

Dr Iftikhar Ali

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Iftikhar Ali (also known as Halfway Surgery) on 26 January 2016. Overall the practice is rated as requires improvement.

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.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks of directly employed locum GPs and legionella (a germ found in the environment which can contaminate water systems in buildings).
- The practice was unable to demonstrate they were able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Data showed patient outcomes were better when compared to the locality and nationally.
- The practice carried out clinical audits. However, they were unable to demonstrate how clinical audits were driving quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, the practice was unable to demonstrate that locum GPs employed directly by the practice were up to date with attending mandatory courses or had received annual appraisals.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services was available.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity. However, some were not dated so it was not clear when they were written or if they were up to date.
- The practice had proactively sought feedback from patients and was in the process of recruiting patients to form a patient participation group.

Summary of findings

- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure all infection control risks are assessed and action taken to reduce risk where possible.
- Ensure the practice is able to respond to a medical emergency in line with national guidance.
- Carry out clinical audits and re-audits to improve patient outcomes.

- Ensure all staff are up to date with mandatory training and receive annual appraisals.

In addition the provider should:

- Record domestic cleaning audits.
- Revise mix of staff to provide patients with the choice of seeing a female GP.
- Have a website and online access for patients to book appointments as well as order repeat prescriptions.
- Revise governance processes and ensure that all documents used to govern activity are up to date.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Lessons were shared to help ensure action was taken to improve safety in the practice.
- 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.
- The practice was unable to demonstrate appropriate recruitment checks had been undertaken prior to directly employing locum GPs.
- 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).
- The practice was unable to demonstrate they were able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Although the practice carried out clinical audits, they were unable to demonstrate how these were driving 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 staff.
- The practice was unable to demonstrate that locum GPs employed directly were up to date with attending mandatory courses or had received annual appraisals.

Requires improvement



Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity as well as respect and they were involved in decisions about their care and treatment.
- Information for patients and carers about the services available was easy to understand and accessible.
- Staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care.
- Patients told us and comments cards indicated that they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was significantly above local and national averages.
- Although patients could not request repeat prescriptions online they were able to access repeat prescriptions electronically through their designated pharmacy.
- Information about how to complain was available and easy to understand. Records demonstrated that complaints were investigated, complainants received a response, the practice had learned from complaints and had implemented appropriate changes.

Good



Are services well-led?

REQUIRES IMPROVEMENT

The practice is rated as requires improvement for being well-led.

- The practice had a vision and a strategy which most staff were aware of and their responsibilities in relation to it.

Requires improvement



Summary of findings

- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity. However, some were not dated so it was not clear when they were written or if they were up to date.
- The practice was unable to demonstrate there was a programme of continuous clinical audit that was used to monitor quality and to make improvements.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks of directly employed locum GPs and legionella (a germ found in the environment which can contaminate water systems in buildings).
- The practice had proactively sought feedback from patients and was in the process of recruiting patients to form a patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

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

- 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. This included twice weekly visit to patients in a local dementia care home and a local nursing home.

Requires improvement



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was higher than the national average.
- 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.

Requires improvement



Families, children and young people

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

Requires improvement



Summary of findings

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held regular multidisciplinary staff meetings that included staff who specialised in the care of families, children and young people.

Working age people (including those recently retired and students)

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

- The needs of the working age patient population, those recently retired and students had been identified and the practice had adjusted the services it offered to help ensure these were accessible, flexible and offered continuity of care.
- There was a full range of health promotion and screening that reflected the needs for this patient population group.
- Patients were able to access repeat prescriptions electronically through their designated pharmacy.

Requires improvement



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those living in nursing homes 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.

Requires improvement



Summary of findings

- 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)

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

- 95% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 88%.
- 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 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.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing better than local and national averages. 367 survey forms were distributed and 120 were returned. This represented 3.15% of the practice's patient list.

- 81% of respondents found it easy to get through to this practice by telephone compared to a clinical commissioning group (CCG) average of 64% and a national average of 73%.
- 90% of respondents were able to obtain an appointment to see or speak with someone the last time they tried (CCG average 81%, national average 85%).
- 86% of respondents described the overall experience of their GP surgery as fairly good or very good (CCG average 76%, national average 85%).

