

Dr Stephen Lawrence

Quality Report

St Mary's Island Surgery Edgeway
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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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Stephen Lawrence (also known as St Mary's Island Surgery) on 1 December 2015. Overall the practice is rated as inadequate.

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

- There was a system for reporting and recording significant events.
- Significant issues that threatened the delivery of safe care were not identified or adequately managed.
- Risks to patients, staff and visitors were not consistently assessed and well managed.
- The practice was unable to demonstrate they were following national guidance on infection prevention and control.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Not all staff were up to date with attending mandatory courses such as basic life support, safeguarding and infection control.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Vaccines were not managed in line with national guidance.
- Blank prescription forms were not always stored securely and the practice was unable to demonstrate they had a system to keep a record of prescription serial numbers.
- The practice was unable to demonstrate they had a system to help ensure all relevant equipment was PAT tested (portable appliance tested) on a regular basis.
- Staff told us they worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. However, there were no records to confirm this.

Summary of findings

- The practice was below average for its satisfaction scores on consultations with doctors and nurses.
- Information about services and how to complain was available and easy to understand.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages.
- 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.
- Appropriate recruitment checks had not always been undertaken prior to the employment of staff by the practice.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the Duty of Candour.
- Revise the system to monitor and keep blank prescription forms safe.
- Ensure that all relevant equipment is tested regularly.
- Revise systems to help ensure records of multidisciplinary meetings, to assess and plan the on-going care and treatment of patients, are maintained.
- Revise recruitment processes to ensure appropriate checks are undertaken prior to the employment of all staff.
- Revise clinical audit activity to ensure improvements to patient care are driven by the completion of clinical audit cycles.

The provider should:

- Raise staff awareness of the practice statement of purpose.

There were areas of practice where the provider needs to make improvements.

The provider must:

- Revise risk assessment and management activities to include all risks to patients, staff and visitors.
- Ensure the practice follows national guidance on infection prevention and control.
- Revise governance processes and ensure that all documents used to govern activity are up to date.
- Ensure all staff are up to date with attending mandatory training courses.
- Revise medicines management procedures to help ensure Department of Health guidance is followed when managing the storage of vaccines.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If sufficient improvements have not been made so a rating of inadequate remains for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

Special measures will give people who use the practice the reassurance that the care they receive should improve.

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 inadequate for providing safe services.

- There was a system for reporting, recording and monitoring incidents, accidents and significant events.
- Lessons were shared to help ensure action was taken to improve safety in the practice.
- The practice did not have reliable systems, processes and practices to keep patients safe and safeguard them from abuse.
- Not all staff were up to date with attending mandatory courses such as safeguarding training, infection control training and fire safety training.
- Risks to patients, staff and visitors were not consistently assessed and well managed.
- The practice was unable to demonstrate they were following national guidance on infection prevention and control.
- Vaccines were not managed in accordance with Department of Health guidance.
- Blank prescription forms were not always stored securely and the practice was unable to demonstrate they had a system to keep a record of prescription serial numbers.
- The practice was unable to demonstrate they had a system to help ensure all relevant equipment was PAT tested (portable appliance tested) on a regular basis.
- Appropriate recruitment checks had not always been undertaken prior to the employment of staff by the practice.

Inadequate



Are services effective?

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

- Data showed patient outcomes were around the average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice was unable to demonstrate that improvements to patient care were driven by the completion of clinical audit cycles.
- Staff with extended roles were able to demonstrate that they had appropriate training to fulfil these roles.
- There was evidence of appraisals and personal development plans for staff.

Requires improvement



Summary of findings

- Staff told us they worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. However, there were no records to confirm this.
- Childhood immunisation rates were in line with the clinical commissioning group (CCG) averages.

Are services caring?

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

- The practice was below average for its satisfaction scores on consultations with doctors and nurses.
- Patients said they were treated with compassion, dignity as well as respect and they were involved in decisions about their care and treatment.
- Information for patients and carers about the services available was easy to understand and accessible.
- Staff treated patients with kindness and respect, and maintained confidentiality.

