Orchard End Surgery

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?	Requires improvement
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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Orchard End Surgery on 15 September 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients were not always assessed and well managed. For example appropriate recruitment checks on staff had not always been undertaken prior to their employment and actions identified to address concerns with health and safety had not been taken.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Governance arrangements were not always effectively implemented.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.

Summary of findings

- Ensure staff receive relevant training, annual appraisals and are supported to keep up to date with all relevant mandatory training such as safeguarding and basic life support.
- Ensure risk assessment and management includes and addresses all risks to patients, staff and visitors.

In addition the provider should:

- Review the security arrangements for the dispensary to allow access for authorised staff only.
- Carry out regular audits of infection prevention and control.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- There was an effective system for reporting and recording significant events and 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.
- Risks to patients, staff and visitors were not always assessed and the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, risks associated with health and safety including fire safety, electrical safety and the control of legionella.
- Access to the dispensary was not restricted to clinical and pharmacy staff only.
- Appropriate recruitment checks on staff had not always been undertaken prior to their employment.

Are services effective?

Requires improvement

The practice is rated as good 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.
- 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.
- The practice was unable to demonstrate that all relevant staff were trained in basic life support or to the appropriate level in safeguarding children.
- The practice was unable to produce evidence of annual appraisals for all staff.

Are services caring?

Good

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.

Summary of findings

- 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.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local patient 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 was training a health care assistant in order to increase available services to patients.
- 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The practice is rated as requires improvement 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.
- 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. However, some policies, such as health and safety and fire safety, were not specific to the practice.
- Governance arrangements were not always effectively implemented.
- The practice was unable to demonstrate that the electrical system was safe to use, that fire safety systems were robust or that actions identified by the legionella risk assessment had been carried out.
- The practice was unable to demonstrate that only appropriate staff had access to the dispensary.

Summary of findings

- The practice was unable to demonstrate that all appropriate checks had been carried out prior to employing staff and that staff had all received mandatory training such as in safeguarding and basic life support.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for providing safe, effective and well-led services and good for caring and responsive services. 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 provided GP services to the residents of a local nursing home and carried out regular visits there.

People with long term conditions

Requires improvement

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

- 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 93% compared to the 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.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for providing safe, effective and well-led

services and good for caring and responsive services. 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 (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 percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 85% compared to the Clinical Commissioning Group (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.
- The practice had produced a leaflet to encourage teenagers to feel more at ease in seeing a GP and this was available in the waiting room.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for providing safe, effective and well-led services and good for caring and responsive services. 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. Late appointments were offered and the practice also offered telephone consultations.
- 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.

Summary of findings

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for providing safe, effective and well-led services and good for caring and responsive services. 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 homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice provided GP services to the residents of a local care home for people with a learning disability and carried out regular visits there.
- 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.
- Not all staff were trained to the appropriate level in safeguarding.

People experiencing poor mental health (including people with dementia)

Requires improvement

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

- 77% 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 national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record in the preceding 12 months was 100% compared to the Clinical Commissioning Group (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 carried out advance care planning for patients with dementia.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. For example, they supported the work of a local “memory lane café” for patients living with dementia.

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 better than local and national averages. Two hundred and seventy six survey forms were distributed and 117 were returned. This represented 4% of the practice's patient list.

- 91% 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%.
- 87% 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%.
- 91% 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%.
- 87% 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 49 comment cards all of which were positive about the standard of care received. People who completed comment cards told us that they thought the practice was caring and that they found staff at the practice to be helpful and understanding.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice encouraged patients to complete the Friends and Family Test feedback. However, response rates were low and the practice did not have any recent results.

Orchard End Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Orchard End Surgery

Orchard End Surgery is situated in Cranbrook, Kent and has a registered patient population of approximately 3,200. The practice patient population includes a larger than average proportion of people aged 5-15 and 40-59 and a smaller than average proportion of people aged 20-40. The practice is located in an area with a lower than average deprivation score.

The practice staff consists of two GP partners (one male and one female) and one practice nurse (female), an HCA (female) and a phlebotomist (female). There are two dispensary staff members. There is a practice manager as well as reception staff.

Most patient areas are on the ground floor and are accessible to patients with mobility issues, as well as parents with children and babies. One of the consulting rooms is located on the first floor. Staff told us they arrange for patients who are unable to use the stairs to be seen in one of the rooms on the ground floor. There is a small car park and on-street parking for patients at the practice.

The practice has a general medical services contract with NHS England for delivering primary care services to the local community. The practice is not a training practice.

