Willesborough Health Centre

Quality Report

Willesborough Health Centre
Bentley Road,
Willesborough,
Ashford,
Kent, TN24 0HZ
Tel: 01233 621626
Website: www.willesboroughhealthcentre.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?	Requires improvement
Are services caring?	Good
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 Willesborough Health Centre on 19 January 2017. Overall the practice is rated as inadequate.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses to managers. However, reviews and investigations were not thorough enough. Records were not accountable and patients did not always receive an apology.
- Risks to patients were not always assessed and well managed.
- 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. However, records were not fully accountable.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Not all staff had received the relevant training to keep patients safe.
- Not all staff had received annual appraisals and learning needs had not always been identified.
- Staff personnel and training records were not complete.
- The practice did not maintain standards of cleanliness.
- The management of medicines did not always keep patients safe.
- The majority of patients said they were treated with compassion, dignity and respect.
- The practice had a number of policies, procedures and risk assessments to govern activity, but some were overdue a review.

The areas where the provider must make improvements are:

Summary of findings

- Investigate safety incidents and complaints thoroughly, ensuring that records are accountable, that patients affected receive reasonable support and a verbal and written apology. Implement lessons learned.
- Ensure that minutes from all meetings are recorded and accountable.
- Ensure that there are systems in place to manage Medicines and Healthcare Products Regulatory Agency (MHRA) patient safety alerts effectively.
- Ensure recruitment arrangements include all necessary pre-employment checks for all staff.
- Ensure that all staff receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.
- Ensure all clinical and non-clinical staff have received training in safeguarding children and adults to the level required for their individual roles, fire safety and the Mental Capacity Act.
- Ensure that all the risks identified in the Legionella survey are addressed.
- Ensure that systems and processes effectively monitor expiry dates of medicines and equipment. Implement systems to monitor the cold-chain.
- Ensure that measures are taken to improve telephone access for patients.
- Ensure that appropriate standards of cleanliness are maintained, that infection control audits are conducted and that all staff receive relevant infection control training.

In addition the provider should:

- Introduce systems to proactively identify patients with caring responsibilities.
- Continue to improve systems for reviewing and updating risk assessments, procedures and guidance.
- Disseminate the newly implemented policy regarding chaperones to all staff.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Professor Steve Field CBE FRCP FFPH FRCGPChief 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.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not recorded in a thorough manner and were not accountable. Lessons learned were not always communicated widely enough to support improvement. Patients did not always receive a verbal and written apology.
- Staff were aware of patient safety alerts however, there was no system to ensure that these were managed effectively.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe.
- Not all staff had received relevant training in adult and child safeguarding, infection control, fire safety and chaperoning.
- Not all relevant recruitment checks had been conducted.
- The practice did not meet the required standard of cleanliness and we saw that carpets were stained and damaged.
- The monitoring of stock did not always identify out of date medicines and single use items.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated improvement.
- Not all staff had the relevant training to provide the skills, knowledge and experience to deliver effective care and treatment.
- There was some evidence of appraisals and personal development plans for some staff. Of the 11 staff appraisals that were requested, two were completed.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- 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?

Requires improvement

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

- Practice staff engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice engaged with CCG medicines management team.
- Patients said they were able to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- Patients could get information about how to complain in a format they could understand. However, there was limited evidence that learning from complaints had been shared with staff.
- Forty-four percent of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Are services well-led?

Inadequate

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

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure, however staff we spoke to felt overwhelmed and not fully supported at a time of change.
- The practice had a number of policies, procedures and risk assessments to govern activity, but some of these were overdue a review.

Summary of findings

- All staff had received induction but this did not include relevant training and not all staff had received regular performance reviews or were provided with the opportunity to attend staff meetings and training events.
- The systems and processes did not always ensure the delivery of safe, compassionate high quality care.
- A comprehensive understanding of the performance of the practice was not always maintained

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 older people. The provider is rated as inadequate for providing safe and well-led services and requires improvement for effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The provider is rated as good for providing caring services.

- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided care for approximately 120 patients within residential and nursing care homes. Twice weekly ward rounds were scheduled to manage on-going care.
- Two practice nurses conducted home visits to create and review care plans.
- There was a priority access facility for the most vulnerable patients and care homes.

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 providing safe and well-led services and requires improvement for effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The provider is rated as good for providing caring services.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2015 to 31/03/2016) was 81% compared to the clinical commissioning group(CCG) average of 81% and the national average of 80%.
- 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

Summary of findings

named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. However, clinical staff were not sufficiently familiar with the patient record system (EMIS), implemented in November 2016, to be able to access patients care plans to record, share and use vital information.

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 providing safe and well-led services and requires improvement for effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The provider is rated as good for providing caring services.

- There were systems to identify and follow up children who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years (01/04/2015 to 31/03/2016) was 80% compared to the clinical commissioning group (CCG) average of 82% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice accommodated twice weekly clinics with the community midwifery team.
- The practice offered a weekly child immunisation clinic with an accompanying child health surveillance clinic.
- Childhood immunisation rates for the vaccinations given were comparable to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved the target in three out of four areas, in the remaining area, (the pneumococcal conjugate booster vaccine for children up to two years of age); the practice was shown to have achieved 60%. However, this data did not accurately reflect performance and the practice provided us with data from 2016/17 (which has not yet been verified, published and made publically available) which showed that 97% of children up to two years had received this vaccination.

Summary of findings

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 providing safe and well-led services and requires improvement for effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The provider is rated as good for providing caring services.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours on Monday and Wednesday evenings.
- The practice offered out of area registration in support of people who worked locally and resided elsewhere.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care people whose circumstances may make them vulnerable. The provider is rated as inadequate for providing safe and well-led services and requires improvement for effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The provider is rated as good for providing caring services.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we spoke with knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding safeguarding concerns and the location of relevant policies. However, not all staff had received training in safeguarding adults and children. This included GPs, nurses and non-clinical staff.

Summary of findings

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 providing safe and well-led services and requires improvement for effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The provider is rated as good for providing caring services.

- 83% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the clinical commissioning group (CCG) average of 79% and the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had comprehensive, agreed care plan documented in their record, in the preceding 12 months was 91% compared to the CCG average of 90% and 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 had told patients experiencing poor mental health about how to 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 2016. The results showed the practice was performing in line with local and national averages. Two hundred and forty one survey forms were distributed and 109 were returned. This represented approximately 1% of the practice's patient list.

- 44% of patients found it easy to get through to this practice by phone which was much lower than the clinical commissioning group (CCG) and the national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 78% and the national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 79%.

The practice was aware of the poor performance in relation to telephone access for patients. We saw evidence that an audit was being conducted to identify levels of demand. This audit was due to be completed by March 2017. There was no identified formal plan to address this area of concern. However, the practice told us that options were under consideration and action to improve telephone access would be initiated once the restructuring and absorption of two additional practices was completed in July 2017 with a completion target of September 2017.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards. Thirty one of which were positive about the standard of care received. Patients commented that staff were kind, helpful, and professional and that they were treated with dignity. Three were mixed in their review and one was negative. Difficulty in getting through to the practice on the telephone to make appointments was a common theme.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice provided friends and family test data from December 2016 to January 2017.In total 16 responses had been received. Ten patients stated that they would be either extremely likely or likely to recommend the practice to others, one patient was neither likely nor unlikely to recommend the practice and five patients were either unlikely or extremely unlikely to recommend the practice.

Areas for improvement

Action the service MUST take to improve

- Investigate safety incidents and complaints thoroughly, ensuring that records are accountable, that patients affected receive reasonable support and a verbal and written apology. Implement lessons learned.
- Ensure that minutes from all meetings are recorded and accountable.
- Ensure that there are systems in place to manage Medicines and Healthcare Products Regulatory Agency (MHRA) patient safety alerts effectively.
- Ensure recruitment arrangements include all necessary pre-employment checks for all staff.
- Ensure that all staff receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.
- Ensure all clinical and non-clinical staff have received training in safeguarding children and adults to the level required for their individual roles, fire safety and the Mental Capacity Act.
- Ensure that all the risks identified in the Legionella survey are addressed.