Requires improvement



Are services responsive to people's needs?

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

- Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care.
- Although patients had access to female nurse practitioners at times the practice did not always provide patients with the choice of seeing a female GP.
- Patients told us and completed comment cards indicated that they were able to get appointments when they needed them.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages.
- The practice was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Records demonstrated that complaints were investigated, complainants received a response, the practice had learned from complaints and had implemented appropriate changes.

Requires improvement



Are services well-led?

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

Inadequate



Summary of findings

- They had a vision and strategy to deliver high quality care and promote good outcomes for patients. However, most staff we spoke with were not aware of the vision or the practice's statement of purpose.
- There was a clear leadership structure and staff felt supported by management.
- Significant issues that threatened the delivery of safe care were not identified or adequately managed.
- Not all policies and guidance documents were dated or had a planned review date.
- The practice had an overarching governance framework, designed to support the delivery of the strategy and good quality care. However, it was not always effectively implemented.
- The practice's system of risk management had failed to identify all risks to patients, staff and visitors.
- The provider was aware of and complied with the Duty of Candour. The GP encouraged a culture of openness and honesty. The practice had systems that identified notifiable safety incidents.
- The practice sought feedback from staff and patients, which it acted on.

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

- Patients over the age of 75 had been allocated a designated GP to oversee their individual care and treatment requirements.
- Patients were able to receive care and treatment in their own home from practice staff as well as district nurses and palliative care staff.
- There were plans to help avoid older patients being admitted to hospital unnecessarily.
- Specific health promotion literature was available as well as details of other services for older people.
- The practice was unable to demonstrate they held regular multidisciplinary staff meetings that included other professionals who specialised in the care of older people.

Inadequate



People with long term conditions

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

- Service provision for patients with long-term conditions included dedicated clinics with a recall system that alerted patients as to when they were due to re-attend.
- The practice employed staff trained in the care of patients with long-term conditions.
- The practice supported patients to manage their own long-term conditions.
- The practice was unable to demonstrate they held regular multidisciplinary staff meetings that included other professionals who specialised in the care of people with long-term conditions.
- Specific health promotion literature was available.

Inadequate



Summary of findings

Families, children and young people

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

- Services for mothers, babies, children and young people at Dr Stephen Lawrence included access to midwives and health visitor care.
- Specific health promotion literature was available.
- There were systems 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 accident and emergency attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice was unable to demonstrate they held regular multidisciplinary staff meetings that included other professionals who specialised in the care of families, children and young people.

Inadequate



Working age people (including those recently retired and students)

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

- The practice provided a variety of ways this patient population group could access primary medical services.
- Appointments were available outside of normal working hours.
- Appointments and repeat prescriptions could be accessed on-line.
- Specific health promotion literature was available.

Inadequate



People whose circumstances may make them vulnerable

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

Inadequate



Summary of findings

- The practice offered primary medical service provision for patients whose circumstance may make them vulnerable in a variety of ways.
- Patients not registered at the practice could access services.
- Interpreter services were available for patients whose first language was not English.
- Patients with learning disabilities were offered annual physical health checks and medicine reviews.
- The practice was proactive in offering a full range of health promotion and screening which reflected the needs of this patient population group.

People experiencing poor mental health (including people with dementia)

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

- This patient population group had access to psychiatrist and community psychiatric nurse services as well as local counselling services.
- The practice was unable to demonstrate they held regular multidisciplinary staff meetings that included other professionals who specialised in the care of people experiencing poor mental health (including dementia).
- Specific health promotion literature was available.
- The practice had a system that followed up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing significantly below local and national averages. 375 survey forms were distributed and 115 were returned. This was a response rate of 30.7% and equates to 3.5% of the practice's patient population.

