Yalding Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Yalding Surgery on 12 January 2016. Overall the practice is rated as requires improvement.

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

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- All risks to patients were not consistently assessed and well managed. For example, issues with the management of medicines had not been identified, fire risk assessments had failed to identify risks associated with fire doors that had been propped open and the practice was unable to demonstrate a legionella risk assessment had been carried out.
- Patients' records that contained confidential information were not always held in a secure way so that only authorised staff could access them.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice worked closely with other organisations and with the local community in planning how services were provided to help ensure that they met people's needs.
- Urgent appointments were available the same day and pre bookable appointments were available up to 12 weeks in advance.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.

Summary of findings

- 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.
- There was a business plan that was monitored, regularly reviewed and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.
- There was a clear leadership structure and staff felt supported by management.

The areas where the provider must make improvements are:

- Ensure that risk management includes all infection control and fire risks.
- Ensure that medicine management processes and systems are reviewed and actions taken to ensure identified risks are addressed.
- Ensure that records containing confidential patient information are held securely so that only authorised staff can access them.

In addition the provider should:

- Review the new employee induction programme, to ensure that it is formally recorded.
- Review staff recruitment procedures to ensure all staff are in receipt of a job description.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services. The practice had not carried out a risk assessment or tests for the risk of legionella. There were issues in relation to:

- The dispensary and medicines not being managed, recorded and dispensed in line with current guidance and legislation.
- Fire risk assessments had failed to identify risks associated with fire doors that had been propped open.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. For example, multidisciplinary team meetings took place on a monthly basis and care plans were routinely reviewed and updated.

Are services caring?

Good

The practice is rated good for providing caring services.

- Data from the National GP Patient Survey showed 92% of respondents said that the last GP they saw or spoke to was

Summary of findings

good at treating them with care and concern compared with a CCG average of 91% and national average of 89%. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

- We also saw that staff treated patients with kindness and respect, and maintained confidentiality. However, the practice did not have appropriate storage facilities in order to ensure the confidentiality of patients' records, which were in paper format.
- Data from the National GP Patient Survey July 2015 showed that patients rated the practice better than others for all aspects of care compared to local and national averages.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- It 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. For example, the practice offered minor operations, as well as ultra sound clinics. Services were planned and delivered to take into account the needs of different patient groups.
- 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The practice is rated requires improvement for being well-led. Systems or processes were not fully established and were not operated effectively to enable the practice to 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;

- Issues with the management of medicines had not been identified,
  Fire risk assessments had failed to identify risks associated with fire doors that had been propped open.
- A legionella risk assessment had not been carried out.
- It had a clear vision and strategy.
- Governance arrangements were underpinned by a clear leadership structure and staff felt supported by management.

Summary of findings

- Staff were aware of and understood the practices policies and procedures which governed activity.
- There were systems in place to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems for knowing about notifiable safety incidents.
- Staff had received induction, regular performance reviews and attended staff meetings and events.
- The practice was aware of future challenges.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

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

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

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for providing safe and well-led care. The concerns which led to this rating apply to everyone using the practice, including this population group. The provider was rated as good for providing effective, caring and responsive services.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes assessment and care was 94.9%, which was better than the local clinical commissioning group (CCG) average of 91.45% and the national average of 91.43%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for providing safe and well-led care. The concerns which led to this rating apply to everyone using the practice, including this population group. The provider was rated as good for providing effective, caring and responsive services.

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations, meaning that the majority of children registered at the practice received their immunisations.
- Performance for reviews of patients diagnosed with asthma was 88.91%, which was better than the local clinical commissioning group (CCG) average of 86.2% and the national average of 75.78%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice's uptake for the cervical screening programme was 86.67%, which was above the national average of 83.5%.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for providing safe and well-led care. The concerns which led to this rating apply to everyone using the practice, including this population group. The provider was rated as good for providing effective, caring and responsive 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 reflected the needs of this age group.

People whose circumstances may make them vulnerable

Requires improvement

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

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for providing safe and well-led care. The concerns which led to this rating apply to everyone using the practice, including this population group. The provider was rated as good for providing effective, caring and responsive services.

- The practice regularly worked with multi-disciplinary teams in the case management of people 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2015 (data collected during August 2014 - March 2015), showed the practice was performing above the local and national averages. 270 survey forms were distributed and 108 were returned (which equates to 1.9% of the practices patient list).

