

# Dr CR Dewing and Partners

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr CR Dewing and Partners (also known as Wish Valley Surgery) on 19 October 2016. Overall the practice is rated as requires improvement.

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 for reporting and recording significant events.
- Risks to patients were assessed but were not always well-managed, for example, recruitment checks of newly appointed staff, medicines management and fire safety and legionella checks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns. However, some improvement was required to ensure the process was easy for complainants to understand
- 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.
- The practice had established a good working relationship with Dunk's Almshouses and

# Summary of findings

Schoolroom (a local registered charity) and provided general medical services to patients living there, whether they were registered with the practice or not.

- The practice had developed minor surgery clinics. The purpose of the clinics were to support the CCG and reduce the two week cancer wait.
- 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 requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure that action is taken to address the areas of concern identified in the infection control audit, as well as actions required from risk assessments relating to fire safety and legionella checks.
- Ensure that routine checks for the storage and expiry dates of medicines are suitably risk assessed, recorded and appropriately maintained. Ensure that repeat prescription medicines are dispensed in a safe manner.

- Ensure recruitment arrangements include all necessary pre- employment checks for all staff.
- Ensure that staff receive up to date training in safeguarding children.
- Ensure that the structure of governance meetings is enhanced to include all departments and staff within the practice, in order to further drive improvement.

The areas where the provider should make improvement are:

- Continue to develop the system that identifies patients who are also carers to help ensure that all patients on the practice list, who are carers are offered relevant support if required.
- Continue to improve the system for responding to complaints, to ensure it includes acknowledgement of receipt of complaints and provides clarity as to contacting the ombudsmen.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- There was an effective system for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to help prevent the same thing happening again.
- Although risks to patients were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example, recruitment checks of newly appointed staff had not been completed appropriately, fabric chairs in the practice were not routinely deep cleaned, medicine management issues had not been identified, fire safety action plans and testing had not been implemented and legionella checks were not being routinely undertaken.
- The practice systems, processes and practices kept patients safeguarded from abuse. However, although a training need for administrative staff to receive safeguarding children had been identified, dates to complete this training had not been established.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable 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 other health care professionals to understand and meet the range and complexity of patients' needs.

# Summary of findings

## 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



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.
- The practice had established a good working relationship with Dunk's Almshouses and Schoolroom (a local registered charity) and provided general medical services to the residents, whether they were registered with the practice or not.
- 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.

Good



## Are services well-led?

The practice is rated as requires improvement 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which generally supported the delivery of the strategy and good quality care.

Requires improvement



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice 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 requires improvement for providing safe and well-led services and rated as good for providing effective, responsive and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Care and treatment of older people reflected current evidence-based practice.
- Older people had comprehensive care plans where necessary.
- The leadership of the practice had a good understanding of the needs of older people, there was good engagement with this patient group and they were continually looking at ways to improve the service for them.
- Contingency planning had been implemented, to take into account the imminent increase in list size, with the opening of a 90 bed care home in the village of Hawkhurst next year.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for providing safe and well-led services and rated as good for providing effective, responsive and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were comparable to the local and national average. For example, 78% of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol (a blood test to check blood sugar levels) or less in the preceding 12 months (local average 80% and national average 78%).
- Longer appointments and home visits were available when needed.

**Requires improvement**



# Summary of findings

- 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.
- Patients with long-term conditions had comprehensive care plans where necessary.

## Families, children and young people

The practice is rated as requires improvement for providing safe and well-led services and rated as good for providing effective, responsive and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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 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, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 84% and the 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.
- The practice provided patients aged 24 and under with access to free condoms, under the Kent C - Card scheme and chlamydia screening for those under 25.

**Requires improvement**



## Working age people (including those recently retired and students)

The practice is rated as requires improvement for providing safe and well-led services and rated as good for providing effective, responsive and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

**Requires improvement**





# Summary of findings

- 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 offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered a 'Commuter's Clinic' on Monday or Tuesday evenings from 6.30pm to 9pm for working patients who could not attend during normal opening hours.
- Telephone consultations were also available.

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for providing safe and well-led services and rated as good for providing effective, responsive and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.