Summary of findings

- Ensure that systems and processes effectively monitor expiry dates of medicines and equipment. Implement systems to monitor the cold-chain.
- Ensure that measures are taken to improve telephone access for patients.
- Ensure that appropriate standards of cleanliness are maintained, that infection control audits are conducted and that all staff receive relevant infection control training.

Action the service SHOULD take to improve

- Introduce systems to proactively identify patients with caring responsibilities.
- Continue to improve systems for reviewing and updating risk assessments, procedures and guidance.
- Disseminate the newly implemented policy regarding chaperones to all staff.

Willesborough Health 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 Willesborough Health Centre

Willesborough Health Centre is a GP practice based in Ashford, Kent. There are 14,200 patients registered with the practice.

The demographics of the patient population shows that 23% of patients are under the age of 18 and 18% are aged 65 years and over. The practice is situated in a popular commuter area. The number of patients in each age group is comparable with the Clinical Commissioning Group (CCG) and national averages.

Willesborough Health Centre is located at Bentley Road, Willesborough, Ashford, Kent, TN24 0HZ.

On 16 January 2017 Willesborough Health Centre took legal responsibility for the following two practices that, after completion of the amalgamation and restructuring process, will become branches of Willesborough Health Centre.

- Singleton Surgery, Hoxton Close, Ashford, Kent, TN23 5LB. (incorporating Stanhope Surgery, 85 Kildown Close, Ashford, Kent, TN23 5SU)
- Singleton Medical Centre, 10, Singleton Hill, Ashford, Kent, TN23 5GR.

All three practices are now managed from Willesborough Health Centre and there are plans to fully integrate I.T. systems by July 2017. This will facilitate full integration of all patient lists with an anticipated 21,500 being registered at that point.

The staffing structure is now managed from Willesborough Health Centre. The surgeries at Singleton and branch surgery at Stanhope were not visited during the inspection.

Willesborough Health Centre operates under a General Medical Service contract. There are six GP partners (five male and one female). The GP partners are supported by six salaried GPs (five female and one male), one male GP registrar, the practice manager, five female practice nurses, two female health care assistants, and a team of administrators, secretaries and receptionists.

The practice is a training/teaching practice. There is one male GP trainee and two of the GPs are trainers.

Willesborough Health Centre is open between 8.30am and 6.30pm Monday to Friday. The practice telephones are open from 8am providing access to urgent care. Appointments are offered from 8.30 am to 12.20pm on Tuesdays and Fridays and 9.00am to 12.20pm on Mondays, Wednesdays and Thursdays. Afternoon appointments are offered from 2.30pm to 5.20pm Mondays, Tuesdays, Thursdays and Fridays. The practice is open on Wednesday afternoons for those patients who have pre-booked appointments at a variety of specialist clinics. For example coil fitting, physiotherapy and counselling.

In addition to these clinics, the practice operates a duty doctor system from 8am through to 6.30pm Monday to Friday to provide urgent care.

Extended hours appointments are offered on Monday and Wednesday evenings from 6.30pm to 8pm.

Detailed findings

Patients requiring a GP outside of normal working hours are advised to contact the NHS out of hour's service on telephone number 111.Care is provided by Primecare.

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:

- Spoke with a range of staff including five GPs, one practice nurse, one healthcare assistant, six members of the non-clinical administration and reception team and the practice manager.
- Spoke with patients who used the service.
- Reviewed practice policies, systems and processes.
- 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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a 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.
- We saw evidence that the response to significant events was inconsistent. When things went wrong with care and treatment, patients were not always informed of the incident.
- The practice carried out an analysis of the significant events. However, it did not always implement thorough systems to prevent the same thing happening again and did not always ensure that learning was adequately disseminated to staff or that records were fully accountable. For example; a patient received a vaccine that was out of date. This error was immediately identified and advice sought. The patient was notified and no physical harm was caused. During the inspection we found an out of date vaccine being stored in the refrigerator with all other vaccines and no system had been implemented to check expiry dates. Minutes were not taken at significant event meetings.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. There was no system to manage patient safety alerts. This was raised with the practice at the time of the inspection and a new protocol has now been implemented. The management of significant events was inconsistent. For example, a request for a home visit was missed. Following investigation, the procedure for logging such requests was changed to prevent re-occurrence. Another example related to a patient who was required to undergo a second examination and swab for laboratory testing following the use of an out of date swab. All clinical staff were reminded of items with expiry dates and it was identified that routine stock checks should include checks for expiry dates. There was no record of an apology given. We saw evidence of single use stock items that were out of date. For example 10ml syringes.

