

Dr Yogesh Amin

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Yogesh Amin also referred to as Central Surgery on 8 February 2017. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the February 2017 inspection can be found by selecting the 'all reports' link for Dr Yogesh Amin on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 10 October 2017. Overall the practice is rated as good.

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

- We found 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.
- We found there were systems in place for the safe prescribing and monitoring of medicines.

- The practice was clean and tidy and appropriate infection control audits had been conducted to identify and mitigate risks.
- Data from the national GP patient survey showed patients rated the practice consistently higher than others for several aspects of care. Patients reported high levels of satisfaction with the service. One hundred percent of respondents in the national GP patient survey said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%. Ninety nine percentage of respondents in the national GP patient survey described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- Patients praised the practice team. They told us the reception staff were always polite, friendly and helpful and Dr Amin took time to listen to them and consider all their needs explaining their choices and treatment options. They told us they believed he cared about their wellbeing and felt safe.
- The practice had clear leadership and a documented strategy for the service involving the proposed merging of the service with a neighbouring practice.

Summary of findings

- We found there were arrangements in place to monitor and improve quality and identify risk.
- Staff had inductions, training opportunities, annual performance reviews and attended staff meetings.
- The practice knew their patients and listened to them. They had an established patient participation group and they told us they felt valued and spoke highly of the service.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- We found 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.
- We found there were systems in place for the safe prescribing and monitoring of medicines.
- The practice was clean and tidy and appropriate infection control audits had been conducted to identify and mitigate risks.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were above the national average achieving 96%.
- Staff were aware of national guidance but system could be strengthened to ensure it was embedded into practice.
- There was evidence of appraisals for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice consistently higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Patients praised the practice team. They told us the reception staff were always polite, friendly and helpful and Dr Amin took time to listen to them and consider all their needs explaining their choices and treatment options. They told us they believed he cared about their wellbeing and felt safe.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had a good understanding of their population profile and had used this understanding to meet the individual needs of their patients.
- Patients told us all staff were helpful, they could always get through to the practice on the telephone and could make convenient appointments.
- Patients consistently reported receiving continuity of care as the lead GP oversaw all their needs.
- The practice worked with a neighbouring practice to ensure patients preferences and needs could be met.
- Information about how to complain was available. We found the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had clear leadership and a documented strategy for the service involving the proposed merging of the service with a neighbouring practice.
- Staff were clear about the vision and their responsibilities in relation to it.
- The practice had policies and procedures to govern activity and held regular governance meetings.
- The practice had a systems to monitor and improve quality and identify risk.
- Staff had received induction, annual performance review and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour and we saw evidence the practice complied with these requirements.

Good



Summary of findings

- The lead GP encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice knew their patients and listened to them. They had an established patient participation group and they told us they felt valued and spoke highly of the service.

Summary of findings

The six population groups and what we found

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

Older people

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice knew their patients and provided personalised care to meet the needs of the older patients in its population. For examples; home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Good



People with long term conditions

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

- The lead GP oversaw the management of all patients with long term conditions.
- The practice achieved 88% of patients with diabetes on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80mmHg or less.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- The lead GP was the patients named GP and there was a system to recall patients for 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.

Good



Families, children and young people

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

Good



Summary of findings

- From a sample of documented examples reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Immunisation rates were above the national and local averages for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

- The practice knew their patients and both the clinical team and members of the reception team adjusted their services to ensure these were accessible, flexible and offered continuity of care, for example, extended appointments where patients had multiple issues to discuss.
- The practice offered online services as well as health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients who would benefit from them such as patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may

Good



Summary of findings

make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- 89% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which was above the local average of 85% and the national average of 84%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months. This was above the local average 85% and the national average 89%.
- The lead GP worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing above local and national averages. 240 survey forms were distributed and 114 were returned. This represented a response rate of 47.5% above the national average response rate of 38% and 4% of the patient population.

