

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9

Detailed findings from this inspection

Our inspection team	10
Background to Chelsfield Surgery	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	21

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Chelsfield Surgery on 15 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
 - Risks to patients were assessed and well managed, with the exception of those relating to chaperoning arrangements.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. However some patients told us that they experienced delays at times before being seen for their scheduled appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

- Ensure staff who carry out chaperoning duties have suitable training and background checks.
- Ensure Patient Group Directions and Patient Specific Directions are in place for the nursing staff.
- Ensure equipment used for treating medical emergencies is fit for use.

Summary of findings

The areas where the provider should make improvement are:

- Ensure policies and procedures available in the practice are complete and up to date.
- Ensure an action plan is completed for the improvement areas identified in the infection prevention and control audit.
- Ensure they respond and make improvements to the long waits experienced by patients for their appointments.

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.

- 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 are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were assessed and well managed, with the exception of those relating to chaperoning arrangements.
- Improvements were needed in the arrangements for infection prevention and control, medicines management and dealing with medical emergencies.

Requires improvement



Are services effective?

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 people's needs.

Good



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 and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

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 to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. However some patients told us that they experienced delays at times before being seen for their scheduled appointments.
- 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.

Good



Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but some of these were in need of update
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice waiting room was equipped with arm chairs to aid standing up.
- The practice had a disabled toilet and the downstairs corridors were wide enough for a wheelchair.
- For any patients unable to get upstairs to the two nurses rooms, the practice had two further consulting rooms on the ground floor to accommodate them.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered a comprehensive diabetes management service, which included insulin initiation, and reduced the need for patients to have hospital consultations and treatment for their condition.
- Nursing staff had specialisations in the care of patients with various long term conditions including diabetes, sexual health, Asthma and chronic obstructive pulmonary disorder (COPD)
- Nursing staff included a healthcare assistant and a nurse practitioner, as well as practice nurses

Good



Summary of findings

Families, children and young people

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

- 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 hospital emergency department attendances.
- Immunisation rates were relatively high for all standard childhood immunisations provided in the practice.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors
- Children were prioritised for GP and nurse practitioner appointments

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were available patients outside normal working hours.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 91% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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. A MIND counsellor was hosted at the practice on Thursdays and the practice patients could be referred to that service.

Good



Summary of findings

What people who use the service say

The latest national GP patient survey results were published on 02 July 2015. For this practice, of the 264 survey forms distributed, 103 were returned. This practice's results showed they were generally performing in line with local and national averages:

- 77% found it easy to get through to this surgery by phone, compared to a CCG average of 71% and a national average of 73%.
- 93% found the receptionists at this surgery helpful, compared to a CCG average of 86% and a national average of 87%.
- 89% were able to get an appointment to see or speak to someone the last time they tried, compared to a CCG average of 84% and a national average of 85%.
- 94% said the last appointment they got was convenient, compared to a CCG average of 91% and a national average of 92%.

- 80% described their experience of making an appointment as good, compared to a CCG average of 71% and a national average of 73%.
- 39% usually waited 15 minutes or less after their appointment time to be seen, compared to a CCG average of 62% and a national average of 65%.

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

We spoke with three patients during the inspection, and they all told us they were satisfied with the quality of care they received.

We also spoke with five members of the patient participation group, who told us they were quarterly, were able to share ideas and concerns with the practice and that they felt listened to.

Chelsfield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The other member of the team was a GP specialist advisor.

Background to Chelsfield Surgery

Chelsfield surgery operates from a single location in the suburban area of Chelsfield in Orpington, Kent. It is one of 43 GP practices in the Bromley Clinical Commissioning Group (CCG) area. There were 7659 patients registered at the practice at the time of our inspection.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury, maternity and midwifery services, family planning services, and diagnostic and screening procedures. The practice is not currently registered for the regulated activity of surgical procedures, but is approved to carry out the minor surgeries direct enhanced service (DES). Under the DES the practice carries out excision for warts and bumps. One of the GP partners, who carries out these procedures, is level 3 accredited for minor surgeries.

The practice has a personal medical services (PMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include childhood vaccination and immunisation, flu and pneumococcal immunisations, and extended opening hours.

The practice clinical team is made up of three GP partners (two male and one female), and an all-female nursing team of one nurse practitioner, two practice nurses, a training nurse and a healthcare assistant. Two of the GPs each worked 1.0 whole time equivalent (WTE), and one of the GPs worked 0.75 WTE.

The clinical team is supported by a practice manager, a team of 11 reception and administrative staff members, and two medical secretaries.

The practice is a training practice for GP trainees. At the time of our inspection, there were two GP registrars placed at the practice.

The practice is open between 8.00am and 6.30pm Monday to Friday. It offers extended hours from 6.30pm to 7.30pm on Mondays to Thursdays. Routine appointments were available between 9.00am and 11.00am, then between 4pm and 6.30pm. Urgent appointments were available between 11.00am and 11.45am, with additional telephone consultations being provided at the end of the morning surgery sessions.