Overview of safety systems and processes

The practice had policies in relation to safety systems and processes. However they did not always keep patients safe and safeguarded from abuse, which included:

- There were arrangements were 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. However not all clinical and non-clinical staff had been trained in safeguarding children and vulnerable adults to the required level relevant to their role. Not all GPs had been trained to level 3 in safeguarding children and none of the practice nurses had been trained to level 2 in safeguarding children. Not all staff had received any training in safeguarding adults. This was raised with the practice at the time of the inspection and since our inspection and prior to the publication of this report; the practice provided evidence that some staff have now undertaken the required training. This training was undertaken between 20 January 2017 and 6 February 2017.
- Not all staff in contact with patients had received training in relation to the Mental Capacity Act. This included clinical and non-clinical staff.This was raised with the practice at the time of the inspection and since our inspection and prior to the publication of this report; the practice provided evidence that some staff have now undertaken the required training.
- A notice in the waiting room advised patients that chaperones were available if required. Non-clinical staff who acted as chaperones had not been trained for the role and not all fully understood the role. This was raised with the practice at the time of the inspection and the practice had submitted evidence of a policy change following the inspection which stated that non-clinical staff would no longer be used as chaperones.
- All staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice did not maintain appropriate standards of cleanliness and hygiene. For example: The waiting room carpet was stained and damaged. There were areas that

were held together with tape. The flooring in the staff toilet was lifting and not sealed. The practice nurse was the infection control clinical lead. There was an infection control protocol however, not all staff had received training. The practice did not ensure that all items of single use equipment were within the date of expiry. An infection control audit had been conducted on 12 January 2017. No improvements were identified as a result.

- The arrangements for managing medicines, including emergency medicines and vaccines, did not always keep patients safe, (including obtaining, prescribing, recording, handling, storing, security and disposal).The practice did not ensure that there was a thorough system for monitoring expiry dates of medicines. We found one vaccine that was out of date. Records that monitored the cold-chain were incomplete and we saw that one of the four fridges had not been monitored for a period of two weeks.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as a non-medical prescriber and could therefore prescribe medicines for specific clinical conditions. They received support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had not been undertaken prior to employment. For example, photographic 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.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available however; the risk assessment had not been updated for ten years. There was a poster in the reception area which identified local health and safety representatives. The practice had an up to date fire risk assessments and carried out regular fire drills. However, not all staff had received training in fire safety. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had undertaken a risk assessment in relation to legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This was completed on 30 September 2016 and had identified 158 actions to be taken, 57 of which had been identified as needing to be completed within one month. The practice had produced a schedule of activity incorporating 20 actions, two of which had been completed at the time of the inspection.
- 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 in place for all the different staffing groups to ensure enough staff were on duty. Many staff were part-time and willing to offer additional cover at times of peak annual leave or sickness.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had two defibrillators available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Not all of the medicines we checked were in date although all were stored securely.

Inadequate

Are services safe?

- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available. The overall exception rate for the practice was 4% compared to the clinical commissioning group(CCG) average of 5% and the national average of 6%.(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 an outlier in two areas of the QOF (or other national) clinical targets. Data from 2015 to 2016 showed:

Performance for diabetes related indicators was comparable with clinical commissioning group (CCG) and national averages.

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 73% compared to the CCG average of 79% and the national average of 78%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 81% compared to the CCG average of 80% and the national average of 80%.

Performance for mental health related indicators was comparable with CCG and national averages:.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 91% compared to the CCG average of 90% and the national average of 89%.
- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was 83% compared to the CCG average of 79% and the national average of 83%.