Requires improvement



## People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for providing safe and well-led services and rated as good for providing effective, responsive and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Performance for mental health related indicators were comparable or above the local and national averages. For example, 81% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average. The

Requires improvement



# Summary of findings

percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100%, which was higher than the national average.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and fifteen survey forms were distributed and 116 were returned. This represented 3% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 97% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 96% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards which were all positive about the standard of care received. General themes that ran through the comments included the very caring attitude of all staff, the availability of appointments and the efficiency with which the service was run.

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

The practice had a Friends and Family Questionnaire which asked 'How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment?' In the last month, 96% of 120 patients responded positively.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure that action is taken to address the areas of concern identified in the infection control audit, as well as actions required from risk assessments relating to fire safety and legionella checks.
- Ensure that routine checks for the storage and expiry dates of medicines are suitably risk assessed, recorded and appropriately maintained. Ensure that repeat prescription medicines are dispensed in a safe manner.
- Ensure recruitment arrangements include all necessary pre-employment checks for all staff.
- Ensure that staff receive up to date training in safeguarding children.

- Ensure that the structure of governance meetings is enhanced to include all departments and staff within the practice, in order to further drive improvement.

### Action the service **SHOULD** take to improve

- Continue to develop the system that identifies patients who are also carers to help ensure that all patients on the practice list, who are carers, are offered relevant support if required.
- Continue to improve the system for responding to complaints, to ensure it includes acknowledgement of receipt of complaints and provides clarity as to contacting the ombudsmen.

# Dr CR Dewing and Partners

## 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, a CQC medicines inspector and a practice manager specialist adviser.

## Background to Dr CR Dewing and Partners

Dr CR Dewing and Partners (also known as Wish Valley Surgery) is a GP practice based in rural Hawkhurst, Kent with a catchment area of approximately 4,615 patients.

The practice is similar across the board to the national averages for each population group. For example, 18% of patients are aged 0 -14 years of age compared to the CCG national average of 17%. Scores were similar for patients aged under 18 years of age and those aged 65, 75 and 85 years and over. The practice is in one of the least deprived areas of Kent and has an almost exclusively white British population.

The practice holds a General Medical Service contract and consists of four partner GPs (three male and one female). The GPs are supported by two part-time GPs part-time (both female), a practice manager, three practice nurses (female), two healthcare assistants (female), two dispensers, a dispensing assistant and an administrative team. A wide range of services and clinics are offered by the practice including minor surgery, asthma and diabetes.

The practice is arranged over three storeys, with all the patient accessible areas being located on the ground and basement floors. The practice is accessible to patients with mobility issues, as well as parents with children and babies.

Dr CR Dewing and Partners is open 8am to 6.30pm Monday to Friday. Extended hours are available on Monday or Tuesday evenings from 6.30pm to 9pm.

The practice is able to provide dispensary services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy premises. This service is delivered by a dispensary team of two dispensers and a dispensing assistant.

There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

Services are provided from:

- Dr CR Dewing and Partners, The Surgery, Wish Valley, Hawkhurst, Kent, TN18 4NB

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

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 19 October 2016.

During our visit we:

- Spoke with a range of staff (two GP partners, the practice manager, a practice nurse, a healthcare assistant, four administrative staff and two dispensers) and spoke with six patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed three comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had conducted a review of implantable – cardioverter – Defibrillators (ICD – a small device implanted into the body to treat abnormal heart rhythms), following an incident investigated as a significant event. The practice invited a cardiologist (heart specialist consultant) to attend a clinical meeting to learn more about these devices. The learning was shared with the staff team and an audit of patients with these devices fitted was carried out. Additionally, the practice received training from a heart failure nurse in order to support the practice GPs with deactivating an ICD in the event of the death of a patient.

### Overview of safety systems and processes

The practice had systems, processes and practices to keep patients safe and safeguarded from abuse, which included:

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies

were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member GP 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 on safeguarding vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The practice nurse was trained to level one in safeguarding adults and was in the process of completing Level two child safeguarding training.

- A notice 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 (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 generally 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 and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The audit had identified fabric covered chairs in the waiting room and some consultation rooms, which the practice had plans to replace. However, cleaning records showed these were not deep cleaned on a six monthly basis as specified in The Health and Social Care Act 2008, Code of Practice on the prevention and control of infections and related guidance.
- The arrangements for managing medicines, (including obtaining, prescribing, recording, handling, storing, security and disposal) did not always keep people safe.