The practice has opted out of providing out-of-hours (OOH) services and directs their patients to a contracted out-of-hours service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

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

Detailed findings

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 December 2015. During our visit we:

- Spoke with a range of staff (GPs, nursing staff, practice management and reception and administrative staff) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

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.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place 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 children and adults from abuse. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nursing staff were trained to Safeguarding level 3.
- Staff who acted as chaperones included nursing and reception staff. We found that reception staff had not been trained for the role and they had not received a disclosure and barring service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles

where they may have contact with children or adults who may be vulnerable). The practice had not completed a risk assessment to demonstrate if non-clinical staff needed a DBS check.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead but she had not had formal training for the role. There were various policies and protocols in place in the practice relating to infection prevention and control, such as general cleaning schedules, sharps injury policy and waste disposal policy. An infection control audit had been completed on 08 December 2015, but an action plan had not been prepared for the areas identified as in need of improvement.
- Most aspects of the arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling and storing). However improvements were needed to prescription security. Prescription pads were not securely stored and there was no system in place to monitor their use.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The practice management team told us that Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However they were unable to provide us with examples of the PGDs in use. The practice did not have a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed three personnel files and found that 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 for clinical staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place 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. The practice had up to date fire risk assessments, but fire drills were not carried out to the regularity specified in the practice's fire safety procedure.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw records to show that equipment calibration had been completed in March 2015 and portable appliance testing (PAT) was scheduled for March 2016.
- The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella testing. Legionella testing of the water system had been most recently completed in April 2015.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises, but we noted that the battery power was low. There were also no paediatric defibrillator pads available. Oxygen with adult and children's masks was available. There was also a first aid kit and accident book 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 in place, but only on the premises, for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place 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 used the information collected for the Quality 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 85% of the total number of points available, with a 7% clinical exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from the 2014 / 15 year showed:

- The practice achieved maximum scores (100%) for its performance in certain clinical domain areas including atrial fibrillation, cancer, epilepsy, heart failure, learning disabilities and palliative care
- The practice achieved below local area and national performance levels for some long term conditions including asthma, chronic kidney disease, diabetes mellitus, dementia, and hypertension. Specific examples were as follows:
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015). The practice value was 66.34%, whilst the national average was 88.3%.

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015). The practice value was 90.5%, whilst the national average was 77%
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2014 to 31/03/2015). The practice value was 74.34%, whilst the national average was 84%.

Clinical audits demonstrated quality improvement.

- The practice provided us with examples of four clinical audits carried out in the past few years, one of which was a completed two-cycle audit. Improvements were implemented and monitored in response to the completed audit, which was of adolescents and children diagnosed with attention deficit hyperactivity disorder (ADHD) on drug treatment. The second cycle of the audit showed that suitable monitoring of blood pressure, pulse, height and weight were being carried out in line with published guidelines.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. For example performance data showed that the practice had relatively high numbers of referrals for rheumatology, dermatology and ear, nose and throat (ENT). They analysed the data in comparison with other local practices' performance and made changes to ensure they were making referrals appropriately, and have as a result improved their referral rates.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

- Staff received training that included safeguarding, 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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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.
- A MIND counsellor was hosted at the practice on Thursdays and the practice patients could be referred to that service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 85%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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 similar to the CCG averages. For example, childhood immunisation rates for the vaccinations recommended at 12 and 24 months of age ranged from 76% to 99%, and for vaccinations recommended at five year of age, ranged from 88% to 97%.

Flu vaccination rates for the over 65s were 72%, and at risk groups 52%. These flu vaccination figures were above the 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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the eight patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with five members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

We spoke with three patients whose feedback aligned with the above views.

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

- 98% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 97% said the GP gave them enough time (CCG average 84%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)

- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 90%).
- 93% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us that 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 in line with local and national averages. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 81%)

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. Carers were identified as part of the new patients' registration process. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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 patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and made improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on a Monday and Wednesday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled toilet facilities
- Language translation services were available.

Access to the service

The practice is open between 8.00am and 6.30pm Monday to Friday. It offers extended hours from 6.30pm to 7.30pm on Mondays to Thursdays. Routine appointments were available between 9.00am and 11.00am, then between 4pm and 6.30pm. Urgent appointments were available between 11.00am and 11.45am, with additional telephone consultations being provided at the end of the morning surgery sessions.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages in many areas, but the results also showed patients had longer waits after their appointment times in the practice

to be seen. People told us on the day that they were able to get appointments when they needed them, but their views also aligned with the survey responses about the long wait times to be seen for appointments.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 77% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 80% patients described their experience of making an appointment as good (CCG average 71%, national average 73%).
- 39% patients said they usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).

Listening and learning from concerns and complaints

The practice had an effective system in place 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 in the practice leaflet and on the practice website.

We looked at the summaries of the 25 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and that there was openness and transparency with dealing with the complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a 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 in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

However, we found improvements were needed in the governance arrangements as:

- The policies and procedures available in the practice were not complete and up to date. For example there was no repeat prescribing policy, and some policies such as those relating to incidents management, first aid and fire were not in keeping with the current arrangements in the practice

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritised high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take 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 in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- the practice gives 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 clear leadership structure in place and staff felt supported by management.

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. All practice meetings were held every two months
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a quarterly basis, reviewed feedback and submitted proposals for improvements to the practice management team.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. We saw evidence that whole practice meetings were scheduled every two months.

Are services well-led?

Good 

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

- 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.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Chelsfield surgery is an accredited training practice, and at the time of our inspection there were two GP registrars in training at the practice. The practice also offered training for nurses.

One of the GP partners is also a teacher of medical students at a University.

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 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider did not ensure that persons employed received such appropriate support and training as is necessary to enable them to carry out the duties. Regulation 18(2)(a). This was because some staff who carried out chaperoning duties did not have suitable training and background checks. In addition, nursing staff did not have Patient Group Directions and Patient Specific Directions in place.
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The provider did not ensure that equipment used was properly maintained. Regulation 15(1)(e). This was because some equipment used for treating medical emergencies was not fit for use.