employing staff without up to date references or Disclosure and Barring Service (DBS) checks, or risk assessment of using staff without a DBS check.

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 worked well as a team and 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 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 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.
- We saw examples of where the partners and senior managers had acted to resolve staffing difficulties in an open and transparent way, providing support to members of staff.

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, the PPG had produced a leaflet for carers giving details of local support organisations and directing carers to the various

Are services well-led?

Good 

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

avenues of support available to them. Following a survey undertaken by the PPG in 2014, the practice had introduced text appointment reminder services for patients.

- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, after a member of staff at the practice raised concerns about another provider, the partners reported these concerns which resulted in action being taken to improve services. 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. For example, the practice had supported the training of one of the practice nurses to become a nurse practitioner. The practice had also introduced the role of “treatment room nurse”, extending the roles of some staff in order to offer more flexible services to patients.

The practice was a training practice and all the staff were to some degree involved in the training of future GPs. 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.

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 registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <ul style="list-style-type: none">• They had failed to ensure that regular fire and electrical safety checks had been carried out.• They had failed to carry out a specialist risk assessment for legionella.• They had failed to ensure that all staff were trained to the appropriate level in safeguarding.• They had failed to assess the risk of the spread of infection because they had not carried out infection control audits and they had failed to ensure that all appropriate staff were trained in infection control.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person did not do all that was reasonably practicable to ensure that persons employed were of good character because they had not carried out pre-employment checks, such as Disclosure and Barring Service (DBS) and recent reference checks prior to employing all staff.</p>