- 59% of respondents found it easy to get through to this practice by telephone compared to a clinical commissioning group (CCG) average of 64% and a national average of 73%.
- 75% of respondents found the receptionists at this surgery helpful (CCG average 85%, national average 87%).
- 74% of respondents were able to obtain an appointment to see or speak with someone the last time they tried (CCG average 81%, national average 85%).
- 78% of respondents said the last appointment they obtained was convenient (CCG average 90%, national average 92%).

- 53% of respondents described their experience of making an appointment as good (CCG average 64%, national average 73%).
- 52% of respondents usually waited 15 minutes or less after their appointment time to be seen (CCG average 61%, national average 65%).

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

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

Dr Stephen Lawrence

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Stephen Lawrence

Dr Stephen Lawrence (also known as St Mary's Island Surgery) is situated in Chatham, Kent and has a registered patient population of approximately 3,202.

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

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

The practice is open Monday to Thursday between the hours of 8.30am to 1pm and 2pm to 6pm and Friday 8.30am to 1pm. The practice's telephone lines remain open between the hours of 1pm to 2 pm. Extended hours surgeries are offered Friday 6.30am to 8am. Primary medical services are available to patients registered at Dr Stephen Lawrence via an appointments system. There are a range of clinics for all age groups as well as the

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

Services are provided from St Mary's Island Surgery, Edgeway, St Mary's Island, Chatham, Kent, ME4 3EP, only.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 December 2015.

During our visit we:

- Spoke with a range of staff (two GPs, one healthcare assistant, the practice manager, one administrator and one receptionist) and spoke with patients who used the service.

Detailed findings

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice had documents that guided staff, such as the significant event policy, and a system for reporting, recording and monitoring incidents, accidents and significant events.

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

We reviewed records of six significant events that had occurred in the last 12 months and saw this system was followed appropriately. All reported incidents, accidents and significant events were managed by designated staff. Staff told us that feedback from investigations was discussed at staff meetings.

National patient safety alerts were processed by the practice manager and disseminated electronically and in paper form to staff at Dr Stephen Lawrence as necessary. Records showed that action was taken by the practice in response to relevant alerts. For example, searches were carried out in response to medicine alerts to establish if any patients at the practice were affected and relevant action taken when necessary.

Overview of safety systems and processes

The practice did not have reliable systems, processes and practices to keep people safe and safeguarded from abuse, which included:

- There were arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received

training relevant to their role. However, not all staff were up to date with safeguarding training and the practice was unable to demonstrate the lead GP was trained to the required Safeguarding Children level three.

- Records confirmed that all staff who acted as chaperones had received a disclosure and barring check (DBS check) or an assessment of the potential risks involved in using those staff without DBS clearance. (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). However, three members of staff who acted as chaperones had not received training for the role.
- We reviewed three personnel files and found that all appropriate recruitment checks had not been undertaken prior to employment. For example, proof of identification, references and registration with the appropriate professional body. There were no personnel records available for locum GPs employed via an agency. The practice was unable to demonstrate they had a service level agreement or contract with an agency to employ locum GPs.

Infection control

- The premises were generally tidy. Patients we spoke with told us they always found the practice clean and had no concerns regarding cleanliness or infection control. There was carpet on the floor of most clinical rooms where invasive procedures were carried out. The carpet was porous and therefore cleaning may not always be effective. Carpets in two clinical rooms were stained. The practice's infection control action plan dated 2013 showed there were plans to steam clean carpets every six months. However, the practice was unable to demonstrate that this had been carried out or that there were plans to replace stained carpets during future refurbishment.
- Antibacterial gel was available throughout the practice for staff and patients to use. Antibacterial hand wash, paper towels and posters informing staff how to wash their hands were available at all clinical wash-hand basins in the practice. One clinical wash-hand basin at the practice did not have a working water supply. Staff told us that the clinical room where this was located was only used occasionally. Later during our inspection staff told us that the clinical room where this was

Are services safe?

located had not been used this year. It was, therefore, not clear if this room was in use. The practice was also unable to demonstrate there were plans to restore the water supply to this clinical wash-hand basin during future refurbishment.