- 87% found it easy to get through to this surgery by phone compared to a CCG average of 76y% and a national average of 73%.
- 95% were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- 93% of respondents to the GP patient survey, who described the overall experience of their GP surgery as fairly good or very good, compared with the national average of 85%.
- 89% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 1 comment card which was positive about the standard of care received.

We spoke with nine patients during the inspection (two of whom were members of the patient participation group (PPG)). All nine patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure that risk management includes all infection control and fire risks.
- Ensure that medicine management processes and systems are reviewed and actions taken to ensure identified risks are addressed.
- Ensure that records containing confidential patient information are held securely so that only authorised staff can access them.

Action the service SHOULD take to improve

- Review the new employee induction programme, to ensure that it is formally recorded.
- Review staff recruitment procedures to ensure all staff are in receipt of a job description.

Yalding 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 pharmacist specialist adviser and a practice manager specialist adviser.

Background to Yalding Surgery

Yalding Surgery (also Known as Burgess Bank Surgery) is a GP practice based in Yalding, Kent. There are 5,500 patients on the practice list.

There are three partner GPs (one male and two female) and two salaried GPs (one male and one female). The GPs are supported by a business manager, a dispensary manager, a reception manager, three practice nurses, three healthcare assistants, three dispensers and an administrative team.

Yalding Surgery is open 8am to 7.15pm Monday to Friday.

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

The practice has a general medical service (GMS) contract and also offers enhanced services for example; minor operations and joint injections. Yalding Surgery is a dispensing practice, staffed by trained dispensers and a dispensary manager.

Services are delivered from; Yalding Surgery, Burgess Bank, Benover Road, Maidstone, Kent,

ME18 6ES.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 12 January 2016. During our visit we:

- Spoke with a range of staff including three GPs, a practice nurse, two dispensers, three administration staff, the business manager, the dispensary manager and the reception manager.
- Spoke with nine patients who used Yalding Surgery (two of whom were also members of the PPG).
- Reviewed the comment card, where a patient had shared their views and experiences of using the practice.

Detailed findings

- Observed how telephone calls from patients were dealt with and how patients were supported by the reception staff in the waiting area before they were seen by the GPs.
- Toured the premises.
- Looked at policy and procedural documentation.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. For example, a patient had been given the wrong referral form for further treatment. This incident was reported, investigated and discussed at a clinical meeting. As a result processes were reviewed and changes made to improve patient safety. Records showed that learning from this event was shared with relevant staff.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- There were arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation as well as local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three for children.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the GP partners was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken and action was taken to address any improvements identified as a result. However, the practice was unable to demonstrate they had a system for the routine management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings).

Yalding Surgery had an on-site dispensary. We looked at the arrangements for the dispensing of medicines to patients. We spoke with the dispensary manager and dispensing staff, who had received appropriate training in pharmacy services. We looked at the practice's standard operating procedures for dispensing and found that in many instances they did not reflect practice or were inadequate. A number of standard procedures, including ones referred to in the documentation, were not recorded. Dispensed prescriptions were checked by doctors and labels countersigned before being issued to patients, and prescription forms signed daily after dispensing. The dispensary had appropriate arrangements for the secure storage of controlled drugs, including the control of keys. However, we found that contrary to legal requirements dispensary staff routinely dispensed and issued controlled drugs to patients without the prescription having been signed by a doctor.

The dispensary was located in a designated room and there were systems to ensure that medicines were stored safely.

Sharps containers were appropriately assembled and all had audit labels completed to identify their origin and the date they were assembled or sealed.

Stock records and audit checks kept of the medicines held in the dispensary were not always clear. We saw

from the controlled drug register that medicines of this nature were recorded in the register as having been dispensed and issued to the patient. We found that routine checking of controlled drugs stocks were not being carried out and recorded consistently. We found that when checks had been completed, these were recorded but discrepancies had not been noted, had not been investigated appropriately and did not have outcomes recorded. The process for the destruction of controlled drugs was not completed in line with current guidance and legislation. We found that on some occasions the practice's controlled drug stocks had been destroyed by dispensary staff and not by a Controlled Drugs Accountable Officer or an authorised deputy. The controlled drug register was a bound, page numbered book. However, we found that additional sheets of loose leaf paper had been added to the register.

