

Pilgrims Way Surgery

Quality Report

Pilgrims Way
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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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Pilgrims Way Surgery on 16 March 2016. 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.
- 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.

- The practice sought to identify young carers.
- 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.
- 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.

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 good 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 were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

- The practice identified carers and young carers and had compiled a carer's file to signpost services who could offer support.

Are services responsive to people's needs?

Good



- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- The practice used Telehealth for reviews of conditions that do not require face to face assessment and remote monitoring of blood sugars and home blood pressures for increased patient convenience. (Telehealth is the remote exchange of data between a patient at home and their clinician(s) to assist in diagnosis and monitoring typically used to support patients with Long Term Conditions).
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good



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

- The practice 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 and held regular governance meetings.
- 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

Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

- 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.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice encouraged attendance for over 75 health checks and ensured that patients were aware of their named GP for continuity of care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice encouraged clinicians to nominate patients with complex needs for discussion at the monthly clinical meeting and/or the monthly multi-disciplinary team (MDT) meeting.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) is 79% compared to the national average of 78%.
- Home visits were available when needed.
- The practice used Telehealth and remote monitoring of blood pressure and blood sugars, and clinicians discussed care needs over the phone for increased patient convenience.
- The practice ensured the availability of frequent nurse led clinics to support patients.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 Royal College of Physicians (RCP) questions (01/04/2014 to 31/03/2015) was 73% compared to a national average of 75%.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 86% compared to a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours surgeries daily from 7.30am for doctor, nurse and health care assistant appointments, with doctor appointments extended to 6.30pm.
- The practice offered online services for booking and cancelling appointments and for prescription requests.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice held frequent reviews of homeless patients and worked within a co-ordinated approach to support them.

Summary of findings

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

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice used internet based resources such as MoodGYM and self-led cognitive behavioural therapy sites.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages. 299 survey forms were distributed and 118 were returned. This represented approximately 2% of the practice's patient list.

- 69% found it easy to get through to this surgery by phone compared to a CCG average of 64% and a national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 85% described the overall experience of their GP surgery as fairly good or very good (CCG average 81%, national average 86%).

- 80% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 73%, national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards of which were positive about the standard of care received. Comments included that the GP's were thorough and helpful, that they listen and provided excellent care and treatment. They felt the nurse team were helpful and caring and the receptionists were polite and friendly. Patients also said that the environment was clean, hygienic, warm and welcoming.

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

Pilgrims Way Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Pilgrims Way Surgery

Pilgrims Way Surgery is located in a residential area of Dartford, Kent and provides primary medical services to approximately 6400 patients. The practice is based in Dartford East Health Centre which is shared with another GP practice. The centre is purpose built and has good access for wheelchairs and disabled facilities. There is a large car park for patient use.

The practice has a higher than average percentage of children from 0 to 9 years and a higher than average percentage of working age people (from 25 – 49 years). It is in an area which scores 6 on the IMD decile (1 is more deprived and 10 is less) which indicates that the population are mixed in terms of levels of deprivation. There are people who live in the area who do not have English as their first language, particularly Indian and Black African population groups.

There are two GP partners at the practice, both male and two regular locum GP's, both female. The practice is registered as a GP training practice, for doctors seeking to become fully qualified GP's.

There are three female members of the nursing team; two practice nurses and one health care assistant. GP's and nurses are supported by the practice manager and a team of seven reception/administration staff.

The practice is open from Monday to Friday between 7.30am and 6.30pm except for Wednesday when the practice closes at 1.30pm. Appointments are from 7.30am to 11.30 am and from 2.30pm to 6.30pm. On Wednesday afternoons there is a GP on call for emergencies. Appointments can be booked over the telephone, online or in person at the practice. Patients are provided with information on how to access an out of hours provider by calling the surgery and in the practice leaflet. Out of hours services are provided by Integrated Care 24(IC24).

The practice runs a number of services for its patients including; chronic disease management, new patient checks, minor surgery, family planning, counselling and travel vaccines and advice.

Services are provided from Pilgrims Way Surgery, Pilgrims Way, Dartford, Kent, DA1 1QY.

Why we carried out this inspection

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

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

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?

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)

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 16 March 2016. During our visit we:

- Spoke with a range of staff including; the two GP partners, practice nurses, the practice manager and non-clinical staff members. We also spoke with patients who used the service.
- Observed how patients were being cared for in the reception and waiting area and 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.
- Made observations of the environment.
- Reviewed documentation relating to the practice including policies and procedures.

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 a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, all significant events were logged with a detailed summary, action taken, learning outcomes and actions to improve future services. We saw that a patient had symptoms of cancer for two months prior to referral and that as a result of this the practice initiated a full audit of all patients diagnosed with cancer in the last year to ensure a rapid referral. Staff discussed the event in clinical meetings and all clinicians involved were actively partaking in education and learning to reduce the risk of a reoccurrence.