Performance in one area of QOF was worse that CCG and national averages:

- In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who were currently treated with anti-coagulation medicines was 70% which was lower than the CCG average of 83% and the national average of 87%.

The practice was unaware of this area of low performance. Since the inspection it has initiated a plan to conduct a face to face review with all relevant patients, prioritising those most at risk (CHA2DS2-VASc score of 5 or more) and including those patients at a reduced risk by August 2017. Where appropriate anticoagulant treatment will be initiated.

There was evidence of improvement including clinical audit.

- There had been seven clinical audits undertaken in the last year, all of these were completed two cycle audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit undertaken to establish compliance with the National Institute for Health and Care Excellence (NICE) guidelines for the use of Antiplatelet medicines for secondary prevention of heart

attack. The first data collection in February 2015 identified 29 relevant patients of which 31% were compliant with the treatment guidelines. The second data collection in May 2015 identified ten relevant patients, all of which were compliant with treatment guidelines and the third data collection in March 2016 identified nine relevant patients all of which were compliant with NICE treatment guidelines. The practice noted however, that not all of those patient records had been marked appropriately regarding an end date for repeat prescriptions and a further audit had been planned for March 2017 to monitor progress in this area.

Effective staffing

Clinical staff we spoke with evidenced that they had the skills, knowledge and experience to deliver effective care and treatment. However, not all clinical staff had received all of the relevant training: For example in Safeguarding and infection control. Non-clinical staff we spoke to did not always have the knowledge to conduct their role appropriately. For example when undertaking the role of chaperone. They had not received relevant training.

- The practice had an induction policy for all newly appointed staff. This covered such topics as emergency procedures, health and safety, personnel matters and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for some staff. For example, for those reviewing patients with long-term conditions.
- 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 all staff had not always been fully identified. However, trainee GPs and student nurses had 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, mentoring and clinical supervision. Not all staff had received an appraisal within the last 12 months. Non-clinical staff we spoke to stated that they had not received an appraisal. We saw evidence that some appraisals had been completed and signed by the recipients. However, the practice was unable to provide any completed and signed appraisals for staff spoken with during the inspection.
- Not all staff had received training that included: safeguarding, fire safety awareness, and information governance. This was raised with the practice at the time of the inspection and information has since been submitted which shows that some staff have now received access to and made use of e-learning training modules. All staff had received training in basic life support.

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.

- Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, not all had received training.
- 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.

Requires improvement

Are services effective?

(for example, treatment is effective)

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, those at risk of developing a long-term condition and those requiring advice on their diet. Smoking cessation advice was provided by the independent pharmacy situated within the practice premises. Patients were also signposted to any relevant support services.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 82% and the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were 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.

- Childhood immunisation rates for the vaccinations given were comparable to the national averages. There are four areas where childhood immunisations are measured; each had a target of 90%. The practice achieved the target in three out of four areas, in the remaining area, (the pneumococcal conjugate booster vaccine for children up to two years of age); the practice was shown to have achieved 60%. However, this data did not accurately reflect performance and the practice provided us with data from 2016/17 (which has not yet been verified, published and made publically available) which showed that 97% of children up to two years had received this vaccination.

The practice offered NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Thirty one out of 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with six 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 they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and forty one survey forms were distributed and 109 were returned. This was a return rate of 45% compared to the national average of 38% and represented two percent of the total practice population. The practice was comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%
- 89% 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%.
- 95% 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%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% 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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also registered as a carer. The practice had identified 81 patients as carers (approximately half of one percent of the practice list).

Staff told us that a death would be recorded and all staff notified. Where the death was unexpected or unexplained, a bereavement letter template was available for the relevant GP to make contact with the family. However, staff were able to signpost to relevant support services and additional advice was provided if requested.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice engaged with the CCG medicines management team

- The practice offered pre-bookable extended hours appointments on a Monday and Wednesday evening from 6.30pm to 8.30pm.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between was open between 8.30am and 6.30pm Monday to Friday. Between the hours of 8am and 8.30 am, a member of the reception team was on duty to answer the practice telephone and the duty doctor was on duty to provide emergency care. Appointments were offered from 8.30 am to 12.20pm on Tuesdays and Fridays and 9.00am to 12.20pm on Mondays, Wednesdays and Thursdays. Afternoon appointments were offered from 2.30pm to 5.20pm Mondays, Tuesdays, Thursdays and Fridays. The practice was open on Wednesday afternoons for those patients who had pre-booked appointments at a variety of specialist clinics. For example coil fitting, physiotherapy and counselling.