Staff told us that routine expiry date checks were undertaken; a spot check of shelf, refrigerator and controlled drugs stock found all medicines to be within expiry dates. There was a system for two staff to check all dispensed medicines, to ensure they were dispensed accurately.

Adverse incidents relating to medicines were appropriately recorded and actions had been taken to address them. For example, a patient was dispensed an incorrect medicine as it had a similar name to another medicine. Upon discovery the incident was immediately resolved and the patient received the correct medicine without harm being caused.

We checked the system for the receipt, storage and dispensing of medicines requiring refrigeration. The storage facilities for such drugs were suitable, with routine daily checking to ensure the correct temperature of fridges used for storage were maintained. Staff told us of the procedure they would follow in the event that fridge temperatures were outside of the required range and these were in line with current guidance and legislation.

- We spoke with GPs, dispensing staff and members of the non-clinical team, who told us there was a system for checking that repeat prescriptions were issued according to medicine review dates and to ensure, that patients on long-term medicines were reviewed on a regular basis. Patients told us that they had not experienced any difficulty in getting their repeat prescriptions. Prescription pads were securely stored and there were systems in place to monitor their use.
- Nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw evidence that the nurse had received appropriate training and been assessed as competent to administer the medicines referred to under a PGD.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, the practice administration staff had dual roles and staff job descriptions were not evident on their personnel files.
- There were failsafe systems to help ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

All risks to patients were not consistently 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 with a poster in the reception office which identified local health and safety representatives.

All electrical equipment was checked to help ensure the equipment was safe to use and clinical equipment was checked to help ensure it was working properly.

There was a record of some identified risks and action plans to manage or reduce risk. For example, a control of substances hazardous to health (COSHH) risk assessment.

A fire risk assessment had been undertaken that included actions required in order to maintain fire safety. Records showed that the practice carried out regular fire drills. However, the boiler cupboard was used for the storage of paper towels which represented a fire hazard. We raised

this with the practice manager, who subsequently sent us photographic evidence to show that these areas of high risk had been addressed within the required 48hrs following our visit.

Some of the doors marked 'Fire Door – Keep Shut' were propped open with wedges and the practice was unable to demonstrate they had taken into consideration how these doors would be closed in the event of a fire.

The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.

The practice was unable to demonstrate they had a policy relating to the potential risks to patients, staff and visitors from legionella.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to help ensure that enough staff were on duty. Staff said there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to help keep patients safe.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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. Yalding Surgery is in a designated flood zone and we were told by staff how effective the business continuity plan had been, when the practice had been deemed at risk of flooding in the past.

Good

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 peoples' 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 participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The most recent published results were 99.1% of the total number of points available, with 6.1% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes assessment and care was 94.9%, which was better than the local clinical commissioning group (CCG) average of 91.45% and the national average of 91.43%.
- The percentage of patients with hypertension having regular blood pressure tests was 82.5%, which was slightly lower than the CCG average of 83.8% and the national average of 83.7%.
- Performance for mental health assessment and care was 97.37%, which was better than the CCG average of 88.46% and the national average of 88.3%.
- The dementia diagnosis rate was 88.57%, which was above the CCG average of 85.03% and the national average of 83.92%.

  Clinical audits demonstrated quality improvement.
- There had been two clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of a medicines audit included reviewing patients and changing their medicines where appropriate. Further audit cycles had been conducted to check whether the improvements had been sustained.

Information about patients' outcomes was used to make improvements such as; routinely reviewing patients on a certain medicine which had adverse cardiac side effects.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff told us that they had received a good induction period. However, there were no records to show that the induction programme was formally recorded.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff 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 staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, mentoring, clinical supervision as well as facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training updates that included: safeguarding, fire procedures, basic life support and information governance awareness.
- Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services 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, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from the practice and a local support group.

The practice's uptake for the cervical screening programme was 86.67%, which was above the national average of 83.5%.There was a policy to offer telephone and/or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were in line with the CCG average for under one year old, two year olds and five year olds. For example, childhood immunisation rates for the vaccinations given to two year olds was 90.9%. Compared to the CCG average of 90.8%.

Flu vaccination rates for the over 65s were 65.85%, and at risk groups 42.41%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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.
- Staff told us that a private room was available near the reception desk should a patient wish a more private area in which to discuss any issues.
- Patients' records were in electronic and paper form. Records that contained confidential information were not always held in a secure way so that only authorised staff could access them. For example, contract cleaning staff who were not employed directly by the practice had unsupervised access to paper records containing confidential patient information.

