Old Road West Surgery

Quality Report

30 Old Road West
Gravesend
Kent
DA11 0LL
Tel: 01474 352075
Website: www.oldroadwestsurgery.co.uk

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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	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Old Road West Surgery on 15 August 2017. Overall the practice is rated as inadequate.

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

- There was no established and effective system to ensure the safe management of medicines.
- The practice was tidy but some areas of the premises required repair. The practice had not conducted an annual infection prevention control audit. Checklists were completed with staff confirming cleaning had been undertaken. However, there were no detailed cleaning schedules to show where, when and how items were cleaned.
- There were insufficient procedures for assessing, monitoring and managing risks to patient and staff safety.
- The practice had insufficient arrangements in place to respond to emergencies and major incidents. Best practice guidance had not been followed.
- We found some of the practice's disease registers had not been validated to include the relevant patients with medical conditions. Therefore, the Quality and Outcome Framework data was not representative of the care and treatment provided to some of the practice's patients.
- The practice did not provide evidence of clinical audits having been conducted and used to inform quality improvement.
- There was no induction pack for the locum GPs defining roles and responsibilities. Some clinical staff had not received annual appraisals, but we found evidence of them accessing appropriate training and personal development opportunities.
- Administrative staff had not received specific training and clinical oversight to screen and prioritise clinical information.
- Patients were not routinely offered the convenience of choose and book services. This was left to the discretion of the clinician.
- The practice had identified 0.5% of their patient list to be carers.
- Patients we spoke with reported difficulties making an appointment. The practice did not demonstrate an

Summary of findings

understanding of their population profile. They had not conducted an assessment of their appointment system and whether it was meeting their patients' needs.
- Information about how to complain was available. Complaints were investigated and responded to appropriately. However, we found no evidence of learning or sharing of outcomes with staff and other stakeholders.
- The lead GP had a vision of how they intended services to be provided.
- Changes to personnel had left roles vacant and the risks associated with this had not been addressed.

The areas where the provider must make improvement are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider should make improvement are:

- Employ a consistent approach to choose and book services for the convenience of patients.
- Improve the identification of carers.
- Improve the identification of learning from complaints.

On the basis of the ratings given to this practice at this inspection. I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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?

Inadequate

The practice is rated as inadequate for providing safe services.

- Where significant incidents had been recorded centrally we found evidence they had been investigated and some learning identified.
- There was no established and effective system to ensure the safe management of medicines.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice was tidy but the premises and some clinical equipment required repair. The practice had not conducted an annual infection prevention control audit. Checklists were completed with staff confirming cleaning had been undertaken. However, there were no detailed cleaning schedules to demonstrate where, when and how items were cleaned.
- There were insufficient procedures in place for assessing, monitoring and managing risks to patient and staff safety.
- The practice had insufficient arrangements in place to respond to emergencies and major incidents. Best practice guidance had not been followed.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services.

- There was no system in place to ensure staff knew and adhered to current evidence based guidance.
- We found some of the practice's disease registers had not been validated. Therefore, the Quality and Outcome Framework data was not representative of the care and treatment provided to some of the practice's patients.
- The practice did not provide evidence of clinical audits having been conducted to inform quality improvement.
- There was no induction pack for locum GPs defining roles and responsibilities, signposting policies and procedures and referral pathways.
- There were inconsistencies in the quality of the care plans.
- The practice had not shared patient records including end of life care plans with their out of hours provider.
- Some clinical staff had not received annual appraisals, but we found evidence of them accessing appropriate training and personal development opportunities.

Summary of findings

- Administrative staff had not received specific training and clinical oversight to screen and prioritise clinical information.
- Consent for minor surgery was not obtained in accordance with best practice prior to undergoing surgery.

Are services caring?

