Pelham Medical Practice

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Pelham Medical Practice on 30 March 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.
- The practices systems, processes and practices were not always implemented reliably to keep people safe, for example, not all staff had received training in safeguarding adults.
- Infection prevention and control issues were identified.
- The practice did not always have robust systems in place to ensure incoming clinical correspondence was dealt with in a timely manner.
- Data showed patient outcomes were low compared to the national average. Although some audits had been carried out, we saw no evidence that audits were driving improvements to patient outcomes.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- The practice reception desk was in the waiting area and there was no means of separating the queue of patients from the patients speaking with reception staff which impacted on confidentiality.
- The practices' systems to ensure all clinicians were kept up to date with national guidance and guidelines were not always robust.
- The practice had policies and procedures to govern activity.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

Summary of findings

- Ensure a system for acting on safety alerts is embedded.
- Ensure that training is in place for all staff.
- Take action to address identified concerns with infection prevention and control practice.
- Ensure that systems are in place for all clinicians to be kept up to date with national guidance and guidelines, including patient specific directions for Health Care Assistants.
- Carry out clinical audits and re-audits to improve patient outcomes.
- Ensure protocols for the scanning of clinical correspondence are adhered to.

In addition the provider should:

- Improve the availability and accessibility of appointments.
- Review the procedure for action to be taken where the vaccine fridge is out of the optimum temperature range.
- Review the confidentiality of patients at the reception desk.
- Update the practice statement of candour.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- There was a clear process in place for receiving safety alerts but not for acting on them.
- All staff had received training in safeguarding children but not all staff had completed safeguarding adults training.
- All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice did not maintain appropriate standards of cleanliness and hygiene.
- Health Care Assistants administered vaccines and medicines against a prescription or direction from a prescriber however; these were not patient specific directions (PSD's).
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

Inadequate

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

- Data showed some patient outcomes were low compared to the national average. For example, The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 75% compared with a national average of 84%; and The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions was 66% compared to a national average of 75%.
- Knowledge of and reference to national guidelines were inconsistent.

Summary of findings

- There was no evidence that audit was driving improvement in patient outcomes.

Are services caring?

Requires improvement

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

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example, The percentage of respondents to the GP patient survey who stated that they always or almost always see or speak to the GP they prefer was 29% compared with a national average of 36%, and 77% of patients said that the last GP they saw or spoke to was good at listening to them, compared to 87% within the CCG and 89% at national average.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- The reception desk was in the waiting area and there was no means of separating the queue of patients from the patients speaking with reception staff, which impacted on confidentiality.

Are services responsive to people's needs?

Requires improvement

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

- Practice staff 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.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- Patients could get information about how to complain on the practice website and there was evidence of learning from complaints. We received evidence immediately after the inspection to confirm that complaints information was made available in the waiting area after the inspection.

Are services well-led?

Requires improvement

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

- The practice had a vision, a strategy and a forward plan.

Summary of findings

- The practice had a framework which supported delivery; however this did not always operate effectively.
- Although some audits had been carried out, we saw no evidence that audits were driving improvements to patient outcomes.
- There was a documented leadership structure and most staff felt supported by the practice managers.
- The practice had policies and procedures to govern activity.
- The practice proactively sought feedback from patients through the patient participation group which was active.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

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

The provider was rated as requires improvement for all four domains and inadequate for one. The issues identified as requiring improvement and inadequate affected all patients including this population group. There were, however, examples of good practice.

- All patients had named GP and had been informed of this.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Requires improvement

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

The provider was rated as requires improvement for all four domains and inadequate for one. The issues identified as requiring improvement and inadequate affected all patients including this population group. There were, however, examples of good practice.

- Staff had lead roles in chronic disease management and weekly clinics were held.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 79% compared to the national average of81%, and the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 85.% compared to the national average of 88%.
- Longer appointments and home visits were available when needed.
- All patients with a long tem condition had a named GP and a structured annual review to check their health and medicines needs were being met.
- The practice had in house phlebotomy, electrocardiogram (An electrocardiogram (ECG) is a test which measures the electrical

Summary of findings

activity of your heart to show whether or not it is working normally) and Doppler services. (A Doppler is an ultrasound test that uses reflected sound waves to evaluate blood as it flows through a blood vessel).