All of the patients we spoke with and the patient comment card 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. Patients told us they were treated compassionately when they needed help and were provided with support when required.

Data from the National GP Patient Survey July 2015 showed from 108 responses that performance in all areas was better than local and national averages for example,

- 87% of respondents with a preferred GP usually get to see or speak with that GP compared with a clinical commissioning group (CCG) average of 72% and national average of 60%.
- 85.8% of respondents said the last GP they saw or spoke with was good at treating them with care and concern compared with a CCG average of 87% and national average of 85%.
- 90% of respondents said they found reception staff helpful compared with the CCG average of 88% and national average of 87%.
- 93% of respondents described the overall experience of their GP surgery as fairly good or very good, compared with the CCG average of 87% and the national average of 85%.

The practice also scored higher than average in terms of patients seeing or speaking to nurses. For example:

- 95% of respondents said the nurses were good at listening to them compared to the CCG average of 94% and national average of 92%.
- 97% of respondents said the nurses gave them enough time compared to the CCG average of 94% and national average of 92%.
- 98.8% of respondents said they had confidence and trust in the last nurse they saw compared to the CCG average of 98.1% and national average of 97.1%.

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 on the comment card we received was also positive and aligned with these views.

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

- 89.9% of respondents said the last GP they saw or spoke with was good at listening to them compared with a CCG average of 90% and national average of 89%.
- 95.1% of respondents said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91.8% and national average of 89.6%.

Good

Are services caring?

- 85.3% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83.9% and national average of 81.4%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified a list of patients who were carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Bereavement counselling sessions, conducted at the practice, were also offered.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local patient population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. Patients who required such vaccinations were referred to other private clinics.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift to the first floor, in order to ensure access for wheelchair users and patients with mobility issues.

Access to the service

Yalding Surgery was open 8am to 7.15pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to 12 weeks in advance, urgent appointments were also available.

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

- 87% of respondents said they could get through easily to the practice by telephone compared to the CCG average of 76% and national average of 73%.
- 95% of respondents described their experience of making an appointment as good compared to the CCG average of 89% and national average of 85%.
- 81% of respondents said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63% and national average of 65%.
- 87% of respondents were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.

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

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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, posters displayed in the waiting area and in the practice information leaflet.

We looked at two complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, when referring patients to other provider of care and treatment, the practices policy on referrals had been amended to help ensure the correct referral form was used. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice. However, they felt that if they had to make a complaint they would be listened to and the matter acted upon.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

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

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

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and helped ensure that:

- There was a clear staffing structure. However, as staff did not have job descriptions they were not always aware of their specific roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, issues with the management of medicines had not been identified, the fire risk assessment had failed to identify risks associated with fire doors that had been propped open and the practice was unable to demonstrate a legionella risk assessment had been carried out.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems that identified notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

There was a leadership structure and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, improving the ease of use of the practice's website. In response the practice had recognised that their website needed modernising. A review had been conducted and a new website was in the process of being created.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. All staff

Are services well-led?

Requires improvement

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

were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. For example, the practice learned from incidents, accidents and significant events as well as from complaints received.

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 **How the regulation was not being met:** • The registered provider did not ensure that medicine management processes and systems are reviewed and action taken to ensure that:- • All prescriptions for Schedule 2 controlled drugs are seen and signed by a GP before they are dispensed and issued to patients, • Schedule 2 controlled drugs transactions are always recorded in a bound controlled drugs register in line with legislation • Stock checks of Schedule 2 controlled drugs are routinely conducted, discrepancies identified during checks noted, investigated and have outcomes recorded, • Practice stocks of expired or unwanted controlled drugs are destroyed in line with legislation. This was in breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - the proper and safe management of medicines. • The registered provider did not have a legionella policy or risk assessment in place and legionella testing had not been carried out. This was in breach of Regulation 12 (1) (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

- The provider did not have systems or processes that were fully established and operated effectively to ensure compliance with the requirements in this Part. In that systems or processes did not enable the registered person, in particular, to; 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, issues with the management of medicines had not been identified, the fire risk assessment had failed to identify risks associated with fire doors that had been propped open and the practice was unable to demonstrate a legionella risk assessment had been carried out.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.

- The registered provider did not have appropriate storage facilities in order to ensure the confidentiality of patients' records, which were in paper format.

This was in breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.