Requires improvement 

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

- Data from the national GP patient survey showed patients rated the practice higher or comparable to the local and national averages for several aspects of care.
- Information for patients about the services available was accessible.
- Patients were not routinely offered the convenience of choose and book services. This was left to the discretion of the clinician.
- The practice had identified 0.5% of their patient list to be carers.
- The practice told us they contacted bereaved families but could not provide evidence of this.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement 

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

- Results from the national GP patient survey, published in July 2017 showed that in patients reported comparable levels of satisfaction for access to appointments when compared to local and national averages.
- The practice did not demonstrate an understanding of their population profile and had not conducted an assessment of their appointment system and whether it was meeting their patients' needs.
- Patients we spoke with reported difficulties making an appointment. The practice offered limited pre-bookable appointments. The majority of appointments were on the day appointments with the GPs. This presented difficulties for patients who worked or needed to plan ahead.
- Information about how to complain was available. Complaints were investigated and responded to appropriately. However, we found no evidence of learning or sharing of outcomes with staff and other stakeholders.

Summary of findings

Are services well-led?

Inadequate 

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

- The lead GP had a vision of how they intended services to be provided.
- Changes to personnel had left roles vacant and the risks associated with this had not been addressed. For example, the practice had failed to validate their disease registers to ensure the integrity of their clinical data assessed as part of the Quality and Outcome Framework.
- Policies were incomplete, not adhered to and recommendations not followed.
- We found only one meeting had been held so far, in July 2017. We found no identification or evidence of quality improvements.
- There was no induction pack for locum GPs; members of the clinical team had not received annual appraisals.
- The lead GP told us they encouraged a culture of openness and honesty. However we found the practice did not have an established or effective system for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice reviewed feedback from staff and patients. We found formal mechanisms to inform patients about changes were limited. For example, the reduced opening hours at the branch surgery.

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

Inadequate

The practice is rated as inadequate for the care of people with long term conditions. The provider is rated as inadequate for safe, effective and well led services and requires improvement for caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Patients told us they did not know who their named GP was. The practice stated they did not know they were required to inform patients over the age of 75years of their named GP.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- The practice had not shared patient record with local services where appropriate.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long term conditions. The provider is rated as inadequate for safe, effective and well led services and requires improvement for caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Nursing staff had lead roles in long-term disease management and could access appropriate training and personal development.
- We found some diabetic and asthmatic patients were not listed on the practice's relevant disease register thereby excluding them from receiving appropriate monitoring.
- Patients had not been informed of their named GP.
- The practice worked with relevant health and care professionals to produce care plans.

Families, children and young people

Inadequate

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

Summary of findings

effective and well led services and requires improvement for caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice told us they followed up on children who failed to attend appointments and the surgery and with secondary care. We could not find evidence to support this.
- Immunisation rates were high for all standard childhood immunisations and comparable to the national averages.

Appointments were available outside of school hours.

- A designated family planning clinic was held on the second Thursday of the month until 6.45pm for the convenience of patients.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working age people (including those recently retired and students). The provider is rated as inadequate for safe, effective and well led services and requires improvement for caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice offered on the day appointments with the GPs. Only at the request of a GP could appointments be booked in advance presenting difficulties for patients who needed to plan ahead.
- The practice offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider is rated as inadequate for safe, effective and well led services and requires improvement for caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- End of life care was not delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. We found the practice had not authorised the sharing of information with the out of hour's service.

Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice worked with relevant health and care professionals to produce care plans.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider is rated as inadequate for safe, effective and well led services and requires improvement for caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- We reviewed a sample of three dementia care plans and found two did not contain appropriate information.
- The practice did not have an established system in place to ensure the consistent safe repeat prescribing for patients receiving medicines for mental health needs.
- The practice told us they worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing comparably or below the local and national averages. 223 survey forms were distributed and 88 were returned. This represented a response rate of 39%.

- 72% of respondents described the overall experience of this GP practice as good compared with the CCG average of 80% and the national average of 85%.
- 62% of respondents described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.
- 55% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the local average 72% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. However, these were not received by the practice. Therefore we spoke to ten patients, nine of whom reported difficulties obtaining appointments and receiving continuity of care. All spoke highly of the reception team who went out of their way to facilitate requests.

We reviewed the practices response to the NHS Friends and Family Test from February 2017 to July 2017. The practice had received 871 responses of which 67% stated they were likely or extremely likely to recommend the service to their friends or family.

Areas for improvement

Action the service MUST take to improve

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Action the service SHOULD take to improve

- Employ a consistent approach to choose and book services for the convenience of patients.
- Improve the identification of carers.
- Improve the identification of learning from complaints.