Families, children and young people

Requires improvement

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

The provider was rated as requires improvement for all four domains and inadequate for one. The issues identified as requiring improvement and inadequate affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children who were at risk once they had been referred.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Children had priority for urgent appointments.
- The percentage of females aged between 25-64, who attended cervical screening within the target period 3.5 or 5.5 year coverage) was 92% which was higher than the CCG average of 87% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Young people were offered Chlamydia checks and contraceptive advice.

Working age people (including those recently retired and students)

Requires improvement

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

The provider was rated as requires improvement for all four domains and inadequate for one. The issues identified as requiring improvement and inadequate affected all patients including this population group. There were, however, examples of good practice.

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

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People whose circumstances may make them vulnerable

Requires improvement

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

The provider was rated as requires improvement for all four domains and inadequate for one. The issues identified as requiring improvement and inadequate affected all patients including this population group.

There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability or complex needs.
- A chaperone service was available for patients during consultations.
- The practice was signed up to avoiding unplanned admission.
- A translation service is available for people who do not speak English.

People experiencing poor mental health (including people with dementia)

Requires improvement

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

The provider was rated as requires improvement for all four domains and inadequate for one. The issues identified as requiring improvement and inadequate affected all patients including this population group. There were, however, examples of good practice.

- < >84%.
  The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% compared to a national average of 88%.
- Care plans were in place and medication reviews carried out regularly.
- Patients on high risk medications had a face to face review prior to re-prescribing medicine.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below local and national averages. 310 survey forms were distributed and 135 were returned. This represented 1% of the practice's patient list.

- 61% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 67% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards and eight of these were positive about the standard of care received. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients during the inspection. Patients said they were mostly satisfied with the care they received. There is no data recorded in the Friends and Family test for February 2016.

Areas for improvement

Action the service MUST take to improve

- Ensure a system for acting on safety alerts is embedded at the practice.
- Ensure that training is in place for all staff.
- Take action to address identified concerns with infection prevention and control.
- Ensure there are systems for all clinicians to be kept up to date with national guidance and guidelines, including patient specific directions for Health Care Assistants.
- Carry out clinical audits and re-audits to improve patient outcomes.
- Ensure protocols for the scanning of clinical correspondence are adhered to.

Action the service SHOULD take to improve

- Improve the availability and accessibility of appointments.
- Review the procedure for action to be taken where the vaccine fridge is out of the optimum temperature range.
- Review the confidentiality of patients at the reception desk.
- Update the practice statement of candour.

Pelham Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Pelham Medical Practice

Pelham Medical Practice is located in a residential area of Gravesend, Kent and provides primary medical services to approximately 14000 patients.

The Practice is based in a large Victorian house and there is an independent pharmacy attached to the surgery. The house is not purpose built, but does have access for wheelchair users and disabled facilities. There is a car park for patient use.

There are four GP partners at the practice, all male and three salaried GPs, all female. The practice is registered as a GP training practice, for doctors seeking to become fully qualified GP's.

There are six female members of the nursing team;

Four practice nurses, one health care assistant (HCA) and a phlebotomist, all female. GP's and nurses are supported by two female practice managers who job share the role and a team of reception/administration staff.

The practice is a training practice and two of the partners are currently GP trainers for registrars and foundation year GP trainees.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are from 8.30am to 12.00pm every morning and 3.00pm to 6.30pm daily. Extended hours appointments are offered between 6.30pm and 8.00pm on Tuesday, Wednesday and Thursday. The practice is closed between 12.30pm and 1.30pm every day except Wednesday when it is closed from 12.30pm to 1.15pm. The phones are answered during this time. In addition to pre-bookable appointments up to six weeks in advance, urgent appointments are also available for people that need them.

The practice has a higher than average percentage of children from 0 to 19 years and is in an area of high deprivation. There are a significant number of people in the area who do not have English as their first language, with a large number of Polish and Punjabi speaking people.

The practice runs a number of services for its patients including; chronic disease management, new patient checks, minor surgery, family planning, anti-coagulation monitoring and immunisations. It also offers a free acupuncture service and a sleep apnoea clinic.

Services are provided from 17 Pelham Road, Gravesend, Kent, DA11 0HN and from St Gregory's Medical Practice, 116 St Gregory's Crescent, Gravesend, Kent, DA12 4JW, which is a branch surgery. The branch surgery was not inspected.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

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?