- Personal protective equipment (PPE) including disposable gloves, aprons and coverings were available for staff to use.
- Disposable curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Two sets of disposable curtains were dated 16 January 2006 and another two sets of disposable curtains were not dated at all. The practice was unable to demonstrate that disposable curtains were changed every six months in line with national guidance on infection control.
- The practice was unable to demonstrate they had infection control policies that contained procedures for staff to refer to in order to help them follow the Code of Practice for the Prevention and Control of Health Care Associated Infections. The code sets out the standards and criteria to guide NHS organisations in planning and implementing control of infection. The practice had a cleaning manual but this contained advice on domestic cleaning only. Domestic cleaning schedules were used and there was a supply of approved cleaning products. However, the practice was unable to demonstrate staff were following local written guidance (the practice's own cleaning manual and room specifications document) when carrying out domestic cleaning. For example, colour coded cleaning equipment in line with local written guidance was not available. Staff told us that records were kept of domestic cleaning carried out in the practice and audits of domestic cleaning were undertaken. However, there were no records to confirm this.
- The practice had an identified infection control lead. The practice was unable to demonstrate that all relevant members of staff were up to date with infection control training. We looked at the training records of four clinical members of staff and only two contained records of up to date infection control training.
- There was a system for safely handling, storing and disposing of clinical waste. This was carried out in a way that reduced the risk of cross contamination. Clinical waste was stored securely in locked, dedicated containers whilst awaiting collection from a registered waste disposal company.

- The practice had a system that monitored and recorded the hepatitis B status of GPs and nurses at Dr Stephen Lawrence.
- The practice was unable to demonstrate they had a system for the routine management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). There was a legionella risk assessment dated 6 May 2015. However, the practice was unable to demonstrate there was any action plan that included regular testing to help reduce the risk of infection to staff and patients from legionella.
- With the exception of the legionella risk assessment the practice was unable to demonstrate that infection control risk assessments had been carried out.
- The practice was unable to demonstrate that infection control audits were undertaken to monitor the quality and effectiveness of infection control activity.

Medicines management

- There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice to help kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- The NHS Business Services Authority electronic Prescribing Analysis and Costs (ePACT) system data for 2014 showed that the practice's prescribing activity was comparable with other GP practices. For example, the percentage of antibiotic items prescribed that were Cephalosporins or Quinolones was 4.95% compared with 5.33% nationally.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing.
- Medicines and vaccines were stored securely. The practice did not hold any controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). The practice kept records of the ordering and receipt of medicines. Inventories of medicines and vaccines held were maintained. Staff told us that stock levels and expiry dates of medicines and vaccines held were not routinely audited, although they said that the expiry date of all medicines were checked before staff administered them to patients. Medicines and vaccines that we checked were within their expiry date.

Are services safe?

- Temperature checks for refrigerators used to store medicines and vaccines had been carried out and records of those checks were made. We looked at records of those checks carried out between 20 May 2015 and 1 December 2015. There were 306 records made and of those 232 showed that the maximum temperature of the vaccines refrigerator was outside of the recommended storage range of between two and eight degrees centigrade. The practice was unable to demonstrate that there was written guidance available for staff to follow on the action to be taken in the event that storage temperatures for vaccines went outside of acceptable limits. The practice was unable to demonstrate the action taken for any of the occasions when the temperature of the vaccines refrigerator was recorded as being outside of recommended limits.
- Blank prescription forms were not always stored securely and the practice was unable to demonstrate they had a system to keep a record of prescription serial numbers.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Monitoring risks to patients

Risks to patients, staff and visitors were not consistently assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. The practice had a safety, health and environmental policy to help keep patients, staff and visitors safe. Health and safety information was displayed for staff to see and there was a designated health and safety representative.
- There was a record of some identified risks and action plans to manage or reduce risk. A fire risk assessment had been undertaken that included actions required in order to maintain fire safety. However, the practice was unable to demonstrate that all staff were up to date with fire safety training.
- Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment (including clinical equipment) was tested, calibrated and maintained regularly. All equipment we looked at that required calibration had been calibrated. However, some electrical equipment that we looked at was overdue portable appliance

testing (PAT testing). For example, computer monitors and examination lamps. The practice was unable to demonstrate they had a system to help ensure all relevant equipment was PAT tested on a regular basis.

- Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff told us the practice employed locum GPs via an agency to help ensure the practice had sufficient staff at all times. They said there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.
- We saw that there were large cracks in some internal walls of the practice. Staff told us there were plans to repair these and records confirmed the practice had obtained quotations for the repair works to be carried out.
- There was a broken wall mounted light fitting in the corridor between the consulting rooms. We saw that the light fitting was hanging by its wiring at head height. Staff told us there were plans to repair this. However, there were no records to confirm this. The practice was unable to demonstrate they had carried out an assessment of the risks to patients, staff and visitors from the broken wall mounted light fitting.

Arrangements to deal with emergencies and major incidents

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

- Some staff told us they were not up to date with basic life support training. The practice was unable to demonstrate that all staff were up to date with basic life support training.
- Emergency equipment was available in the practice, including access to emergency medicines and medical oxygen. An automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency) was available at a neighbouring community centre which the practice was able to access.
- There was an inventory of the emergency medicines held. Staff told us these were checked regularly. However, there were no records to confirm this. Emergency equipment and emergency medicines that we checked were within their expiry date.

Are services safe?

- The practice had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact telephone numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 96.1% of the total number of points available, with 5.2% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed;

- Performance for diabetes related indicators was better than the national average. For example, 99% of the practice's patients with diabetes, on the register, had received an influenza immunisation in the preceding 1 September to 31 March compared with the national average of 93%. Ninety one percent of the practice's patients on the diabetes register had a record of a foot examination and risk classification within the last 12 months compared with the national average of 88%.
- Performance for mental health related indicators was better than the national average. For example, 91% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the national average of 86%.

Clinical audits demonstrated quality improvement.

- Staff told us the practice had a system for completing clinical audits. For example, a medicines audit. Records demonstrated analysis of its results and an action plan to address its findings. However, there were no records to indicate that there were plans to repeat audits in order to ensure complete cycles of clinical audit.

Effective staffing

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

- The practice was unable to demonstrate they had an induction programme for newly appointed members of staff that covered such topics as clinical governance, moving and handling, equality and diversity, fire safety, health and safety and confidentiality.
- Not all staff had job descriptions outlining their roles and responsibilities. Those with extended roles, such as nurses carrying out reviews of patients with long-term conditions (for example, asthma), were able to demonstrate that they had appropriate training to fulfil these roles.
- The practice had a staff appraisal system that identified learning needs from which action plans were documented. The practice had processes to identify and respond to poor or variable practice including policies such as the disciplinary and dismissal policy and the grievance and appeals procedure.
- We reviewed training records and saw that all staff were not up to date with attending mandatory courses such as annual basic life support, safeguarding and infection control. The GP was up to date with their yearly continuing professional development requirements and either had plans to be revalidated or had been revalidated. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England).

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.
- 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

Are services effective?

(for example, treatment is effective)

of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. Staff told us that multidisciplinary team meetings took place via telephone conference facilities on a regular basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- The practice had a consent policy that governed the process of patient consent and guided staff. The policy described the various ways patients were able to give their consent to examination, care and treatment as well as how that consent should be recorded.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Staff we spoke with were able to describe how they would manage the situation if a patient did not have capacity to give consent for any treatment they required.

Health promotion and prevention

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

- The practice used computerised tools to identify patients who were at high risk of admission to hospital. These patients were reviewed regularly to help ensure multidisciplinary care plans were documented in their records and that their needs were being met to assist in reducing hospital admissions. We saw that after patients were discharged from hospital they were followed up to help ensure that all their needs were continuing to be met.
- We noted a culture amongst clinical staff to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic smoking cessation advice to smokers.