Old Road West 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, a second CQC inspector and a practice manager specialist adviser.

Background to Old Road West Surgery

Old Road West Surgery is located in a deprived area of north Kent and has a practice population of approximately 10,764. They have a branch surgery located 2.1 miles away and approximately 7 minutes away. The practice list is closed.

The practice is owned and managed by a single male GP. They are supported by locum GPs, there is one female locum GP who works at Old Road West Surgery on a Wednesday and a female locum advanced nurse practitioner. The permanent nursing team, all-female, consist of a nurse prescriber and two practice nurses and a healthcare assistant (who had qualified as an assistant practitioner). They are supported by a reception/ administrative team overseen by the practice manager.

Old Road West Surgery is open daily Monday to Friday 8.30am to 6.30pm. Appointments are from 8.30am and 6pm with the nurses and the GPs from 9am to 6pm. The practice is open later, until 6.45pm on every second Thursday for the family planning clinic. The practice offers on the day appointments including telephone appointments. Routine appointments may be booked two weeks in advance with GPs via the reception team or online. Appointments may be booked six weeks in advance with members of the nursing team. Urgent appointments are also available for patients that needed them on the day at Old Road West Surgery.

The branch surgery at Mackenzie Way is open from 8am to 12.30 Monday to Friday. Patients at the branch surgery were offered an appointment on the day or following day. Patients from Mackenzie Way were offered priority access to afternoon surgery at Old Road West Surgery on a Monday and Friday afternoon. Patients requiring urgent appointments are seen at Old Road West Surgery.

The practice had a comprehensive website detailing their services and helpful information to support.

Services were provided from;

30 Old Road West, Gravesend, Kent DA11 0LL

264 Mackenzie Way, Gravesend, Kent DA12 5TY

The practice does not provide an out of hours service. Patients are directed to the NHS 111 Service when the surgery is closed during the week, weekends and public holidays.

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. We carried out an announced visit on 15 August 2017. During our visit we:

- Spoke with a range of staff (GP, practice manager, administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.
- The practice did not receive CQC comment cards for their patients to complete.

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 living 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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

The practice had a significant events policy. Staff told us they would inform the practice manager of any incidents and there was a recording form available. 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 reviewed the practices management of significant events. Where the incidents had been centrally recorded, we saw the allegation had been investigated and some learning identified. We spoke to staff who told us they had been spoken to regarding some incidents. We found no records to support this, for example; who was present during the discussions and any actions assigned and resolved. The practice did not monitor trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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.
- The safeguarding lead was the lead GP. The lead GP had completed relevant training to level three. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice told us they followed up on children and vulnerable adults who failed to attend appointments with secondary care but could not evidence where this had been done.
- 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 had not maintained appropriate standards of cleanliness and hygiene.

- We found the premises were tidy but the premises and some equipment were in need of repair. The practice told us they had redecorated clinical areas in the previous six months. The practice nurse was the infection prevention and control (IPC) clinical lead. The practice had not conducted an annual infection prevention control audit. Checklists were completed with staff confirming cleaning had been undertaken. However, there were no detailed cleaning schedules to demonstrate where, when and how items were cleaned.
- We found a hole in the wall of the downstairs patient toilet, rips to the seating of the patient waiting areas and rips exposing internal wadding of a treatment chair in a clinical room. This prevented the items from being effectively cleaned.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice failed to minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- We asked the practice how they managed Medicines and Health Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The lead GP told us the practice manager received the alerts. We spoke with the practice manager who told us they conducted a search of the patient record in response to any alert received to identify patients who may be adversely affected. Any results were shared with the clinical team for actioning.
- In January 2015, February 2016 and April 2017 a medicine safety alert was sent relating to a medicine used to treat epilepsy and bi-polar disorders. Babies born to mothers who take this medicine during pregnancy have a 30-40% risk of developmental disability and a 10% risk of birth defects. The latest alert repeated the urgency of the earlier notifications and asked clinicians to review all patients taking the medicine. We checked the practice patients' records

and found one patient at risk who fell into the at risk cohort. We found no evidence within the patient's record of them having been contacted and informed of the associated risks or of contraception advice being given. The practice told us the patient was being seen by secondary care but they had continued to prescribe the medicine with no evidence of an assessment being conducted. Following the inspection the patient was contacted and invited to attend a consultation.