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 30 March 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for within the waiting area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager or a GP of any incidents and there was a recording form available in the significant events folder. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support and an apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after an event where a prescription for a controlled drug was inadvertently collected from the practice by the wrong person, an identification process (photo ID) was put in place as a requirement prior to collection.

The practice was unable to demonstrate that they had an effective system for acting on patient safety alerts, although these were received and shared. Staff told us that the alerts came in to the practice managers, who forwarded them to all clinicians. They told us that there was no process in place regarding who checks the alerts or follows them up and that they were not kept or stored. Staff told us that these were not discussed at meetings.

Overview of safety systems and processes

The practice's systems, processes and practices did not always keep patients safe and safeguarded from abuse:

- There were arrangements to help safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. There was evidence that GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all GPs were trained to child safeguarding level 3 and had completed adult safeguarding training. Four of the six nursing team were trained to level 2 in safeguarding children and ten of the non-clinical staff were trained to level 1. However, not all staff had completed safeguarding adults training. For example, according to the training schedule we saw that although all GPs had completed the training, only one of the six members of the nursing team and one member of the non-clinical staff team had completed it.
- A notice in the waiting room advised patients that chaperones were available if required. A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There was an infection control protocol in place and an infection control lead who had received training 29 March 2016. An infection control audit had been undertaken in March 2016 and we saw that areas for action were identified. However, the audit had failed to identify incorrectly assembled sharps bins and an unsealed surface around a hand wash sink in a consulting room. The issues regarding sharps bins were addressed during the inspection. Cleaning schedules were available; however, there were no records to show that the performance of the cleaning contractors was monitored. The practice provided us with records of a cleaning audit completed by an external company after the inspection on 4 April 2016 in which they achieved 90%.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicine. The practice was working with the CCG Medicines Management Team who were carrying out quarterly reviews to ensure prescribing was in line with best practice guidance. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The two vaccine fridges at

the practice were examined and the one in the nurses room was locked with a log of temperatures recorded which were all within an appropriate range for the storage of vaccines. (Vaccines must be stored at between 2 and 8 degrees Celsius, with a mid-range of 5 degrees Celsius being good practice). The second fridge was locked, although not in a locked room and there were four occasions in February 2016 when the maximum temperature was recorded as 14 degrees Celsius and there were no documented actions taken by the practice in relation to this. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants administered vaccines and medicines against a direction from a prescriber, however; these were not patient specific.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy. The practice had an up to date fire risk assessment and carried out regular fire drills. All electrical equipment was checked to help to ensure the equipment was safe to use and clinical equipment was checked to help to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that the landlord monitored water temperatures on a monthly basis.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical staff and 25 of the 30 non-clinical staff had completed basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All of the emergency medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep clinical staff up to date; however these were not always clear. Clinical staff had access to guidelines from NICE and used this information to deliver care and treatment. Staff told us that NICE guidelines were shared in partners meetings; however the practice were unable to demonstrate who was responsible for ensuring these were shared and that appropriate was action taken.

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 90% of the total number of points available. There were a number of clinical domains where exception reporting was significantly higher than the Clinical Commissioning Group (CCG) and national averages. For example:

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 72% compared to the CCG average of 82% and the national average of 84%. The exception rate for this was 43% compared to the CCG average of 12% and the national average of 8%.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 92% compared to the CCG average of 87% and the national average of 82%. The exception rate for this was 24% compared to the CCG average of 10% and the national average of 6%

(Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for some aspects of QOF (or other national) clinical targets. Data from 2014/2015 showed that there was a very large variation in the performance indicators for regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed, as these were not taking place at the practice. Large variations in performance where the related indicators were worse than the national average was seen regarding;

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less(01/04/2014 to 31/03/2015) was 57% which was worse than the CCG average of 76% and the national average of 78%.
- The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 73% which was lower than the CCG average of 77% and the national average of 78%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 100% which was better that the CCG and national average of 94%. However, the exception rate for this was 33% compared to the CCG average of 21% and the national average of 18%.

A large variation in performance where the related indicators were worse than the national average was seen regarding;

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less (01/04/2014 to 31/03/2015) was 76% which was lower than the national average of 84%.

Performance indicators for mental health were better than the national average. For example;

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 94% compared to the CCG average of 86%

and the national average of 88%. The exception rate for this was also low with the practice reporting 4% compared to the CCG average of 12% and the national average of 13%.

A further large variation was noted in relation to responses to the national patient survey, where;

- The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern. (01/01/2015 to 30/09/2015) was 71% compared to a national average of 85%.