We spoke with GPs, dispensing staff and members of the non-clinical team, who told us there was a system for checking that repeat prescriptions were issued according to medicine review dates and also included the review of high risk medicines. Patients told us that

## Are services safe?

they had not experienced any difficulty in getting their repeat prescriptions. Repeat prescriptions were ready for collection within two working days; an audit of 50 requested items validated this. Dispensed items were mostly checked by GPs and repeat prescriptions were mostly signed at the time of checking. However, on occasions, to avoid delay, repeat medicines were checked by two dispensing staff and handed to patients before the GP had signed the prescription. Blank prescription forms and pads were securely stored.

The practice carried out regular medicine audits, with the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw evidence that the nurses had received appropriate training and been assessed as competent to administer the medicines referred to under a PGD.

Dr Cr Dewing and Partners had an on-site dispensary and was able to provide dispensary services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy premises. There were delivery services available to patients who were housebound. The practice participated in the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing a high quality service to patients they dispense for.

We looked at the arrangements for the dispensing of medicines to patients. There were named GPs responsible for the dispensary. The dispensary was located in a designated area on the ground floor. There were effective systems to help ensure that medicines were stored safely. We checked the system for the receipt, storage and dispensing of medicines requiring refrigeration. The storage facilities for such medicines were suitable. Routine daily checks to ensure the correct temperature of the fridges used for storage were maintained. Staff told us of the procedure they would follow in the event that fridge temperatures were outside of the required range and these were in line with current guidance. Stock records and audit checks kept of the medicines held in the dispensary were not always clear. We found expiry dates of medicines were not checked regularly and two items of stock medicines had expired.

We spoke with dispensing staff, who had received appropriate training in pharmacy services, as well as

appraisals. Dispensing staff told us that they were given opportunities for their continued learning and development. We looked at the practice's Standard Operating Procedures (SOPs) for dispensing and found these were reviewed annually and had been signed by staff.

Dispensing errors and 'near misses' (dispensing errors that are identified before the medicines leave the dispensary) were not all recorded. However, there was a plan to implement team meetings to share learning from incidents.

Medicine safety alerts (alerts that are issued nationally regarding faulty products) were disseminated to relevant practice staff and records demonstrated that appropriate action had been taken.

The dispensary had appropriate arrangements for the secure storage of controlled drugs (medicines with potential for misuse, requiring special storage and closer monitoring), including the control of keys. The process for the destruction of controlled drugs was completed in line with current guidance and legislation. We saw from the controlled drug register that medicines of this nature were recorded in the register as having been dispensed and issued to the patient. However, there was evidence that some balance checks had been carried out, but not regularly.

- We reviewed five personnel files and found not all appropriate recruitment checks could be evidenced as having been undertaken prior to the employment of a newly appointed member of staff. For example, there were no copies on file to evidence that proof of identification, signed contract of employment and the appropriate checks through the Disclosure and Barring Service had been obtained, in accordance with the practice recruitment policy.

### Monitoring risks to patients

Risks to patients were assessed but not always well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. We raised these issues with the practice manager, who subsequently sent us documentary evidence to show that records were now being maintained. All electrical equipment was checked to



## Are services safe?

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 to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, actions recommended from the legionella assessment had not been fully carried out. For example, routine testing of the water and flushing of dead pipes. Additionally, the practice did not have a current fixed wiring electrical certificate. We raised these issues with the practice manager, who subsequently sent us documentary evidence to show external contractors who specialise in these areas had been contacted. Where applicable, dates had been set for seeking further advice and guidance and appropriate testing. The practice had risk assessments for the control of substances hazardous to health and supporting guidance documents, which contained many historic documents. We raised this with the practice manager who subsequently sent us documentary evidence to show how the file would be reviewed and updated.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an alarm system in all the consultation and treatment rooms which alerted staff to any emergency. Staff told us they would usually use the alarm or call out for help, as the alarm also goes directly to the police station when activated.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We saw that records of oxygen checks had documented that the cylinder was half full. We discussed this with the practice manager and a GP partner in regards to emergency response times by the local ambulance service. We were informed that they can take between 10-20 minutes to respond. Given that the cylinder was at half capacity (meaning approximately 10 minutes of usage), we were told that a new full cylinder would be ordered in light of this. The practice manager subsequently sent us documentary evidence to show that this had been completed. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff in a secure area of the dispensary and all staff knew of their location. We saw that some medicines were also held in consultations rooms. We discussed with the practice manager and a GP partner how emergency medicines could be accessed easily when they were located in two areas of the practice. We were told there had been no issues identified to date but that a review would be conducted. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# 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 and audits.