- Effective systems were not in place to ensure the safe handling of repeat prescriptions which included the review of high risk medicines. We found repeat prescriptions for some high risk medicines had been issued without the patient having received appropriate monitoring. For example,
- We found 22 patients receiving a chemotherapy agent and immune system suppressant who had failed to have a full blood count and liver function test within three months. Best practice and guidance recommends patients should be monitored two monthly. The medicine requires regular monitoring to avoid damage to the liver and ensure that sufficient blood cells are being made, as there may be a risk of significant problems such as bleeding and bruising.
- We found five patients receiving an anticoagulant (blood thinning) medicine. This is commonly used to treat blood clots such as deep vein thrombosis and pulmonary embolism. It is also used to prevent stroke in people who have atrial fibrillation or artificial heart valves. We found five patients had not received appropriate blood monitoring contrary to guidance. We found four patients had not received appropriate INR monitoring and the fifth patient was self testing. The fifth patient had their medicine prescribed despite having no recorded results on their clinical system. Inappropriate prescribing of this medicine placed patients at risk of bleeding and potential tissue damage.
- The practice told us they worked with their local medicine management team. However, we found the practice did not conduct regular medicines' audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- The practice had three prescribing nurses. The lead GP confirmed they had no concerns regarding the quality of their prescribing and conducted no governance checks. The lead GP told us they reviewed the prescribing of recently appointed members of the nursing team and locum nurses to ensure safe practice. However, we found no records were maintained of the checks.
- Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- The healthcare assistants were trained to administer vaccines and medicines in accordance with patient specific prescriptions or directions (PSDs). PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis. We reviewed five clinical records and found PSDs had not been appropriately authorised for four patients in six months. In the fifth case the healthcare assistant had sought appropriate advice from a practice nurse who administered the vaccine.

We reviewed five administrative and clinical personnel files and found appropriate recruitment checks had been undertaken for permanent and locum staff prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were insufficient procedures in place for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available which stated there was a requirement to conduct an annual assessment. The practice confirmed no assessment had been conducted.
- The practice had a fire risk assessment dated June 2017. The fire alarms were tested weekly. There were designated fire marshals within the practice, who had received enhanced training. The fire evacuation plan did not identify how staff could support patients with mobility problems to vacate the premises.

Inadequate

Are services safe?

- All electrical and clinical equipment was checked and calibrated in March 2017 to ensure it was safe to use and was in good working order.
- The practice had risk assessments to monitor safety of the premises such as control of substances hazardous to health 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. However, we found there was no employment agreement in place for a GP to cover in the principal GP's planned or unplanned absence. The salaried GP's last day in practice was the day of our inspection placing a reliance on locum GPs to cover for the lead GP.

Arrangements to deal with emergencies and major incidents

The practice had insufficient arrangements in place 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 basic life support training. However, members of the clinical team had not undertaken practical annual training as recommended by the Resuscitation Council.
- The practice had a defibrillator available at Old Road West Surgery but there were no children pads available. The oxygen was also found to be empty and had only an adult mask. A first aid kit and accident book was available. There was no defibrillator at the branch surgery at Mackenzie Way or risk assessment as to why it was not needed in place. Oxygen was available and there were both children and adult masks.
- We reviewed the emergency medicines at both sites. Emergency medicines were stored and easily accessible to staff in a secure area of the ground floor of Old Road West Surgery and all staff knew of their location. However, minor surgery procedures are conducted on the first floor leading to a potential delay to accessing emergency equipment and medicines in the event of an emergency.
- We found records were kept that the contents of the emergency medicines boxes had been checked. However, neither surgery maintained a list of what medicines were required to be available and the quantities. We found both surgeries emergency medicines were not reflective of best practice, failing to contain medicines to manage a patient who experienced an epileptic fit.
- 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.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice did not have a system to keep all clinical staff up to date and check their understanding of current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice told us staff could access policies and guidance. We reviewed a sample of clinical policies and found they lacked detail of actions to be taken in response to risks being identified.