The practice is open between the hours of 8.30am and 6pm on Monday, Tuesday, Wednesday and Friday, and on Thursday from 8.30am to 12 midday. An extended hours surgery is available on Tuesday evenings from 6.30pm to 8pm. Between 8am and 8.30am, and between 6pm and 6.30pm, services are provided by South East Health Limited. On Thursday between 12 midday and 6pm, services are provided by a neighbouring practice, The Crane Surgery. The practice's telephones are closed between 1pm and 3pm daily. During this time, patients can call the duty doctor at the practice.

There is a range of clinics for all age groups. There are arrangements with other providers (South East Health Limited) to deliver services to patients outside of the practice's working hours.

Services are provided from Orchard End Surgery, Dorothy Avenue, Cranbrook, Kent, TN17 3AY.

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 15 September 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, nursing and dispensing staff, receptionists and administrators. We also spoke with 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.

Requires improvement

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, we saw that when an incorrect dose of a medicine had been dispensed to a patient, the practice had called the patient to explain and rectify the error, and had recorded that they had done so.
- The practice carried out a thorough analysis of the significant events. We saw that the practice had recorded six significant events in the 12 months prior to our inspection and that all actions had been followed up and learning points recorded.

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, the practice had a "mistakes board" in the office area and staff were encouraged to note any mistakes made so that lessons could be learned. Staff at the practice held a "mistakes meeting" each month. We saw minutes of these meetings which showed that action was taken as a result of mistakes made in order to reduce the likelihood of them happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices to help 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. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the 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 all clinical staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and the practice nurse was trained to level 2. However, the practice was unable to provide evidence to show that non clinical staff working at the practice had been trained in safeguarding children.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. However, annual infection control audits had not been undertaken. We raised this issue with the practice manager, who subsequently sent us documentary evidence to show that an audit had been carried out immediately after our visit and that appropriate actions had been recorded.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice helped keep patients safe (including obtaining, prescribing, recording, handling, storing and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. The dispensary staff were trained to level 2 in the appropriate National Vocational Qualification (NVQ). Any medicines incidents or 'near misses' were recorded for learning and the practice had a system to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- 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.
- The practice dispensary was located on the first floor in a room which also contained tea and coffee making facilities for staff. The practice was aware that this was not good practice and were in the process of moving the tea and coffee facilities out of the dispensary.
- The door to the dispensary had a key code lock. However, all staff knew the code and had access to the room, including when dispensary staff were not present. There was therefore a risk that medicines were not securely stored at all times. There was also a risk that dispensary staff could be distracted or interrupted while dispensing medicines. Dispensary staff told us that general staff access to the room was restricted at certain times of the day in order to minimise interruptions.
- We reviewed four personnel files and found evidence that appropriate recruitment checks had not always been undertaken prior to employment in three of the files. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. In one of the files we checked, there was no evidence that the practice had checked proof of identification or references prior to employing a member of clinical staff.

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. However, these were not always followed. There was a health and safety policy available with a poster in the reception office. However, these were generic and not specific to the practice. The practice had a fire safety policy but this was also generic and not specific to the practice. For example, they did not include the names of staff at the practice who were responsible for health and safety or fire safety. A fire risk assessment had been carried out in 2011. This had identified risks that had not been addressed by the practice. For example, the risk assessment had identified that fire doors should have self-closing devices. However, these had not been fitted and we observed that fire doors were regularly propped open. The practice's fire alarm system had not been tested in the previous two years.
- An electrical installation survey had been carried out in 2013 which had found that the installation was unsatisfactory. However, the practice was unable to demonstrate that the recommended remedial works had been carried out.
- Some electrical equipment was checked to help ensure the equipment was safe to use and clinical equipment was checked to help ensure it was working properly. We saw records of Portable Appliance Testing (PAT) and calibration of medical equipment such as blood pressure monitors.
- The practice had carried out a risk assessment for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the practice was unable to demonstrate that the recommended actions, such as 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 help ensure enough staff were on duty and staff provided cover for each other during periods of holiday or sickness.

Arrangements to deal with emergencies and major incidents

Requires improvement

Are services safe?

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

- There were whistles in every room which staff used to summon assistance in an emergency.
- Some staff had received annual basic life support training and there were emergency medicines available in the treatment room. However, records showed that two members of staff were not up to date with basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results were 100% of the total number of points available. Exception reporting was broadly in line with the Clinical Commissioning Group (CCG) and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2014 to March 2015 showed:

- Performance for diabetes related indicators was similar to the local and national averages. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 93% compared to the CCG and national average of 88%.
- Performance for mental health related indicators was better than the local and national averages. 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 100% compared to the CCG and national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit included ensuring that patients over the age of 45 who were prescribed a specific anti-inflammatory medicine were also offered a medicine that reduced the side effects of the anti-inflammatory medicine.

Effective staffing

The practice was unable to demonstrate that 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. The practice was unable to produce evidence of training for all staff in basic life support, fire safety, safeguarding and information governance. Staff told us that they had appraisals but that these were not consistent across the practice. The practice was unable to produce evidence of annual appraisals for all staff.
- Staff in the dispensary were trained to level two in the relevant National Vocational Qualification (NVQ).

Coordinating patient care and information sharing

Requires improvement

Are services effective?

(for example, treatment is effective)

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.
- The practice had a "day book" on their patient record system which was used to communicate relevant information about patients to other staff in the practice.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. For example, we saw minutes of meetings with health visitors and midwives where relevant patients were discussed.

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.

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 and patients living with dementia. Patients were signposted to the relevant service.
- One of the GPs supported a "Memory Lane Cafe" held regularly in the town centre for patients living with dementia.

The practice's uptake for the cervical screening programme was 85%, which was comparable 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 systems 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 vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 60% to 90% and five year olds from 85% to 98% compared to CCG averages of 69% to 91% and 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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 49 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were extremely 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:

- 93% 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%.
- 97% of respondents said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 100% 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%.
- 97% 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%.
- 97% 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%.
- 99% 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 better than local and national averages. For example:

- 93% 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%.
- 96% 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%.
- 94% 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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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 56 patients as carers (2% of the practice list). Staff told us that GPs gave patients who were carers a newsletter detailing events available to them in the local area, and details of support services for carers were available in the patient waiting area.

The practice staff followed a bereavement protocol when a patient died. The practice had appointed one of the receptionists as a bereavement liaison officer who contacted bereaved patients two to four weeks after bereavement to discuss any support the patient needed from the practice.

Good

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 patient 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 was training a health care assistant in order to increase available services to patients.

- The practice offered a 'Commuter's Clinic' on a Tuesday evening until 8pm 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 required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- One of the consulting rooms was located on the first floor. Staff told us that arrangements were made for patients with mobility issues to be seen in one of the ground floor consulting rooms.

Access to the service

The practice was open between 8.30am and 6pm on Monday, Tuesday, Wednesday and Friday, and on Thursday from 8.30am to 12 midday. An extended hours surgery was available on Tuesday evenings from 6.30pm to 8pm. Between 8am and 8.30am, and between 6pm and 6.30pm, services were provided by South East Health Limited. On Thursday between 12 midday and 6pm, services were provided by a neighbouring practice. The practice's telephones were closed between 1pm and 3pm daily. During this time, patients could call the duty doctor at the practice. There were arrangements with other providers (South East Health Limited) 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 variable when compared to local and national averages.

- 68% of respondents were satisfied with the practice's opening hours compared to the CCG and national average of 78%.
- 91% 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.

The practice had a triage system to assess:

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

The GPs at the practice spoke with patients on the telephone to assess their need for an urgent appointment. The practice also offered a walk-in surgery on Monday mornings for patients who had become unwell over the weekend to attend without the need to make an appointment. 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, including a leaflet and information on the screen in the waiting area, was available to help patients understand the complaints system.

We looked at one complaint received in the last 12 months and found that the complaint had been fully investigated

Good

Are services responsive to people's needs?

(for example, to feedback?)

and responded to in a timely manner. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, the practice ensured that patients were kept informed of any delays in appointment times and understood how patients attending the walk-in surgery were prioritised according to clinical need.

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 incorporated into the practice leaflet and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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 the electrical system was safe to use, that fire safety systems were robust or that actions identified by the legionella risk assessment had been carried out. They were unable to demonstrate that only appropriate staff had access to the dispensary. They were unable to demonstrate that all appropriate checks had been carried out prior to employing staff and that staff had all received mandatory training such as in safeguarding and basic life support.

Leadership and culture

On the day of inspection 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 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 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 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.

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 helped the practice put a television screen in the waiting area with information about the practice and other relevant services for patients.
- The practice had gathered feedback from staff 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, as a result of feedback from

Are services well-led?

Requires improvement

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

staff, the practice ensured that the emergency telephone was fully charged and available to the GPs during lunch times when the practice telephones were closed. 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 GPs were members of local professional support groups and the Mid-Kent GP Alliance and the practice nurse had set up a monthly forum for practice nurses in the local area to exchange best practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not do all that was reasonably practicable to ensure that the premises and equipment were safe to use. They did not have systems and processes that ensured compliance with statutory requirements and national guidance. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The provider did not do all that was reasonably practicable to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. They had failed to monitor and manage the risks associated with electrical safety, fire safety and legionella infection. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider did not do all that was reasonably practicable to ensure that staff received appropriate

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury	training to enable them to carry out the duties they were employed to perform, including safeguarding and basic life support. They had not ensured that staff received annual appraisals. This was in breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 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 proof of identification or references prior to starting employment. This was in breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.