There was some evidence of clinical audit.

- There had been five clinical audits completed in the last two years, however, none of these were completed audits where the improvements made were implemented and monitored. The last completed two cycle audit was carried out in 2013.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff which included shadowing and identified such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality as training needs. We saw evidence of robust induction for GP trainees.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by training in protected learning time and their own time, and by access to on line resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work, but according to the training schedule provided by the practice not all staff had completed this. Training was in the process of being made available to staff to meet their learning needs and to cover the scope of their work, however, some staff told us that they had requested training but had not been supported to do this. The nursing team were appraised by the practice managers who did not have a clinical background. The practice provided support, one-to-one meetings, coaching and mentoring, clinical supervision for trainee GPs and facilitation for revalidating GPs. All staff had received an appraisal within the last 12 months.
- We reviewed training records and saw that not all staff were up to date with attending mandatory training courses such as: safeguarding, fire safety awareness, infection control and information governance (IG), but that this was in the process of being implemented. For example, three out of seven GPs and three out of six nursing staff had completed infection prevention and control training along with one member of the non-clinical staff team; and three of the seven GPs had completed information governance (IG) training; one nurse had completed it and two non-clinical staff.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was not always available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. However, not all information was available to be acted on in a timely way. For example, letters from secondary care were not consistently scanned onto the system and made available for the required action to be taken. We saw that a letter from secondary care regarding a patient requiring a hormone implant was not on the system and was discovered in the scanning pile, and on the day of the inspection we were told that a letter had been sent from secondary care to the practice and hand delivered on two separate occasions and action had not been taken. This was brought to the attention of the practice during the inspection and remedial action was taken. A meeting with other health care professionals where care plans were

Inadequate

Are services effective?

(for example, treatment is effective)

routinely reviewed and updated for patients with complex needs had been abandoned at the practice in January 2016 as no representatives from outside agencies attended. However, multi-disciplinary meetings did take place in February and October 2015.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 92%, which was higher than 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 encouraged its patients to attend national screening programmes for bowel and breast cancer screening, however these were also lower than the CCG average. For example, females aged between 50-70 years, screened for breast cancer in last 36 months was 71% compared to a CCG average of 74% and a national average of 72%, and persons aged between 60-69 years screened for bowel cancer in last 30 months, was 51% compared to a 57% CCG average and a national average of 58%. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 65% to 93% compared to the CCG average which ranged from 70% to 93% and for five year olds at the practice the rates ranged from 88% to 96% compared to the CCG average which ranged from 83% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff were able to offer patients a private room if they wanted to discuss sensitive issues or appeared distressed, however, the reception desk was in the waiting area and there was no means of separating the queue of patients from the patients speaking with reception staff.

Eight of the nine patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They told us they were mostly satisfied with the care provided by the practice but often had to wait two weeks or more to get an appointment with their own GP. Comment cards highlighted that staff responded when patients needed help and provided support when required.

Results from the national GP patient survey showed patients did not always feel they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs, average for consultations with nurses and nurses and above average for the helpfulness of reception staff. For example:

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%
- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they did not always feel involved in decision making about the care and treatment they received. Some told us they did not feel listened to and felt rushed during consultations.

Results from the national GP patient survey showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment. Results were lower than local and national averages for GP consultations and higher for nurse consultations. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 10% of patients said the last GP they saw was poor at explaining tests and treatments compared to the CCG average of 4% and the national average of 3%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

Requires improvement

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 139 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a late clinic on a Tuesday, Wednesday and Thursday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and where an interpreter was used.
- There were double appointments made available to support people involved in a diabetes preventative pilot project.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice was accessible and there were facilities for patients with mobility issues. The was a hearing loop in reception and translation services were available.
- The practice had a lift to improve access to the first and second floor.
- The practice had staff who spoke Punjabi and Polish which was beneficial to the patients from these communities in the locality.
- One of the partners provided a free acupuncture service to patients and another provided a sleep apnoea clinic.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services. For example, reception staff told us that they hand delivered prescriptions to some patients when they had difficulty attending the practice.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12pm every morning and 3pm to 6.30pm daily. Extended hours appointments were offered between 6.30pm and 8pm on Tuesday, Wednesday and Thursday. The practice was closed between 12.30pm and 1.30pm every day except Wednesday when it was closed from 12.30pm to 1.15pm. The practice telephones were answered during this time. In addition to pre-bookable appointments up to six weeks in advance, urgent appointments were also available for people that needed them. The practice provided the telephone number of an out of hours service between 6.30pm and 8.00am.