Management, monitoring and improving outcomes for people

We checked the practice disease registers to confirm appropriate patients had been identified and were receiving appropriate care according to the Quality and Outcomes Framework. (QOF is a system intended to improve the quality of general practice and reward good practice). We found some patients were not on appropriate registers. Where a patient with a condition was not included on the practice's register for that condition, they were not offered the necessary care and treatment. For example diabetic patients were not invited for checks on their blood sugar levels. Consequently the QOF was not representative of the care and treatment provided to some of the practices patients. For example;

- We looked at the management of long term conditions by reviewing the ability of the practice to manage their disease registers. We looked specifically at the registers that the practice held for diabetes and asthma. The practice did not undertake an effective review of the accuracy of these registers which compromised the ability of the practice to deliver effective structured care to these patients.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Data for the practice 2015/2016 showed the practice had achieved 99% of the total number of points available. They had an exception rate of 9.8% which was 1.8% below the local average and 0.2% below the national average.

This practice was not an outlier for any QOF (or other national) clinical targets. The data showed the practice achieved full points in 17 or the 19 clinical areas assessed. The practice consistently achieved above the local and national averages in all of the clinical areas assessed within QOF. These included conditions such; asthma, atrial fibrillation, cancer, chronic kidney disease, palliative care and chronic obstructive pulmonary disease. However, in the absence of valid disease registers this data has no integrity.

The practice had conducted two administrative surveys relating to their management of correspondence from external parties and prescribing queries. Neither had been aligned to a criteria or standard or was reflective of external guidance to determine the effectiveness of the processes. Both had been conducted in direct response requirements made by the practice's Clinical Commissioning Group. The audits did not make findings, propose recommendations and were unable to evidence quality improvement.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed administrative staff. This covered additional support, mentoring and training in policies and procedures in such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The locum GP told us they received a verbal familiarisation. The practice confirmed there was no induction pack for locum GPs defining roles and responsibilities, signposting policies and procedures and referral pathways.
- The practice nursing team told us they were able to request and attend relevant training to undertake their roles. 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.
- The learning needs of staff were not consistently identified through a system of appraisals, meetings and reviews of practice development needs. The administrative team had not received appraisals since 2015. The newly appointed practice manager had scheduled appraisal dates with the administrative team and distributed feedback questionnaire ahead of the meetings. Members of the practice nursing team had not received annual appraisals since December 2014.
- Staff received training that included: safeguarding, fire safety awareness and information governance. Staff had access to and made use of e-learning training modules.

Inadequate

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

We asked the practice how they shared the information with the out of hour's provider. The lead GP was not familiar with how this was done. We spoke to the practice manager who told us they did not know how to do this. They confirmed they had not shared any informed with the provider.

We reviewed the clinical record of a patient on end of life care and found care plans took into account of their needs, such as preferred means of communication, preferred places of care and that they had elected not to be resuscitated. However, this had not been shared with the out of hour's services.

There was no established system in place to ensure care and treatment was planned and delivered in a coordinated way. The practice had not held multidisciplinary meetings since 2016. There were inconsistencies in the quality of the care plans and communication between health and social care professionals to understand and meet the range of patient needs. We found a dementia review conducted in 2016 by the practice nurse was more comprehensive than those completed by GPs which showed little or no evidence of discussion.

We reviewed the practice management of test results. We checked clinical records and found all pathology results and correspondence received from external parties was up to date. However, we found that administrative staff reviewing and prioritising information for actioning. The provider told us staff had been reviewing and prioritising test results for 12 years. However, the provider could not demonstrate they had receiving recent training to perform their role. They practice had also not assessed the effectiveness of the system against standards for monitoring the quality of performance.

We found there was no established fail safe system for the management of histology results for patients who had received minor surgery procedures. The lead GP told us they held a separate record of their interventions but this was not monitored or overseen to ensure the timely submission and review of results.

We found there was no system to monitoring the timeliness and appropriateness of clinical referrals. The locum GP told us they would share some referrals and seek advice from colleagues where appropriate.

Consent to care and treatment

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

- Members of the clinical team told us they had completed training and 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 assessed the patient's capacity and, recorded the outcome of the assessment.
- Most staff sought patients consent. However we found patient's consent for minor surgery was not obtained in accordance with best practice.