- 82% of respondents said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (CCG average 67%, national average 78%).

We received 42 patient comment cards all of which were positive about the service patients experienced at Dr Iftikhar Ali. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy.

We spoke with seven patients during the inspection. All seven patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Dr Iftikhar Ali

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 advisor and a practice manager specialist advisor.

Background to Dr Iftikhar Ali

Dr Iftikhar Ali (also known as The Halfway Surgery) is situated in Chatham, Kent and has a registered patient population of approximately 3,815.

The practice staff consists of one GP (male), one practice manager, one practice nurse (female), one healthcare assistant (female) as well as administration and reception staff. The practice also directly employs locum GPs. There is a reception and waiting area on the ground floor. All patient areas are accessible to patients with mobility issues, as well as parents with children and babies.

The practice is not a teaching or a training practice (teaching practices take medical students and training practices have GP trainees and F2 doctors).

The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

The practice is open Monday to Friday between the hours of 8.30am to 6.30pm. Extended hours surgeries are offered Monday to Friday 6.30pm to 7pm and alternate Saturdays 10am to 11am. Primary medical services are available to patients registered at Dr Iftikhar Ali via an appointments system. There are a range of clinics for all age groups as

well as the availability of specialist nursing treatment and support. There are arrangements with other providers (Medway On Call Care) to deliver services to patients outside of the practice's working hours.

Services are provided from Halfway Surgery, 68 New Road, Chatham, Kent, ME4 4QR, only.

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 26 January 2016. During our visit we:

- Spoke with a range of staff (the GP, the practice manager, the practice nurse, the secretary and one receptionist) and spoke with patients who used the service.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the GP and practice manager of any incidents.
- Forms were available for staff to record incidents, accidents and significant events.
- The practice carried out analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, staff now check patients' dates of birth when booking appointments to avoid confusion with patients who have the same names.

Overview of safety systems and processes

The practice had systems, processes and practices to keep patients safe and safeguard them from abuse. However, these did not always ensure people's safety.

- There were arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and 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 GP 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. The GP was trained to Safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones 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 had identified staff who had acted as a chaperone but who had not received training

for this role. There was a plan to provide these staff with chaperone training in the near future and in the meantime they were not permitted to act as a chaperone.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control protocol and staff had received up to date training. A clinical member of staff was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Infection control audits were undertaken. Staff told us they monitored the standard of domestic cleaning of the premises. However, there were no records to confirm this.
- There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice to help keep patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment of staff. 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 was unable to demonstrate such appropriate recruitment checks had been undertaken prior to directly employing locum GPs.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. The practice had a health and safety policy to help keep patients, staff and visitors safe. Health and safety information was displayed for staff to see and the GP had overall responsibility for health and safety.

Are services safe?

- A fire risk assessment had been undertaken in September 2014. Records showed that staff were up to date with fire safety training.
- 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).
- Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment (including clinical equipment) was tested, calibrated and maintained regularly and records confirmed this.
- Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Locum GPs were employed directly by the practice to cover the GP's leave. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.
- Staff received annual basic life support training and there were emergency medicines available in the practice.
- Some emergency equipment was available in the practice. The practice had access to an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency). However, the practice was unable to demonstrate they were able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance as they did not have access to medical oxygen.
- 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.
- Staff told us emergency equipment and emergency medicines were checked regularly and records confirmed this. Emergency equipment and emergency medicines that we checked were within their expiry date. However, the practice did not have a written inventory of the emergency equipment and emergency medicines held.
- 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.

Arrangements to deal with emergencies and major incidents

The practice did not have appropriate arrangements to respond to emergencies.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 / 2015 showed;

- Performance for diabetes related indicators was higher than the national average. For example, 97% of the practice's patients with diabetes, on the register, had received an influenza immunisation in the preceding 1 August to 31 March compared with the national average of 94%. Ninety two percent of the practice's patients on the diabetes register had a record of a foot examination and risk classification within the last 12 months compared with the national average of 88%.
- Performance for mental health related indicators was better than the national average. For example, 95% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the national average of 88%.

Where the 2014 / 2015 QOF data for this practice showed it was not performing in line with national standards the practice had taken action and made improvements. For example, the practice was working with other professional

specialists to address the shortfall of patients with diabetes, on the register, in whom the last IFCC-HbA1c (a blood test) was 64 mmol/mol or less in the preceding 12 months (practice 54% - national average 78%).