### 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 95% of the total number of points available with 13% exception reporting (compared to the CCG average of 9%). (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). The practice was aware of their exception reporting and had identified areas where improvements could be made. They had plans to take action to ensure all areas were audited and the appropriate patients would be reviewed.

This practice was not an outlier for other QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators were in line with the local and national average. For example, 75% of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol (a blood test to check blood sugar levels) or less in the preceding 12 months (local average 75% and national average 68%).

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 89% (local average 91% and national average 89%).

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits undertaken in the last two years, one of these was a three cycle completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. who were not receiving treatment with Warfarin or a NOAC (blood thinning medicines). The initial audit showed 30% of patients met the criteria for review and further audit cycles showed progressive improvement in treated patients, with the number of patients reduced to only 3%.

Information about patients' outcomes was used to make improvements such as: training staff on the importance of using the correct 'read code' (the way in which diagnoses are recorded with a code in patients' records), in order to help ensure patients' records for those with specific diseases/conditions can be easily accessed and audited.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety awareness, 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

# Are services effective?

## (for example, treatment is effective)

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.

- 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding adults, fire safety awareness, basic life support and information governance. 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.
- 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 professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on an eight weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone and written 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. There were systems 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.

The practice achieved comparable results in relation to its patients attending national screening programmes for bowel and breast cancer screening. For example, 64% of eligible patients had been screened for bowel cancer, which was in line with the CCG average of 61% and the national average of 58%. Seventy nine percent of eligible patients had been screened for breast cancer, which was comparable to the CCG average of 73% and the national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 100% and five year olds from 92% to 96%.

## Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

There was a strong, person-centred culture at the practice. Staff were highly motivated to offer care that was kind and promoted patient's dignity. Relationships between people who used the service, those close to them and staff were strong, caring and supportive. These relationships were highly valued by all staff and promoted by leaders.

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the three 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.

We spoke with a member of the newly established patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.

- 99% of patients said the GP gave them enough time compared to the CCG average of 94% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 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 from the comment cards we received was also positive and aligned with these views.

We reviewed a sample of patients care plans and found these were extensive in content and where appropriate, included do not resuscitate orders as well as advanced directives. Where patients had attended appointments and there had been significant changes to their care, we saw that care plans were updated as a matter of course.

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:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 96% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

## Are services caring?

- 96% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice had not identified patients who may also be carers, although there were plans to address this. Although there was no register of carers maintained, written information was available to direct carers to the various avenues of support available to them both in the practice and on the practice's website.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Information on how to access bereavement support groups and services was also available on the practice's website.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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. For example, by taking part in the chronic obstructive pulmonary disease (COPD – a long-term respiratory condition) and the impaired glucose regulation (IGR) projects.

- The practice offered a 'Commuter's Clinic' on a Monday or Tuesday evenings from 6.30pm to 9pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.

The practice had developed minor surgery clinics in relation to dermatology (skin diseases). Referrals to this service could be patients from the practice or from one of 12 other practices within the locality. The purpose of the clinics were to support the CCG and reduce the two week cancer wait. The clinics were provided by a GP partner with a specialist interest (GPwSI - A GP with a special interest supplements their role as a general practitioner by providing an additional service while still working in the community) accreditation in dermatology. Records showed that in the last month, 90 patients from other practices had been seen at the clinic, in addition to those referred by the practice. We saw evidence of a system which monitored when referrals had been received and additional clinics being offered where two week waiting times were due to expire.