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

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients 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. Children and adults at risk were identified on the practice computer system using an alert on their record. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated

they understood their responsibilities and all had received training relevant to their role. GPs were trained to Child Safeguarding level three. All nursing staff had completed safeguarding children level one and two and were working towards level three. All other staff had completed safeguarding children level one. The practice manager had completed level one and two and all staff had completed safeguarding adults training. We saw from records that the practice proactively raised safeguarding alerts and were aware of patients who were vulnerable to risk.

- Notices in consulting rooms and in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were carried out three monthly and we saw evidence that action was taken to address any improvements identified as a result. A hand hygiene audit was also carried out.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants at the practice did not administer vaccines and therefore there were no Patient Specific Directions.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The NHS owned building had a maintenance person in post who was responsible for all aspects of health and safety. A health and safety policy was available and a poster was seen which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. The landlord of the building was responsible for implementing the recommendations of the assessment. Some had been completed, others had not. The practice were trying to get the recommendations met and had email records to evidence this. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had 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). Records were seen which detailed all of the tests that were carried out regularly by the maintenance person. The checks were thorough.
- 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. The practice ensured that they adjusted the rota to cover busy periods such as Monday morning and during the winter flu period.

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 most of the consultation and treatment rooms which alerted staff to any emergency. We saw that the HCA treatment room did not have an alarm system and that the minor operations room had two portable alarms. A member of staff told us that a portable alarm would be placed in the HCA treatment room.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We saw records to show that these were checked twice each week. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included an agreement with a local surgery that they could operate from there. The practice also had disaster boxes off site with an emergency contact list and back up files.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patients' records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.4% of the total number of points available, with 10.6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators were comparable to the national average. For example, patients with diabetes had a blood pressure reading in the preceding 12 months of 140/80mmHg or less were 93% compared with a national average of 78%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 87% compared with a national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 84% which was the same as the national average.
- Performance for mental health related indicators was better than the national average. For example 94% of

patients with schizophrenia bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88%.

- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 92% which was better than the national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been 11 full cycle clinical audits completed in the last two years. We saw seven of these had been completed since May 2015 and that improvements made as a result of these audits were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, we saw an audit of a weight loss medicines had been carried out to ensure prescribing was in line with current guidance to preserve patient safety and promote cost effective prescribing. The audit was a result of a significant event which was raised at a practice meeting. The NICE guidance was reviewed as were all the patients at the practice who were on prescribed medication. The first audit was carried out in January 2013. A re-audit was carried out in April 2013 and July 2015. Improvements had been made in the prescribing and review of patients on the medicine and a further audit was planned for July 2017.
- The practice did not implement a read code audit; however, records received confirm that this was now in place and being carried out. (Read codes are coded clinical terms that provide a standard vocabulary clinicians can use to record patient findings and procedures in health and social care IT systems across primary and secondary care).

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff and we saw that this covered a six week period and included such topics as safeguarding, infection prevention and control, fire safety, 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. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources and discussion at practice meetings and updates shared via email.
- There were robust systems in place for repeat prescribing.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings and palliative care meetings took place on a monthly basis. We saw 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. The practice had a comprehensive policy regarding consent which covered implied, expressed and withdrawn consent, information about Gillick competencies and consent pro-forma's.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. The practice was aware of the Deprivation of Liberty safeguarding process and had records to show that this was in use.
- The process for seeking consent was recorded on the computer system at the practice and monitored through records audits. We saw examples of the forms that patients were asked to sign prior to a minor operation and for vaccinations. These were signed by the patient and scanned onto the patient's notes.

Supporting patients to live healthier lives

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

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

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 86%, which was above the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to participate in national screening programmes for bowel and breast cancer screening. The practice were aware that these screening figures were lower than the CCG and national average, but were able to demonstrate that they were addressing this and striving for higher results. Records showed that an action plan was in place and this was to be presented to a

practice meeting for full review and implementation. An email received from the practice confirmed that details of screening services have been placed on the surgery TV screen to encourage patient awareness.

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 95% to 97% compared to the CCG average of between 88% and 94% and five year olds from 84% to 93% compared to the CCG average of between 83% and 94%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- The reception area was open; however a marker was in place at some distance from the front desk for a queue to form to ensure greater confidentiality for the patient at the front desk.
- We saw that reception staff dealt with patients quietly, politely and appropriately.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

We spoke with two 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. One of the patients we spoke with commented that staff responded compassionately when they needed help and provided support when required.

All of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comments included that the GP's were very friendly with a warm approach, that the nurses put people at ease and were caring and that the reception staff were polite and professional. Five patients did make reference to sometimes having difficulty in getting an appointment.