- The practice provided dedicated clinics for patients with certain conditions such as diabetes and asthma. Staff told us these clinics helped enable the practice to monitor the on-going condition and requirements of these groups of patients. They said the clinics also provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration. Patients who used this service told us that the practice had a recall system to alert them when they were due to re-attend these clinics.
- Specific health promotion literature was available for all patient population groups such as shingles vaccination information for older patients, local stroke survivor support service details, information and help available for patients experiencing domestic abuse, local alcohol misuse service details, details about how to recognise signs and symptoms of certain cancers as well as contact details of a dementia charity for patients who were worried about their memory.
- Patients told us they were able to discuss any lifestyle issues with staff at the practice. For example, issues around eating a healthy diet or taking regular exercise. They said they were offered support with making changes to their lifestyle.
- Records showed 100% of patients with a learning disability had received an annual health check in the current 12 month period.

Childhood immunisation rates for the vaccinations given were in line with the clinical commissioning group (CCG)/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 71% to 95% and five year olds from 88% to 94%.

Influenza vaccination rates for the over 65s were 71%, and at risk groups 50%. These were slightly below national averages of 73% and 52% respectively.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Incoming telephone calls answered by reception staff and private conversations between patients and reception staff that took place at the reception desk could be overheard by others. However, when discussing patients' treatment staff were careful to keep confidential information private. Staff told us that a private room was available near the reception desk should a patient wish a more private area in which to discuss any issues.

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

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

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

- 68% of respondents said the last GP they saw or spoke with was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and national average of 87%.
- 78% of respondents said the last GP they saw or spoke with gave them enough time (CCG average 80%, national average 87%).
- 86% of respondents said they had confidence and trust in the last GP they saw or spoke with (CCG average 92%, national average 95%)

- 63% of respondents said the last GP they saw or spoke with was good at treating them with care and concern (CCG average 76%, national average 85%).
- 78% of respondents said the last nurse they saw or spoke with was good at treating them with care and concern (CCG average 90%, national average 90%).

The practice had proactively encouraged patients to join the patient participation group (PPG) in order to canvass further opinion of patients' satisfaction with services at and to help the practice address issues identified by the national GP patient survey. The PPG was due to meet for the first time on 5 December 2015.

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 67% of respondents said the last GP they saw or spoke with was good at explaining tests and treatments compared to the CCG average of 79% and national average of 86%.
- 54% of respondents said the last GP they saw or spoke with was good at involving them in decisions about their care (CCG average 73%, national average 81%)

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

Patient and carer support to cope emotionally with care and treatment

Timely support and information was provided to patients and their carers to help them cope emotionally with their care, treatment or condition. Support group literature was available in the practice such as information about a support group for carers.

Are services caring?

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

The practice supported patients to manage their own health, care and wellbeing and to maximise their independence. Specialised clinics provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Appointments were available outside of school hours and outside of normal working hours.
- There were longer appointments available for patients with a learning disability.
- Telephone consultations and home visits were available for patients from all population groups who were not able to visit the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- Although patients had access to female nurse practitioners at times the practice did not always provide patients with the choice of seeing a female GP.
- Patients were able to book appointments and order repeat prescriptions online.
- The premises and services had been designed to meet the needs of patients with disabilities.
- Patients over the age of 75 years had been allocated to a designated GP to oversee their care and treatment requirements.
- The practice maintained registers of patients with learning disabilities, dementia and those on the mental health register that assisted staff to identify them to help ensure their access to relevant services.
- Staff told us that they did not have any patients who were homeless but would see someone if they came to the practice asking to be seen and would register the patient so they could access services.
- There was a system for flagging vulnerability in individual patient records.
- Records showed the practice had plans that identified patients at high risk of admission to hospital and implemented care plans to reduce the risk and where possible avoid unplanned admissions to hospital.
- There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.
- There was a dedicated quiet area in the practice for patients to use. Staff told us patients used this area in a

variety of situations. For example, following the breaking of bad news or when considering which treatment option to choose. This area contained a Bible and could also be used by patients of any faith to pray.