- 97% of respondents described the overall experience of this GP practice as good compared with the CCG average of 84% and the national average of 85%.
- 99% of respondents described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 97% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 76% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were all positive about the standard of care received. Patients spoke consistently highly about the practice team. They told us the reception staff were always polite, friendly and helpful and the Dr Amin took time to listen to them and consider all their needs explaining their choices and treatment options. They told us they believed he cared about their wellbeing and felt safe.

We spoke with four patients during the inspection; two patients were also members of the patient participation group. They spoke highly of the lead GP and the practice team and said they were all approachable, committed and caring.

Dr Yogesh Amin

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 second GP specialist and a practice manager specialist adviser.

Background to Dr Yogesh Amin

Dr Yogesh Amin (also known as Central Road Surgery) is a single handed General Practitioner (GP) who delivers services from a converted house to patients in the local area of Folkestone, Kent. There are approximately 2,600 patients on the practice list; however they are experiencing an increase in patients registering due to a neighbouring service having closed.

The practice serves a deprived community, which tend to have greater need for health services.. The area also has higher than the local and national averages for people unemployed. Both males and females have below the national life expectancy rates

There is on-site parking and patient areas are accessible to patients with mobility issues, as well as parents with children and babies. The practice is located near bus-stops and the railway station. The practice **patient population age is close to national averages but the surrounding area has a higher than average amount of people living in deprived circumstances.**

The practice holds a General Medical Service contract. The clinical team consists of a lead GP (male) and a female GP who works one Friday a month. The practice nurse (female) works two mornings a week

normally Wednesday and Friday. The GPs and nurse are supported by a practice manager as well as administration and reception staff. A wide range of services are offered by the practice including diabetes clinics and child immunisations.

Alongside several other local GPs in the South Kent Coast Clinical Commissioning Group (CCG) patients from the practice can also access services between 8am to 8pm at the Queen Victoria Hospital Hub in Folkestone, Kent and an urgent home visit service by a paramedic practitioner via funding from the Prime Minister's Challenge Fund.

Out of hour's services are provided by Primecare. Details of how to access this service are available at the practice.

Services are delivered from:

Central Surgery, 86 Cheriton Road, Folkestone, Kent, CT20 2QH.

The practice has been inspected on three previous occasions. In March 2016 the practice was rated as requiring improvement overall. In February 2017 the practice was rated as inadequate overall, it was placed in special measures and enforcement notices were issued. A follow up inspection was conducted in July 2017 to assess the risks identified in the enforcement notices served on the provider. As a consequence of the visit the provider was found to have complied with the enforcement notices addressing the risks outlined.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Yogesh Amin on 8 February 2017 under Section 60 of the Health

Detailed findings

and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months.

We also issued a warning notice to the provider in respect of good governance and informed them that they must become compliant with the law by 15 May 2017. We undertook a follow up inspection on 4 July 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the July 2017 inspection can be found by selecting the 'all reports' link for Dr Yogesh Amin on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Dr Yogesh Amin on 10 October 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 10 October 2017. During our visit we:

- Spoke with a range of staff (reception team, administrative staff the GP and practice nurse) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.

- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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

At our previous inspection on 8 February 2017, we rated the practice as inadequate for providing safe services as improvements were required in respect of the management of significant events, medicines, emergency equipment, infection prevention control, employment checks and the assessments of risks and management of them.

These arrangements had significantly improved when we undertook a follow up inspection on 10 October 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events. We found 15 significant events had been recorded since February 2017. These included damage to property, information governance including management of personal data, prescription errors. Staff told us they would inform the practice manager or the lead GP of any incidents and complete the recording form available. 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 reviewed five significant incidents. We found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, the practice had reviewed and made changes to their management of prescriptions in response to an incident. The practice now retained prescriptions for a week after issue to enable them to review the initial request should they be alerted to any concerns. The practice confirmed the issue had not reoccurred following the changes to procedure.

The practice maintained a comprehensive spreadsheet of all their significant events. This included a summary of the incident any learning and actions, preventable factors and trends. The practice told us they had improved their training for staff on procedures.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.

- Arrangements for safeguarding 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. The lead GP was also the safeguarding lead and provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GP was trained to child safeguarding level three and the nurse prescriber had received training to level two. The practice followed up on children who failed to attend appointments with the surgery and with secondary care.
- Notices were displayed in the waiting room and in clinical rooms advising 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 maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The lead GP was also the infection prevention and control (IPC) clinical lead. He had received additional training to perform the role. The GP attended link practitioner meetings and had met with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training through eLearning and information shared during team meetings. An annual IPC audit had been undertaken in March 2017 and any improvements identified as a result were actioned.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- We asked the practice how they managed Medicines and Health Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The lead GP showed us their records of all MHRA received, searches conducted on their patient clinical record system and told us of checks they had conducted. We checked the practice clinical records to ensure historical and recent alerts had been appropriately actioned.
- There were processes in place for handling repeat prescriptions which included the review of high risk medicines. We reviewed the care of patients receiving two different high risk medicines and found they had been appropriately monitored. The practice also coded patient records to identify when they were in hospital to ensure automatic medicine requests were not authorised.
- The practice was working with the support of the local clinical commissioning group pharmacy team to improve their prescribing behaviour in line with best practice guidelines for safe prescribing. We found the practice had made significant improvements reducing their prescribing of antibiotics.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- The practice nurse was a qualified Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise.

The practice had not recruited any personnel since our last inspection in July 2017 when we followed up to check they had met legal requirements. We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and the practice were reviewing their risk assessment in line with the Health and Safety Executive guidance.
- The practice had an up to date fire risk assessment conducted in May 2017 and had carried out regular fire drills. All staff had received training in fire safety and were aware of the evacuation procedures. All the clinical rooms were based on the ground floor and staff knew how to support patients with mobility problems to vacate the premises.
- All electrical equipment was checked in April 2017 to ensure it was safe to use. The equipment had also been calibrated to ensure it was accurate and in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 to ensure enough staff were on duty to meet the needs of patients. The practice had an agreement with a neighbouring surgery, Manor Surgery to share clinical resources and cover in the lead GPs absence.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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 numbers for staff and staff knew where it was.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 8 February 2017, we rated the practice as requires improvement for providing effective services as improvements were required in respect of the implementation of national guidance, improvements driven by clinical audit and their staff induction process.

These arrangements had significantly improved when we undertook a follow up inspection on 10 October 2017. The practice is now rated as good for providing safe services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. We found they had updated their clinical system and templates to reflect guidance.

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 published results for 2015/2016 showed the practice achieved 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The practice achieved 99% of the total points available for 2016/2017.

The practice had comparable exception rate to the local and national average, achieving 10% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators were comparable with the national average. For example, the percentage of patients with diabetes, on the register in whom the last IFCC-HbA1C is 64mmol/mol or less in the preceding 12 months. Patients on the diabetic register who had the influenza immunisation had similar to the national average, achieving 92% in comparison with the local average of 81% and the national average 78%.

- The practice achieved above the national average for their management of patients with poor mental health. For example, 100% of their patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records within the last 12 months, above the local average 85% and 89%.
- The practice achieved above the local and national average for the percentages of their patients diagnosed with dementia receiving a face to face review within the preceding 12 months. They achieved 89% in comparison with the local average of 85% and the national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was above achieving 90% and the national average achieving 84% in comparison with 83% nationally.

The provider had undertaken two clinical audits, one relating to the management of patients with dementia and the second observing the referral pathway for patients to access secondary care.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes.
- The learning needs of staff were identified through a system of appraisals, meetings monthly. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules.

Are services effective?

(for example, treatment is effective)

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.

- We reviewed a sample of patient care plans and found them to be appropriate.
- Clinical results and correspondence were reviewed and actioned daily.
- We found two week cancer referrals were appropriately followed up.

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. Information was shared between services, with patients' consent, using a shared care record.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. We tracked through a patient's record and found their care was well coordinated and the lead GP met six monthly with the hospice nurse.