Although the practice carried out clinical audits, they were unable to demonstrate how they were driving quality improvement.

- Staff told us the practice had a system for completing clinical audits. For example, a medicines audit. However, there were no records to demonstrate analysis of its results or an action plan to address its findings. There were also no records to demonstrate there were plans to repeat this to complete cycles of clinical audit.
- Other clinical audits had been carried out. For example, an audit of minor surgery. However, the practice was unable to demonstrate that analysis of these clinical audits had taken place or actions plans made to address the findings and there were no plans to repeat these to complete cycles of clinical audit.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as emergency procedures and accident reporting.
- Staff had job descriptions outlining their roles as well as responsibilities. Those with extended roles, such as nurses carrying out reviews of patients with long-term conditions (for example, diabetes), were also able to demonstrate that they had appropriate training to fulfil these roles.
- The practice had a staff appraisal system that identified learning needs from which action plans were documented. The practice had processes to identify and respond to poor or variable practice including policies such as the disciplinary and dismissal policy and the grievance and appeals procedure.
- We reviewed training records and saw that staff were up to date with attending mandatory courses such as annual basic life support, safeguarding and infection control. Where staff were not up to date with attending chaperone training the practice had an action plan to provide these staff with chaperone training in the near future and in the meantime they were not permitted to act as a chaperone. The GP was up to date with their

Are services effective?

(for example, treatment is effective)

yearly continuing professional development requirements. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England).

- However, the practice was unable to demonstrate that locum GPs employed directly by the practice were up to date with attending mandatory courses or had received annual appraisals.

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 was 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 on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. Staff told us that multidisciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated and records confirmed this.

Consent to care and treatment

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

- The practice had a consent protocol that governed the process of patient consent and guided staff. The policy described the various ways patients were able to give their consent to examination, care and treatment as well as how that consent should be recorded.

- 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.
- Staff we spoke with were able to describe how they would manage the situation if a patient did not have capacity to give consent for any treatment they required.

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.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 82%. The practice ensured 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 better than local clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 96%. CCG averages ranged from 67% to 94%.

Influenza vaccination rates for the over 65s were 78%, and at risk groups 61%. These were above national averages of 73% and 53% respectively.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Incoming telephone calls answered by reception staff and private conversations between patients and reception staff that took place at the reception desk could be overheard by others. However, when discussing patients' treatment staff were careful to keep confidential information private. 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.

We received 42 patient comment cards all of which were positive about the service patients experienced at the practice. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy.

We spoke with six patients during the inspection. All four patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was at or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and national average of 89%.
- 90% of respondents said the GP gave them enough time (CCG average 80%, national average 87%).
- 95% of respondents said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%).

- 87% of respondents said the last GP they spoke with was good at treating them with care and concern (CCG average 76%, national average 85%).
- 88% of respondents said the last nurse they spoke with was good at treating them with care and concern (CCG average 90%, national average 90%).
- 92% of respondents said they found the receptionists at the practice helpful (CCG average 85%, national average 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 on the comment cards 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 at or above local and national averages. For example:

- 91% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and national average of 86%.
- 84% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 73%, national average 81%).
- 82% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Timely support and information was provided to patients and their carers to help them cope emotionally with their care, treatment or condition. 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. There was written guidance available for staff to help them identify patients who were also carers to help

Are services caring?

ensure appropriate support was offered to them. For example, the carers identification protocol. The practice had identified patients on the practice list who were carers. Written information was available to direct carers to the various avenues of support available to them.