In addition to those clinics, the practice operated a duty doctor system from 9.00am through to 6.30pm Monday to Friday to provide urgent care. Routine appointments could be booked up to four weeks in advance.

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

- 72% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 44% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice was aware of the poor performance in relation to telephone access for patients. We saw evidence that an audit was being conducted to identify levels of demand. This audit was due to be completed by March 2017. The practice told us that options were under consideration and action to improve telephone access would be initiated once the restructuring and absorption of two additional practices was completed in July 2017 with a completion target of September 2017.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The practice had a chest pain and stroke protocol for staff to follow when dealing with requests for appointments or home visits. This signposted staff where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit or appointment and alternative emergency care arrangements were made. Where staff had any concern the protocol facilitated a direct referral to a GP who would telephone the patient to assess the situation. All other requests for home visits were added to the duty doctors list for triaging by the GP.

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.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was displayed in the reception area and on the practice website to help patients understand the complaints system.

We looked at seven complaints received in the last 12 months and found that they were satisfactorily handled with openness. However, records were not always fully accountable. For example: Dates of action taken were not recorded and the timeliness of the response unknown. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, a complaint relating to a delayed repeat prescription request for a patient residing in a residential care home led to a review and change in the process. The scheduled start time for the designated nursing/residential home GP's twice weekly rounds was brought forward from 1pm to 11am, and agreement with the pharmacy to accept electronic prescriptions secured. This ensured that all prescriptions could be issued by the pharmacy on the same day. The new process enabled prescription requests to be processed at the time of the nursing home ward round and managed electronically, improving speed and efficiency.

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 did not have a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement however, not all staff knew and understood the values.
- The practice was in the process of expanding and absorbing two smaller local practices, with the aim of creating a shared patient register with shared staff and facilities. However, it did not demonstrate that there was a clear and detailed plan of how this was to be achieved.

Governance arrangements

The practice had a governance framework. This outlined the current management structure and the proposed structure following amalgamation of Singleton Medical Practice and Singleton Surgery.

- There was a staffing structure but staff were not always fully aware of their own roles and responsibilities, and informed us that they were having difficulty coping with the amount of changes being delivered in a short space of time.
- Practice specific policies were available to all staff and were reviewed on an annual basis. However, not all of the associated risk assessments had been reviewed.
- A comprehensive understanding of the performance of the practice was not always maintained.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not thorough or robust.
- The practice held governance and clinical meetings. However, these were not always recorded and accountable.
- Recruitment arrangements did not include all necessary employment checks for all staff.
- Not all staff had been trained in safeguarding children and adults to the level required for their individual roles, fire safety and the Mental Capacity Act.
- Appropriate standards of cleanliness had not been maintained.
- The risks identified within the Legionella survey had not been appropriately responded to.
- Arrangements for the storage and monitoring of medicines did not always keep patients safe.

Leadership and culture

On the day of inspection the partners in the practice did not fully demonstrate they had the capacity and capability to lead the practice effectively and ensure high quality, safe care. They told us they prioritised safe, high quality and compassionate care. However, the systems and processes were inadequate and did not ensure the delivery of safe, compassionate high quality care. Staff told us the partners were approachable but that recent changes and restructuring had been overwhelming and that there had been too many changes at the same time and further change proposed.

The provider was aware of 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). The partners encouraged a culture of openness and honesty. The practice did not always have thorough systems to ensure that when things went wrong with care and treatment, records of investigations, actions, outcomes and learning, were detailed and accountable:

One example was the missed/delayed diagnosis where there was no evidence of an apology and the significant event form was not fully completed. There was no record of how any lessons learned were disseminated. This was raised with the practice at the time of the inspection and the practice produced and submitted an updated significant event and duty of candour protocol to improve its response.