Supporting patients to live healthier lives

The practice nursing team showed us how they identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care and patients with learning disabilities.
- The healthcare assistant provided smoking cessation advice and signposted patients to local advice and support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable with the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, the practice achieved 90% for the vaccines given to under two year olds and five year olds.

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

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Inadequate

Are services effective?

(for example, treatment is effective)

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.

Requires improvement

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

The practice did not receive patient Care Quality Commission comment cards for their patients to complete ahead of the inspection. Therefore, we spoke with ten patients, nine patients told us they were unable to get appointments with a GP, they did not know their named GP and reported concerns regarding continuity of care. They all spoke highly of the reception team who were polite and helpful and said their dignity and privacy was respected.

Results from the national GP patient survey, published in July 2017 showed patients reported low levels of satisfaction with how they were treated during consultations with GPs. For example:

- 84% of respondents said the GP was good at listening to them, below the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 77% of respondents said the GP gave them enough time below the CCG average of 84% and the national average of 86%.
- 91% of respondents said they had confidence and trust in the last GP they saw below the CCG average of 94% and the national average of 95%.
- 83% of respondents said the last GP they spoke to was good at treating them with care and concern above the CCG average 82% but below the national average of 86%.

The practice achieved comparable levels of patient satisfaction for the care provided by the nursing team. For example;

- 94% of respondents said the nurse was good at listening to them above the CCG average of by 2% and the national average by 3%
- 89% of respondents said the nurse gave them enough time. This was below the CCG and national average by 3%.
- 100% of respondents said they had confidence and trust in the last nurse they saw. This was above the CCG average of 97% and the national average of 97%.
- 95% of respondents said the last nurse they spoke to was good at treating them with care and concern, above the CCG average of 91% and the national average of 91%.

Patients reported comparable rates of satisfaction with the practice reception team. For example, 87% of respondents said they found the receptionists at the practice helpful above the CCG average of 84% and the same as the national average of 87%.

Care planning and involvement in decisions about care and treatment

The results from the national GP patient survey, published in July 2017 showed;

- 77% of respondents said the last GP they saw was good at explaining tests and treatments below the CCG average of 83% and the national average of 86%.
- 75% of respondents said the last GP they saw was good at involving them in decisions about their care this was below the CCG average 78% and the national average of 82%.
- 82% of respondents said the last nurse they saw was good at explaining tests and treatments this was below the CCG average of 89% and the national average of 90%.
- 89% of respondents said the last nurse they saw was good at involving them in decisions about their care above the CCG average of 85% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. The practice was not aware of the accessible information standards and their obligations under it.

Requires improvement

Are services caring?

The accessible information standard tells organisations how they should make sure that patients and service users, and their carers and parents, can access and understand the information they are given.

- Information leaflets were available in easy read format.
- The practice did not routinely offer the Choose and Book service to their patients. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). This was left to the discretion of the GP.

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 53 patients as carers (0.5% of the practice list). The practice told us they invited carers to receive seasonal flu vaccinations. Information was also available on their practice website signposting patients and their families and carers to services. The practice had arranged for a speaker from Carers First to attend their patient participation group annual general meeting in September 2017.

Staff told us that if families had experienced bereavement, their usual GP contacted them. We looked at a sample of patient's records and found no entries to support the GP having contacted the families/carers.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was unable to evidence how they had developed their services in order to meet their patients' needs.

- Old Road West Surgery had a designated disabled parking bay and ramp access into their premises. Consultation/treatment rooms were located on the ground and first floor. There was no lift access to the first floor where minor surgery was also conducted.
- Old Road West Surgery was open 8.30am to 6.30pm Monday to Friday and the branch surgery at Mackenzie Way mornings 8.30am to 12.30.
- The practice told us longer appointments were available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to make online appointments for that day and repeat prescriptions to be dispensed from their preferred pharmacy.
- Health and social care organisations could bypass reception and had a protected telephone line enabling them priority access to the clinical team.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS and vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice had not conducted a disability discrimination audit and were not able to evidence reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.
- The practice provided an anticoagulant service for the convenience of their patients.
- A family planning clinic was held every second Thursday of the month.
- A range of clinics were offered to patients attending Old Road West Surgery, respiratory clinics were provided at Mackenzie way on Thursday mornings.

Access to the service

Old Road West Surgery was open daily Monday to Friday 8.30am to 6.30pm. Appointments were from 8.30am and 6pm with the nurses and the GPs were from 9am to 6pm. If the GPs had capacity they were able to release further appointments on the day but this was at their discretion. The practice opened later, until 6.45pm on every second Thursday for the family planning clinic. The practice offered on the day appointments, including telephone appointments. It provided routine appointments booked two weeks in advance with GPs, via the practice reception team or online. Appointments could be booked six weeks in advance with members of the nursing team. Urgent appointments were also available for patients that needed them on the day at Old Road West Surgery.

The branch surgery at Mackenzie Way was open 8am to 12.30 Monday to Friday. Patients at the branch surgery were offered an appointment on the day or following day. Patients from Mackenzie Way were offered priority access to afternoon surgery at Old Road West Surgery on a Monday and Friday afternoon. Patients requiring urgent appointments were seen at Old Road West Surgery.

The practice website informs patients that either of their surgeries may be closed at short notices due to resources. We asked when this had last occurred, they told us this last happened in 2016.

The practice had not conducted an assessment of their appointment system and whether it was meeting their patient needs.

Results from the national GP patient survey, published in July 2017 showed;

- 62% of respondents said they could get through easily to the practice by phone, above the local average of 59%, but below the national average of 71%.
- 62% of respondents described their experience of making an appointment as good below the clinical commissioning group (CCG) average of 63% and the national average of 64%.
- 75% of respondents said they were able to get an appointment to see or speak to someone the last time they tried, compared with the CCG average of 75% and below the national average of 81%.
- 61% of respondents were satisfied with the practice's opening hours below the local CCG average of 69% and the national average of 76%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 47% of respondents said they don't normally have to wait too long to be seen, below the CCG average of 56% and the national average of 58%.

We asked the practice when the next appointments were available with their clinical team. They told us appointments were available that day with the GP and nurse prescriber at Old Road West Surgery and the following day at their branch surgery Mackenzie Way.

Patients told us on the day of the inspection that they experienced difficulties getting appointments. They were required to call on the day and this was difficult for people who worked or had to plan ahead. The practice told us they had introduced only on the day appointments to discourage non-attendance and had received positive feedback from patients. The practice was not actively auditing their data.

We reviewed the practice patients' record system and found prior to the introduction of the new system of on the day only appointments the practice reported 398 patients had failed to attend clinical appointments within three months. However, since the new appointment system was introduced the number of non-attendance had fallen to 214. Seasonal disparities had not been considered within the data, such as lower demand on services during the summer months.

The practice had a system to assess:

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

Patients and their carers were encouraged to call and request a home visit prior to 11am. All home visits were sent for the attention and triage of the duty doctor. They would telephone the patient or carer in advance to discuss their concerns and make an informed decision, prioritising according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. We confirmed home visits were being conducted.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was responsible for investigating complaints in the practice with the oversight of the lead GP.
- We saw that information was available to help patients understand the complaints system.
- The practice invited patients to provide feedback via their website.

The practice had recorded seven complaints since April 2017. We looked at three complaints; two of these related to the appointment system and the third a private medical report. We found they had acknowledged receipt of the complaints, investigated the concerns and responded appropriately. However, they had not identified any learning. We reviewed the practice meeting minutes. There was no reference made to complaints or learning. The practice had not conducted an analysis of trends and what action was taken to as a result to improve the quality of care.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice told us they had faced a number of challenges over the past year with four partners and their long term practice manager leaving within a month. The principal GP had been working with Dartford, Gravesham, Swanley and Swale Clinical Commissioning Group (CCG) to review the quality and safety of services to their patients and establish a future strategy to deliver high quality care and sustainable services for their patients.

The lead GP told us of discussions they had held with the CCG. They were discussing the sustainability of the service, including options such as recruiting and diversifying their clinical team, merging with neighbouring practices and the reduction of their patient list. The practice had already closed their patient list and redefined their practice boundary to reduce demand on the service.