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

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 78%.
- 61% of patients said they could get through easily to the practice by telephone compared to the CCG average of 66% and the national average of 73%.

Patients told us on the day of the inspection that they were not always able to get appointments when they needed them. They told us that the practice was busy and that it could be between two weeks and a month to get an appointment particularly for a named GP. Two patients told us they would go to local walk in centre if they could not get an appointment.

Home visits were available at the practice and these were shared out among the GPs.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

Listening and learning from concerns and complaints

The practice had a 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.
- The practice managers handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

We looked at 11 complaints received in the last 12 months and found that the date these were received was recorded and that where these were written complaints both the acknowledgement date and the response date was also recorded. Verbal complaints were also received, as was a complaint from an MP and two from National Health Service England (NHSE). We saw that lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, pregnant patients with raised blood pressure were now referred to a midwife during normal working hours or the local hospital observation unit after 6pm for ante-natal assessment when required.

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 and a strategy but this was not fully implemented and not all staff were aware of their responsibilities in relation to it.
- The practice had a statement of purpose which stated that their aim was to offer high quality, safe and effective services in a secure environment. The aim to provide good quality patient-centred care was displayed on their website.

Governance arrangements

The practice had a framework which supported delivery; however this did not always operate effectively. There were structures and procedures in place such as:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were in place and were available to staff in a folder in reception.
- An understanding of the performance of the practice was maintained by holding meetings regarding QOF. However, the practice was unable to demonstrate they had plans to maintain and improve the quality of patient care where required.
- The practice did not have a programme of continuous clinical and internal audit. The last two cycle clinical audit was carried out in 2013. Audits are used to monitor quality and to make improvements.

There were some arrangements for identifying, recording and managing risks, for example, partners told us that the lease on the premises was due to expire in two years and the practice had completed a business case for a 'GP premises development project'. They told us that this was a long term plan to build a health and well-being centre based on preventative care. However, risk management failed to identify all of the risks at the practice, for example there were no patient specific directions and not all clinical staff had completed infection control training.

Leadership and culture

The provider was aware of the requirements of the duty of candour and had included a statement on their website which outlined candour and the aims of the practice regarding this. However, the statement was out of date as it referred to the Primary Care Trust rather than the Clinical Commissioning Group. Staff spoken with said that the practice was busy but open and supportive

The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was a documented leadership structure and staff felt supported by the practice managers.

- Staff told us that the practice held team meetings and that these were approximately three monthly. Staff told us that this was a practice meeting for reception staff, nurses and the HCA's and that the practice managers but not the GPs attended these meetings.
- Staff told us they had the opportunity to raise any issues at team meetings and that where required the practice managers would take this feedback to the GPs for consideration. For example, staff requested that they be provided with uniforms and some support was provided from the partners towards this.

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

The practice had gathered feedback from patients through the patient participation group (PPG) survey and through complaints received. The PPG met quarterly, carried out patient surveys and submitted ideas for improvements to the practice management team. For example, the practice had revised the appointments system to improve access for patients in response to suggestions put forward by the PPG. The practice had gathered feedback from staff through their meetings and staff told us they would be prepared to discuss any concerns or issues with colleagues and management.

Continuous improvement

- Two of the partners at the practice were GP trainers and there were two GP trainees. One of the partners told us that they had protected learning time with trainees and attended trainer meetings. The GPs external peer review consisted of half day protected learning time four times yearly, GP appraisals and quarterly reviews of medicines management carried out by the CCG. One of the

Are services well-led?

Requires improvement

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

partners at the practice was the obesity champion for Kent as well as the diabetes lead for the CCG and had involved the practice in a programme regarding the prevention of diabetes by encouraging lifestyle changes that include motivation to exercise and dietary analysis.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to respond appropriately and in good time to people's changing needs; they did not ensure the proper and safe management of medicines; they did not adequately prevent, detect and control the risk of infection. This was in breach of regulation 12(1)(2)(a)(b)(c)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered provider did not have established systems or processes to assess monitor and improve the quality and safety of the services provided or to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. This was in breach of Regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

How the regulation was not being met:

The registered provider did not ensure that the training, learning and development needs of the staff team were met.

This was in breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014