Access to the service

The practice was open Monday to Thursday between the hours of 8.30am to 1pm and 2pm to 6pm and Friday between the hours of 8.30am and 1pm. The practice's telephone lines remained open between the hours of 1pm to 2pm. Extended hours surgeries were offered Friday 6.30am to 8am. There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There were arrangements with other providers (Medway On Call Care) to deliver services to patients outside of the practice's working hours.

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

- 43% of respondents were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 65% and national average of 75%.
- 59% of respondents said they could get through easily to the practice by telephone (CCG average 64%, national average 73%).
- 53% of respondents described their experience of making an appointment as good (CCG average 64%, national average 73%).
- 52% of respondents said they usually waited 15 minutes or less after their appointment time (CCG average 61%, national average 65%).

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- The complaints policy was in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

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

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

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

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

- The practice had a strategy and supporting statement of purpose which reflected the vision and values. However, most of the staff we spoke with were not aware of the practice's vision or statement of purpose.

Governance arrangements

The governance arrangements were not robust or effectively implemented;

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff. However, we looked at 26 such policies and guidance documents and found that 20 contained review dates ranging from December 2009 to October 2014 and were therefore overdue for review. The practice was unable to demonstrate they had an effective system to help ensure all governance documents were kept up to date.
- The practice was unable to demonstrate there was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- Significant issues that threatened the delivery of safe care were not identified or adequately managed. There were arrangements for identifying, recording and managing some risks, issues and implementing mitigating actions. However, the practice was unable to demonstrate infection control risk assessments (with the exception of legionella) had been carried out and had failed to identify the potential risks associated with: the storage of medicines outside of the recommended storage maximum temperature; the use of portable appliances that were overdue electrical safety testing; the broken wall mounted light fitting in the corridor between the consulting rooms.

Leadership, openness and transparency

The GP was visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

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

When there were incidents, accidents or significant events:

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

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

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

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

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

- They had gathered feedback from patients through surveys and complaints received.
- Records demonstrated that the practice had responded to patients' suggestions put forward in the monthly Friends and Family questionnaire. For example, staff now telephoned patients and advised them when the GP was running late with appointment times.
- The practice had a patient participation group which was due to meet for the first time on 5 December 2015.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. All staff were involved in discussions

Are services well-led?

Inadequate 

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

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

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

Continuous improvement

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Care and treatment was not always provided in a safe way for service users.</p> <p>The registered person was not: assessing all risks to the health and safety of service users receiving the care and treatment; doing all that was reasonably practical to mitigate any such risks; ensuring that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely; ensuring that the premises used by the service provider were safe to use for their intended purpose and were used in a safe way; ensuring that the equipment used by the service provider for providing care or treatment to a service user was safe for such use and used in a safe way; managing medicines safely and properly; assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated.</p> <p>Regulation 12(1)(2)(a)(b)(c)(d)(e)(g)(h).</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person, in particular, to; assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users</p>

Requirement notices

in receiving those services); assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; maintain securely such other records as are necessary to be kept in relation to – persons employed in the carrying on of the regulated activity, and the management of the regulated activity; evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).

Regulation 17(1)(2)(a)(b)(d)(ii)(f).

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

Persons employed by the service provider in the provision of a regulated activity had not received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.

Regulation 18(2)(a).

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

Recruitment procedures were not established and operated effectively to ensure that persons employed met the conditions in – paragraph (1), or in a case to which regulation 5 applies, paragraph (3) of that regulation; the following information was not available in relation to each such person employed – the information specified in schedule 3, and such other information as is required under any enactment to be kept by the registered person in relation to such persons employed.

Regulation 19(2)(a)(b)(3)(a)(b).