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

- 94% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 85% said the GP gave them enough time (CCG average 86%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 85% 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 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:

- 85% 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%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to a national average of 81%
- 89% said the last nurse they saw was good at involving them in decisions about their care compared to a national average of 85%

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.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 58 (approximately 1%) of the practice list as being carers and 66 as having a

carer and sought to identify young carers. Written information was available to direct carers to the various avenues of support available to them and the practice referred carers to specific organisations.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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 and leaflets 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 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 'Commuter's Clinic' every morning from 7.30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients who required them.
- Home visits were available for older patients and patients who would benefit from these.
- The practice used Telehealth for reviews of conditions that did not require face to face assessment and remote monitoring of blood sugars and home blood pressures for increased patient convenience. (Telehealth is the remote exchange of data between a patient at home and their clinician(s) to assist in diagnosis and monitoring typically used to support patients with Long Term Conditions).
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Appointments were offered to homeless patients.
- There were disabled facilities, a hearing loop and translation services available.
- The practice installed baby changing facilities for parents or carers with babies and young children after the inspection and records were received to show that these were in use. Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.

Access to the service

The practice was open between 7.30am and 6.30pm Monday to Friday; except for Wednesday when the practice closed at 1.30pm. Appointments were from 7.30am to 11.30am every morning and 2.30pm to 6.30pm daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them and there was a

telephone triage system in place where if unable to get an appointment, a GP would call the patient back and determine whether an urgent appointment was needed, a home visit, or an appointment in the near future.

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

- 77% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 69% patients said they could get through easily to the surgery by phone (CCG average 64%, national average 73%).
- 72% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).

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

Listening and learning from concerns and complaints

The practice had 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 in the practice leaflet, on line and on the digital display in the waiting room to help patients understand the complaints system. The practice leaflet was available in braille and was translatable.

We looked at 16 complaints received in the last 12 months. These were written and verbal complaints and those made to NHS Choices. We found that these were dealt with in a timely way, and investigated in detail with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient was informed that their blood test result was normal when they actually needed to see a GP. The practice revisited their results

Are services responsive to people's needs? (for example, to feedback?)

protocol and created an auditable task for the patients to be contacted if their result was abnormal and an urgent response protocol for the GP to contact the patient immediately or as soon as possible.

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 this had been developed in a team meeting with the involvement of all staff. Staff knew and understood the values which included providing high quality, individualised care to patients in Dartford, with clear awareness of groups of people who might have an increased need of services.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice also had a clear patient charter included in their statement of purpose and their website, detailing their aims which included, to listen and give enough time to patients, to ensure they were treated with dignity and respect and involved in decisions about their health.

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.
- We reviewed a number of practice specific policies that were implemented and were available to all staff. These included the recruitment policy, safeguarding and the consent policy. The policies we saw had been reviewed annually and updated as required.
- A comprehensive understanding of the performance of the practice was maintained and there were regular meetings to review the performance of QOF.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- The practice had a comprehensive and up to date Business Continuity Plan accessible to all staff electronically. We saw that this was last updated in June 2015.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour and had a thorough policy in place regarding this which was accessible to all staff and reviewed. The partners encouraged a culture of openness and honesty and this was reflected by staff and patients who were spoken with. The practice had systems in place for knowing about notifiable safety incidents.

When there were safety incidents:

- The practice gave affected patients 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 the practice held monthly practice meetings and that everything was discussed and shared as a team. They told us that they were informed of all events, complaints and incidents and of the outcome of these for learning purposes. The practice also held monthly multi-disciplinary meetings which were attended by social services, district nurses and the community mental health team. These meetings were minuted. Staff told us that a separate monthly palliative care meeting was held with the local hospice. Regular QOF meetings were also held at the practice. Monthly management meetings were held and monthly clinical meetings had been introduced in the practice in January 2016.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so

Are services well-led?

Good 

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

and felt supported if they did. Staff told us they could speak to the practice manager and partners about any concerns or risks. We noted that the practice planned theatre trips and city breaks for the staff team.

- Staff said they felt respected, valued and supported, by the partners and management in the practice. 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. Staff told us that they were able to offer feedback at practice meetings and that they completed a survey.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, we saw

the Improving Patient Safety PPG Survey 2015/16 action plan which wanted improvement to the patient's waiting time to see a doctor. As a result, the practice initiated a telephone triage and consultancy system. The practice also negotiated for three more clinical rooms and intended to increase GP and nursing time once building work at the site was completed. The practice were also looking to recruit more GP's or Locum's. The practice had doubled telephone lines from two to four to improve patient access.

- The practice had gathered feedback from staff through practice meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Both of the partners at the practice were GP trainers and they told us that they carried out weekly tutorials with trainee GP's. The partners attended external CCG protected learning time events, had personal development plans in place and had three monthly learning focused meetings.