A second example was the failure to implement a system to monitor expiry dates of medicines following a significant event when a patient was given an out of date vaccine. The provider was aware of but did not have thorough systems to ensure compliance with the duty of candour.

There was a leadership structure.

Staff told us the practice held meetings with training sessions on a Wednesday afternoon.

- Staff told us that the practice management team were approachable and that there was the opportunity to raise any issues at team meetings for those that were able to attend. However, many staff were part-time and unable to attend any meetings or training sessions. This

Are services well-led?

Inadequate

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

was raised with the practice at the time of the inspection and since our inspection and prior to the publication of this report, the practice provided evidence that meetings have now been scheduled to take place on a variety of days to enable inclusion of part-time staff. We noted team away days were not routinely held.

- Staff said they felt respected and valued, particularly by the partners in the practice. However, some staff that we spoke with told us that recent changes to the I.T. system and re-structuring had been overwhelming and that they were being expected to cope with a lot of changes at the same time.
- Staff told us they had not received regular performance reviews and did not have clear objectives.
- The specific training needs of staff were not addressed.

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

The practice encouraged feedback from patients. It sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG), the friends and family test comment cards and complaints received. The PPG met regularly, and submitted proposals for improvements to the practice management team. For example, a request for higher and more supportive seating in the waiting area for those patients with reduced mobility resulted in the purchase of six appropriate chairs.

Continuous improvement

Continuous learning and improvement was considered to be important within the practice. However, the practice was unable to demonstrate that this was followed through and many clinical and non-clinical staff had not received the relevant training required for their roles and training records were incomplete. The practice was a teaching/ training practice and was at the time of the inspection, supporting the on-going development of one trainee GP and one student nurse. The practice was subject to scrutiny by the Health Education Kent, Surrey and Sussex (called the Deanery) as the supervisor of training. Registrars were encouraged to provide feedback on the quality of their placement to the Deanery and this in turn was passed to the GP practice. Therefore GPs' communication and clinical skills were regularly under review.

The practice held bi-monthly breakfast club meetings to discuss new guidelines and topics of interests. For example: asthma, chronic obstructive pulmonary disease (COPD), allergy, female genital mutilation (FGM), dementia and multi-morbidity in elderly.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. Not all clinical and non-clinical staff had received relevant training in infection control, safeguarding children (to the appropriate level), safeguarding adults, fire safety, Health and Safety and the Mental Capacity Act. Appropriate standards of cleanliness were not maintained. There were no systems to effectively monitor expiry dates of medicines and single use equipment. An out of date vaccine and a number of out of date syringes were found, indicating a lack of a system to manage stock. The system to monitor the cold-chain was not being managed in a thorough, safe manner. The temperature log for one of the fridges showed a gap in monitoring for a period of two weeks with no explanation. 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good Governance. **How the regulation was not being met:** Systems or processes had not been established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person, in particular, to; assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. For example, the provider did not maintain thorough and fully auditable records of meetings and ensured that all staff received relevant mandatory training in a timely manner. Records of investigations into significant events were not sufficiently thorough and did not evidence a robust audit trail of investigation, actions, outcomes, lessons learnt, or apologies and/or compliance with the duty of candour. Records of investigations into complaints were not fully auditable. Patient safety alerts were not managed effectively. Actions identified in a Legionella survey and risk assessment had not been addressed in a prompt and effective manner. There had not been sufficient action taken to ensure adequate telephone access for patients. This was in breach of Regulation 17 (1) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 HSCA (RA) Regulations 2014: Staffing

This section is primarily information for the provider

Requirement notices

Surgical procedures Treatment of disease, disorder or injury	**How the regulation was not being met** The provider did not always ensure that regular appraisals of staff performance were conducted and therefore failed to ensure that staff received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. This was in breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed: **How the regulation was not being met** Personnel records were incomplete and the practice failed to ensure their recruitment checks were robust. Staff files did not contain proof of identification, references, full employment history and registration with relevant professional bodies. This was in breach of Regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing