

Memorial Medical Centre

Quality Report

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Date of inspection visit: 19 January 2017

Date of publication: 22/03/2017

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 Memorial Medical Centre on 19 January 2017. Overall the practice is rated as good.

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

- There was an effective system for reporting and recording significant events.
- Risks to patients were not always assessed and well managed, specifically relating to health and safety as well as fire safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, not all staff were up to date with fire safety training.
- 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 did not find it easy to make an appointment with a named GP. The practice had developed an action plan to improve patient access to appointments. However, this had not been effective.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The arrangements for governance and performance management were not always operated effectively.
- 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.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

Summary of findings

- Review risk management activities to ensure that the practice identifies and reduces, where possible, all health and safety risks to patients, staff and visitors.
- Review fire safety management and ensure that actions to reduce fire safety risks are implemented in a timely manner. For example, fire safety training for all staff and regular fire drills.
- Review processes for storing emergency medicines to make them more easily accessible to staff in an emergency.
- Continue to identify patients who are also carers to help ensure they are offered appropriate support.
- Improve access to ensure that patients are able to book appointments that suit their needs.

Additionally the provider should:

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.

Risks to patients were not always assessed and well managed.

- A health and safety risk assessment had not been undertaken.
- The practice did not have an up to date fire risk assessment and was unable to demonstrate that regular fire drills had been carried out. However we did see evidence that a fire risk assessment had been booked with an external company was due? to take place within the next two weeks. Not all staff were up to date with fire awareness training.
- Emergency medicines were not easily accessible as they were stored within a double locked cupboard within a room which had a keypad entry system.

However we also saw:

- There was an effective system for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to help keep patients safe and safeguarded from abuse.

Requires improvement



Are services effective?

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. For example, the practice amended their protocol to manage sepsis following updated guidance from NICE.
- Clinical audits demonstrated quality improvement. For example, following identification of higher than local antibiotic prescribing, evidence was seen that measures had been taken to successfully address this.

Good



Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff 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.
- There were longer appointments available for patients with a learning disability. These appointments were at the beginning of the surgery to alleviate possible anxieties of waiting in a crowded area. The practice had developed a comprehensive review template to help ensure consistency and delivery of guidelines standard of care. All patients with a learning disability received a health action plan following the consultation to support patients and carers. Pictorial formats were used where appropriate.
- The practice provided medical services to a local rehabilitation unit, eight local nursing and residential homes and had a contract with the local CCG to provide care for a nursing home caring for patients with advanced dementia.
- 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.

Summary of findings

- Urgent appointments available the same day.
- Patients said they did not find it easy to make an appointment with a named GP. However, the practice had been unable to demonstrate that actions taken to improve patients' access to bookable appointments that suited their needs had been effective.

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.
- 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.
- The arrangements for governance and performance management were not always operated effectively. The practice had failed to assess and manage all health and safety risk to patients, staff and visitors or keep the fire risk assessment up to date. Improvements to performance were not always effective. The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Good



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.

- The practice offered proactive, personalised care to meet the needs of the older people in its patient population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Nurses had undertaken diploma level training in the management of chronic disease and attended regular updates.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was within target range, was 75% compared to a local average of 77% and a national average 78%.
- Patients who were at risk of developing diabetes were encouraged to engage with a local scheme to identify those at risk and promote a healthy lifestyle.
- 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.

Good



Families, children and young people

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

- 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.

Good



Summary of findings

- 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 record that a cervical screening test has been performed in the preceding 5 years (2015 to 2016) was 83% which was similar to the local and national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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 patient population, those recently retired and students had been identified and the practice had adjusted the services it offered to help ensure these were accessible, flexible and offered continuity of care.
- The practice 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.
- Uptake for bowel and breast cancer screening was higher than the averages achieved locally and nationally.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for 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.
- There were longer appointments available for patients with a learning disability. These appointments were at the beginning of the surgery to alleviate possible anxieties of waiting in a crowded area. The practice had developed a comprehensive review template to help ensure consistency and delivery of guidelines standard of care. All patients with a learning disability received a health action plan following the consultation to support patients and carers. Pictorial formats were used where appropriate.
- 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.

Good



Summary of findings

- 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 people experiencing poor mental health (including people with dementia)

- 94% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which was higher than the local average of 83% and the national average of 84%.
- The percentage of patients with a serious mental health illness who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95% which was similar to the local average of 93% and higher than the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice provided medical services to a local rehabilitation unit, eight local nursing and residential homes and had a contract with the local CCG to provide care for a nursing home caring for patients with advanced dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing in line with local and national averages. Of the 247 survey forms that were distributed and 111 were returned. This represented a 45% response rate compared to a national average of 38% and approximately 1% of the practice population.

- 56% of patients found it easy to get through to this practice by phone compared to the local average of 64% and the national average of 73%.
- 67% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 66% and the national average of 76%.
- 85% of patients described the overall experience of this GP practice as good compared to the local average of 82% and the national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area good compared to the local average of 75% and 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 34 received comment cards which were positive about the standard of care received. For example, patients indicated that staff were caring, helpful and polite. However, 12 cards contained negative comments relating to the fact that some patients found it difficult to book a routine appointment that suited their needs.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, all seven patients also stated that they found it difficult to book a routine appointment that suited their needs. We looked at the 17 Family and Friends test responses for November and December 2016 and found that 100% indicated they were likely or extremely likely to recommend the practice to a family or friend.

Memorial 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 Memorial Medical Centre

Memorial Medical Centre is located near to the centre of Sittingbourne, Kent. The practice patient population is relatively evenly spread across all age groups. The practice is part of the NHS Swale Clinical Commissioning Group and has approximately 16,000 patients. The area the practice serves is urban and has relatively low numbers of patients from different cultural backgrounds. The practice area is in the mid-range for deprivation nationally and has a slightly lower than average number of patients (3%) who are unemployed compared to the local average of 5%. The percentage of patients living with a long term chronic disease is 59% which is similar to the local average of 58%.

The practice is managed by five GP partners (two male and three female) and one nurse partner. The practice is supported by three salaried GPs (two male and one female), four practice nurses and two health care assistants (all female) and an administrative team led by the business manager. The practice is approved for training nursing students and qualified doctors.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available between 9am and 11.10am every morning and 3pm to 5pm every afternoon. Telephone appointments are also available to book. Extended hours appointments are offered from 7am to

7.50am on Tuesday morning and 6pm until 7.40pm on a Monday evening. In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments are available for patients that needed them.

When the practice is closed patients are advised, via the practice website and telephone answer machine that all calls will be directed to the out of hours service via NHS 111. Out of hours services are provided by Medway Doctors on Call Care.

The practice has a General Medical Services (GMS) contract to deliver health care services.

Memorial Medical Centre is registered to provide services from Bell Road, Sittingbourne, Kent, ME10 4XX, only.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 January 2017. During our visit we:

Detailed findings

- Spoke with a range of staff including four GPs, three nurses, the business manager and seven members of the administrative team.
- Spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a vaccine was given in error we saw that this had been documented, discussed at practice meetings and actions taken to improve the process when running busy influenza clinics to reduce the possibility of the same thing 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:

- 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. 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 all had received training on safeguarding children and

vulnerable adults relevant to their role. GPs and one nurse were trained to child protection or child safeguarding level three and other nurses were trained to level two.

- 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice helped keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the 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.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber.

Are services safe?

- 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 appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- The premises were located within a hospital and managed by NHS Property Services. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. However, the practice was unable to demonstrate that a general health and safety risk assessment had been carried out.
- The practice did not have an up to date fire risk assessment and was unable to demonstrate that regular fire drills had been carried out. Records showed that the practice had arranged for an external company was due to carry out a fire risk assessment within the next two weeks. Records showed that not all staff were up to date with fire safety training.

However we also saw that:

- All 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. The practice had a variety of other risk assessments to

monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to help 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 some emergency medicines available with the emergency equipment that were securely stored. However, other emergency medicines were not easily accessible to staff in the practice as they were stored within a double locked cupboard within a room that had a keypad entry system.
- 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.
- 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 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. For example, the practice amended their management of sepsis protocol following updated guidance from NICE.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available. Exception reporting for the practice was 8% which was slightly lower than the local average of 9% and the national average of 10%. (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 2015 to 2016 showed:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was within target range, was 75% compared to a local average of 77% and a national average 78%.
- The percentage of patients with a serious mental health illness who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95% which was similar to the local average of 93% and higher than the national average of 89%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits in the last two years; three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included assessment of antibiotic prescribing. Following identification of higher than local antibiotic prescribing, evidence was seen that measures had been taken to successfully address this.

Information about patients' outcomes was used to make improvements. For example, an audit was undertaken to help ensure that a joint injection service was providing, safe and effective treatment for patients.

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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Nurses had undertaken diploma level training in the management of chronic disease and attended regular updates. One of the nurses had been trained to convert diabetic patients from oral medicines to insulin injections to improve control of their condition.
- 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. All new staff were received a mentor for support during the induction period and beyond. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. However, not all staff had received fire safety training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Patients who were at risk of developing diabetes were encouraged to engage with a local scheme to help identify those at risk and promote a healthy lifestyle.

The practice's uptake for the cervical screening programme was 83% which was similar to the clinical commissioning group (CCG) average and comparable to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages as well as for those with a learning disability and they ensured a female sample taker was available. There were failsafe 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For breast cancer, 78% of eligible patients had been screened compared to the local average of 75% and the national average of 72%. For bowel cancer, 61% of the eligible patients had received screening compared to a local average of 57% and a national average of 58%.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 68% to 97%. Five year old immunisation rates were 84% to 94% compared to a local, 86% to 95% and nationally from 88% to 94%.

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

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

The 34 patient Care Quality Commission comment cards we received were mixed in their responses regarding the service experienced. The 12 cards that were not wholly positive also commented that there were difficulties in booking appointments. Patients also said they felt the staff were helpful, caring and treated them with dignity and respect.

We spoke with two members 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 patients 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 comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%

- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 87%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- 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 and we also witnessed an instance where a receptionist organised a translator for a patient who had arrived at the practice.
- Information leaflets were available in easy read format.

Are services caring?

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 68 patients as carers (0.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local patient 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 extended hours appointments on a Monday evening and a Tuesday morning for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. These appointments were at the beginning of the surgery to alleviate possible anxieties of waiting in a crowded area. The practice had developed a comprehensive review template to help ensure consistency and delivery of guidelines standard of care. All patients with a learning disability received a health action plan following the consultation to support patients and carers. Pictorial formats were used where appropriate.
- 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 accessible facilities, a hearing loop and translation services available.
- The practice demonstrated their support for vulnerable patients. For example, when a homeless patient with a long-term chronic disease became unwell, the practice worked with the patient and a hostel to secure accommodation until a longer term housing solution could be found.
- The practice provided medical services to eight local nursing and residential homes and had a contract with the local CCG to provide medical services for a nursing home caring for patients with advanced dementia.
- The practice provided medical care for a local rehabilitation unit. GPs attended ward rounds twice a week as well as attending when needed. Feedback from

the unit indicated that the staff from the practice were friendly, efficient and proactive in delivering appropriate care as needed and there was good communication between the practice and the ward.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available between 9am and 11.10am every morning and 3pm to 5pm every afternoon. Telephone appointments were also available to book. Extended hours appointments were offered from 7am to 7.50am on Tuesday morning and 6pm until 7.40pm on a Monday evening. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were available for patients that needed them.

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

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 76%.
- 56% of patients found it easy to get through to this practice by phone compared to the local average of 64% and the national average of 73%. The practice had recognised that getting through to the practice by telephone was a problem. In response to this they had recruited additional call handling staff, been more proactive in advising patients to call at quieter times as well as to register for online services and ensured staff dialled out on a separate line. Patients we spoke with on the day told us that getting through to the practice by telephone had improved.
- 67% of patients were able to get an appointment to see or speak with someone the last time they tried compared to the local average of 66% and the national average of 76%. However patients that we spoke with on the day of the inspection, a number of comment cards and a number of complaints received by the practice related to difficulties in booking appointments that suited patients' needs. The practice were aware of this issue and had responded by implementing and testing different systems as well as evaluating their effectiveness. However, they also recognised that the present system was not satisfactory and were looking at ways of improving this.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system to assess:

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

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

Listening and learning from concerns and complaints

The practice had an effective system for handling complaints and concerns.

- 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. For example, in the practice leaflet, practice website and a notice in the waiting room.

We looked at four complaints received in the last 12 months and found these were dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints as well as from analysis of trends and action was taken as a result to improve the quality of care. For example, when a patient complained that the toilets were not clean, the practice improved the system for checking the toilets regularly and liaising with the hospital employed cleaners.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The arrangements for governance and performance management were not always operated effectively.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice had failed to carry out a general health and safety risk assessment or keep the fire risk assessment up to date and the practice was unable to demonstrate that regular fire drills had been carried out and not all staff were up to date with fire safety awareness training.
- A comprehensive understanding of the performance of the practice was maintained. However, improvements to performance were not always effective. For example, the practice was unable to demonstrate that actions taken regarding patients being able to access and book appointments that suited their needs had been effective.

However we also saw that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A programme of audit was used to monitor quality and to make improvements where appropriate. For example, ensuring medicines were prescribed in line with guidelines.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised 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 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.

- The practice had recently restructured management responsibilities within the practice. A business manager had recently been employed to work with the clinical commissioning group on future practice strategies. A finance manager, an operational manager, a deputy practice manager and a reception manager were in post to support all the administrative roles and to help ensure improved practice efficiency. Improved administrative support had led to increased face to face patient time for clinical staff. The practice had also employed an additional salaried GP who was due to start work the practice the following week.
- 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. 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 had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice had developed an action plan to address areas of

Are services well-led?

Good 

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

concern raised from feedback received. For example, appointment making. The practice responded by implementing and testing different systems and evaluating their effectiveness. However they also recognised that the present system was not satisfactory and were looking at ways of improving this .

- The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. A newsletter was produced quarterly which was available on the dedicated PPG page of the practice website and at reception.
- The practice had gathered feedback from staff 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, when staff identified training needs the practice supported this. 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 was participating in a pilot project for the area aimed at reducing high obesity levels by inviting all 18 to 40 year olds for health checks.

The practice was subject to scrutiny by Health Education Kent, Surrey and Sussex (called the Deanery) as the supervisor of training. GP trainees and FY2 doctors were encouraged to provide feedback on the quality of their placement to the Deanery and this in turn was passed to the GP practice. GPs' communication and clinical skills were therefore 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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Care and treatment was not always provided in a safe way for service users.</p> <ul style="list-style-type: none">• The registered provider did not do all that was reasonably practicable to, monitor, manage and mitigate risks related to fire safety.• The registered provider had failed to carry out a general health and safety risk assessment. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>