The patients we spoke with on the day of our inspection and the comment cards we received were positive about the emotional support provided by the practice. For example, these highlighted that staff responded compassionately when patients needed help and provided support when required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care. For example;

- Appointments were available outside of school hours and outside of normal working hours.
- There were longer appointments available for patients with a learning disability.
- Telephone consultations and home visits were available for patients from all population groups who were not able to visit the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice did not provide patients with the choice of seeing a female GP.
- The practice did not have a website and patients were not able to book appointments or order repeat prescriptions online. However, patients were able to access repeat prescriptions electronically through their designated pharmacy.
- The premises and services had been designed to meet the needs of patients with disabilities.
- Patients over the age of 75 years had been allocated to a designated GP to oversee their care and treatment requirements.
- The practice maintained registers of patients with learning disabilities, dementia and those with mental health conditions that assisted staff to identify them to help ensure their access to relevant services.
- There was a system for flagging vulnerability in individual patient records.
- Records showed the practice had systems that identified patients at high risk of admission to hospital and implemented care plans to reduce the risk and where possible avoid unplanned admissions to hospital.
- There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.
- The GP visited patients in a local dementia care home, nursing home and hospice to help ensure their health needs were reviewed regularly as well as in response to changes in their condition.

The practice was open Monday to Friday between the hours of 8.30am to 6.30pm. Extended hours surgeries were offered Monday to Friday 6.30pm to 7pm and alternate Saturdays 10am to 11am. Primary medical services were available to patients registered at Dr Iftikhar Ali via an appointments system. There were a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There were arrangements with other providers (Medway On Call Care) to deliver services to patients outside of the practice's working hours.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was at or above national averages. Patients told us and comments cards indicated that they were able to get appointments when they needed them.

- 79% of respondents were satisfied with the practice's opening hours compared to the local clinical commissioning group (CCG) average of 65% and national average of 79%.
- 81% of respondents said they could get through easily to the surgery by telephone (CCG average 64%, national average 73%).
- 81% of respondents said they always or almost always see or speak with the GP they prefer (CCG average 57%, national average 60%).

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- The complaints policy was 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.
- Information for patients was available in the practice that gave details of the practice's complaints procedure and included the names and contact details of relevant complaints bodies that patients could contact if they were unhappy with the practice's response.

The practice had received one complaint in the last 12 months. Records demonstrated that the complaint was investigated, the complainant had received a response, the practice had learned from the complaint and had implemented appropriate changes.

Access to the service

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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a strategy and supporting statement of purpose which reflected the vision and values. Most of the staff we spoke with were aware of the practice's vision or statement of purpose.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. However, governance arrangements were not always effectively implemented;

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. Staff told us there was a system to review policies and other guidance documents on an annual basis in order to keep them up to date. However, we looked at 44 such policies and guidance documents and found that six were not dated so it was not clear when they were written or if they were up to date.
- There was understanding of the performance of the practice.
- The practice was unable to demonstrate there was a programme of continuous clinical audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing some risks, issues and implementing mitigating actions. However, the practice had failed to identify the potential risk of infection from legionella in the building's water system or the risks associated with not keeping medical oxygen for use in an emergency.

Leadership and culture

The GP 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 GP was 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 GP encouraged a culture of openness and honesty. The practice had systems that identified notifiable safety incidents.

When there were incidents, accidents or significant events:

- Staff followed guidance to report them.
- The practice investigated them and carried out analysis of them.
- The practice kept accurate records of them.
- The practice demonstrated that learning from them took place and shared this learning with all relevant staff.

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

- Staff told us that the practice held regular staff meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at meetings. They said they were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GP 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. They sought patients' feedback and engaged patients in the delivery of the service.

- They had gathered feedback from patients through surveys and complaints received.
- Records demonstrated that the practice had responded to patients' suggestions put forward in the monthly Friends and Family questionnaire. For example, the practice now telephoned patients who required a telephone consultation at the end of each surgery session.
- The practice was in the process of recruiting patients to form a patient participation group.
- The practice had also 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. All staff were involved in discussions

Are services well-led?

Requires improvement



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

about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

There was some evidence of continuous learning and improvement at all levels within the practice. For example, the practice learned from incidents, accident and significant events as well as from complaints received.

Continuous improvement

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way for service users.</p> <p>The registered person was not: assessing all risks to the health and safety of service users receiving the care and treatment; doing all that was reasonably practical to mitigate any such risks; ensuring that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely; where equipment or medicines were supplied by the service provider, ensuring that there were sufficient quantities of these to ensure the safety of service users and to meet their needs; assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(c)(f)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes were not 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; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others</p>

This section is primarily information for the provider

Requirement notices

who may be at risk which arise from the carrying on of the regulated activity; evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).

This was in breach of regulation 17(1)(2)(a)(b)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.