The practice worked closely with the local community hospital. Clinical staff from the practice provided medical cover for the community hospital and were also involved

with the hospitals 'League of Friends'. Staff told us that the relationship between the league of friends was a two way process and both parties benefitted and gained insight as a result of this.

The practice had established a good working relationship with Dunk's Almshouses and Schoolroom (a local registered charity which provides affordable accommodation for local people and to engage actively with educational projects in the village of Hawkhurst) and provided general medical services to the residents, whether they were registered with the practice or not.

### Access to the service

Dr CR Dewing and Partners was open 8am to 6.30pm Monday to Friday. Extended hours appointments were offered at the following times on a Monday or Tuesday evenings from 6.30pm to 9pm. In addition, appointments that could be booked up to six weeks in advance and urgent appointments were also available for people that needed them. There were arrangements with other providers (Integrated Care 24) 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 comparable to local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 91% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had an effective system for handling complaints and concerns.

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

We saw that information was available to help patients understand the complaints system. For example, posters displayed in the waiting room, summary leaflets and through the practice's website.

We looked at the one complaint received in the last 12 months. Records demonstrated that the complaints were

investigated and the complainants had received a response. However, there was a need for the complaints procedure to be enhanced, in order to ensure all complainants received an acknowledgement of their complaint being received by the practice and to provide clarity to complainants regarding referring complaints to the ombudsmen. The practice had learned from the complaint and had implemented appropriate changes. For example, reviewing the procedure for the way in which urine samples were processed. The complaint investigation concluded that further staff training was required. Training was provided and learning from this was shared with all staff.



# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. For example, improving care for an ageing patient population, who have increasing levels of chronic disease and increasing support needs. The practice aimed to achieve this by making good use of the skills and expertise of other care providers in the community (the multi-disciplinary team).
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined structures and procedures and ensured that:

- 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.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements

that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to help ensure that when things went wrong with care and treatment:

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

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the partners and practice manager, and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in informal discussions about how to run and develop the practice. For example, staff were invited to provide feedback at a 'staff surgery' held by a GP partner on Friday afternoons. Additionally, the partners and practice manager operated an open door policy in order to help ensure that staff felt comfortable to raise issues with them. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. The partners and practice manager had recognised the need to establish formal staff and departmental meetings and had plans to establish and implement these. Following our inspection, the practice manager sent us evidence to show that dates had been scheduled for meetings to take place.

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

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

- The practice had a patient participation group (PPG), which consisted of eight members of various ages. The PPG had met on three occasions and had established a chair, vice chair, secretary and had also completed their terms of reference for the group. The PPG had



# Are services well-led?

Requires improvement 

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

submitted proposals for improvements to the practice management team. For example, supporting selected groups of patients with long-term conditions by establishing a walking group and promoting independence, re-establishing well man/well women clinics held at the practice and to engage with 20-40 year old males in order to promote awareness of the services offered. There were many other ideas proposed and the PPG were aware that there was a need to prioritise which proposals were addressed and actioned, in order to support the practice.

- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. The practice had gathered feedback from staff through staff appraisals and informal 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. The partners that we spoke with told us that the ethos of the practice was such that the GPs presented themselves and were viewed by staff as an integral member of the staff team at the practice. There was a very low staff turnover at the practice. Staff told us they came to the practice and have stayed because they felt included and integral in the running of the practice.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking, engaged with other local services and the GP partners attended regular meetings aimed at improving outcomes for patients in the area.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess the risk of, and prevent, detect and control the spread of, infections. They had failed to take all appropriate action to ensure fabric chairs within the practice were appropriately cleaned.</p> <p>The registered person did not always ensure the proper and safe management of medicines They had failed to identify issues relating to the repeat prescription dispensing process, stock checks and records being appropriately conducted and maintained, the lack of near miss and dispensing error reporting/recording and that expired medicines were present.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not always mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. They had failed to take further action in relation to fire safety, legionella and the need for safeguarding children training for staff in a timely manner.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

## Requirement notices

### Regulated activity

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

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### **How the regulation was not being met:**

The registered person did not always ensure that persons employed received appropriate training. They had failed to ensure that staff received up to date training in safeguarding children.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
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:**

The registered person had failed to ensure that pre-employment recruitment checks were appropriately sought and recorded prior to commencement in post.

This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.