The practice had a statement of purpose which was displayed in the waiting areas and staff knew and understood the values. The practice told us they had a practice development plan to support their strategy.

Governance arrangements

We found there was no overarching governance framework which supported the delivery of the strategy and good quality care. There was no strategic oversight of operational practices and risks. The practice was operating on locum GPs. Whilst some had been employed by the practice for a number of months this presented challenges to delivering a stable staffing structure and continuity of care for patients. The practice manager was newly appointed to the position and had identified and addressed areas for improvement such as policies requiring revision and implementing, the scheduling of appraisals and reviewing of training and development needs for the team. However, where staff had left and personnel had changed roles, important responsibilities had been neglected. For example, the practice had not validated their disease registers to ensure the integrity of their clinical data.

We found only one practice meeting had been held, thus far, in 2017. There was no programme of audit or understanding of the benefits of employing such an approach to identifying, addressing and reducing risks and improving patient outcomes. Where risks had been identified and even documented, some remained unaddressed such as fire safety and legionella recommendations.

Leadership and culture

The lead GP had a vision and was committed to providing accessible and high quality care. The scale and complexity of the challenges and potential risks to patients were not fully addressed.

The CCG has been working with the lead GP who had agreed to receive coaching from the Faculty of Medical Leadership. The GP spoke positively of their opportunity and told us they had concentrated on leading and developing the practice team.

The lead GP had written to patients in December 2016 and June 2017 via a newsletter available from reception and displayed in the patient waiting areas. It was intended to provide reassurance to the patients. It explained changes to the management of the practice and introduced new members of the clinical team. Reminding patients of the services available to them and requesting their patience and support.

Staff told us they felt supported and reassured by the defining of roles following a period of instability amongst the management and clinical team. Nevertheless, systems were absent, there was an absence of discussion, formal review of the performance of the service and individuals' learning to develop and improve the practice. For example; The practice did not hold multi-disciplinary meetings and we found the practice had not recognised they had not been sharing care records appropriately externally. The provider had not established and ensured systems were in place to comply 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). We found inconsistent recording and investigation processes. We found inconsistent recording and investigation of significant events. We found learning had not been recorded. We reviewed the meeting minutes from July 2017 and found no reference to complaints or significant events and no evidence of learning being shared.

Are services well-led?

Inadequate

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

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

The practice received feedback from patients and staff. Feedback was reviewed from:

- patients through the patient participation group (PPG) and through surveys and discussions held. We reviewed patient participation group meeting minutes from May 2017 and July 2017. Neither had been attended by the lead GP or a member of the clinical team. The PPG had raised questions in relation to the resourcing of the clinical team and reduction in the opening hours of the branch surgery. An update had been provider by the practice but it did not include agreements received from the CCG to change the delivery of services.
- the NHS Friends and Family test, complaints and compliments received.
- A single staff meeting had been held in 2017 and members of the administrative team had not been appraised since 2015. However, staff told us they enjoyed working at the practice and appreciated the support and encouragement they received from colleagues. They were aware of a team building day proposed to be held in the coming months and were looking forward to it. They said they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The principal GP was a qualified GP trainer, although not practising in the role at the time of the inspection.

This section is primarily information for the provider

Enforcement actions

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 We found care and treatment was not being provided to patients in a safe way. The practice had not assessed the risks to the health and safety of service users. Where risks had been identified these had not been mitigated. There was insufficient emergency equipment. The emergency medicines available did not reflect professional guidance in that there was medicine to treat service users having an epileptic fit. The practice had not ensured the proper and safe management of medicines. The practice had not assessed the risk of, and preventing, detecting and controlling the spread of infections. Responsibility for the care and treatment of service users had not been appropriately shared to other appropriate professionals. 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 The practice did not have systems or processes stablished and operating effectively to assess, monitor and improve the quality and safety of the services provided. For example, service users with some conditions were not receiving the care and treatment appropriate to that condition (because the practice's disease registers were not properly maintained).

This section is primarily information for the provider

Enforcement actions

The practice failed to assess, monitor and mitigate risks to the health, safety and welfare of service users.

The practice did not evaluate and improve their practice in respect of the processing of information to ensure accurate service user records were maintained.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.