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 assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted those to relevant services. The practice nurse provided health and lifestyle advice including emergency contraception. We spoke to patients who told us how the practice nurse had educated them on their lifestyle choices and assisted them to lose weight.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the national average of 81%. The practice staff told us they contacted patients who failed to attend national screening programmes. We reviewed patient records and saw that the practice repeatedly contacted patients by telephone to rescheduled their appointment or record their wishes to decline the service. Where abnormalities were identified with patient results these were followed up by secondary care. Reception staff showed us how they checked the patient record to ensure the patient had attended appointments with secondary care and the results were documented within their patient record.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 95% to 100% and five year olds from 97% to 100%.

Patients had access to appropriate health assessments arranged by NHS England directly. These included NHS health checks for patients aged 40–74.

Are services caring?

Our findings

At our previous inspection on 8 February 2017, we rated the practice as good for providing safe services.

On our follow up inspection on 10 October 2017 we found the practice to be good for providing safe services.

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the nine patient Care Quality Commission comment cards we received were positive about the service experienced. Patients praised the practice team. They told us the reception staff were always polite, friendly and helpful and Dr Amin took time to listen to them and consider all the needs explaining their choices and treatment options. They told us they believed he cared about their wellbeing and felt safe.

We spoke with four patients; two patients were members of the patient participation group (PPG). They told us they had confidence and trust in the practice team. They found the reception staff helpful and Dr Amin patient, kind and accessible to patients and their families. They told us they were always treated with dignity and respect and staff showed compassion providing help and advice when required.

Results from the national GP patient survey, published in July 2017 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 respondents said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.

- 97% of respondents said the GP gave them enough time compared to the CCG average of 85% and the national average of 86%.
- 100% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 91% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the local average 83% and the national average of 86%.
- 97% of respondents said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 94% of respondents said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 98% of respondents said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 95% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 92% and national average of 91%.
- 98% of respondents said they found the receptionists at the practice helpful compared with the CCG average of 88% 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.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey, published in July 2017 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 97% of respondents said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 86%.

Are services caring?

- 91% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the local average 80% and the national average of 82%.
- 89% of respondents said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 89% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the local average 86% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- The practice provided information in an appropriate form to meet their patient's needs.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 46 patients as carers (2% of the practice list). The practice staff told us they knew their patients many of whom had been with the practice over a number of years and they treated several members and generations of the same family. They understood some of the difficulties they may experience and tried to provide convenient appointments to minimise disruption to the patient. This was supported in the comments and conversations held with patients. Written information was also available to direct carers to the various avenues of support available to them.

The GP told us they knew their patients and wider friends and families. Staff told us that if families had experienced bereavement, the GP contacted them, sent them a sympathy card and visited where appropriate. Also giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 8 February 2017, we rated the practice as requires improvement for providing responsive services as improvements were required to improve the accessibility of information on the service and out of hour's provision.

These arrangements had significantly improved when we undertook a follow up inspection on 10 October 2017. The practice is now rated as good for providing safe services.

Responding to and meeting people's needs

The GP and the practice team understood its population profile and used their understanding to meet the needs of its population:

- Appointments were available in person, online or by the telephone.
- The practice offered appointments until 6.30pm for the convenience of working patients and children who attend school.
- The practice provided their patients with the convenience of electronic prescribing service. Patients could nominate their medicines to be dispensed from a pharmacy of their choice.
- The practice flagged when a patient was in hospital to ensure medicine requests were appropriately reviewed prior to being authorised.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included interpretation services available.
- The practice clinical system was marked up to identify patient who may benefit from a double appointment. The reception staff used this information to ensure patients received appropriate appointment time to meet their needs.

- The practice has considered and implemented the NHS England Accessible Information Standard. Staff provided examples how they supported patients and their extended families to receive services and information in formats that they can understand and support to help them to communicate.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were from 9.10am to 11.30am and in the afternoons from 3.40pm to 5.40pm. No scheduled GP appointments were provided on Thursday afternoon from 1pm. However, the GP could be contacted during this time by telephone and would attend the practice or a patients home as required. Appointments were available with a female GP once a month and patients could be seen at a neighbouring surgery Manor Clinic if they wished to see the GP earlier. The practice prescribing nurse worked two days a week, Wednesday and Friday from 8.30am to 3pm.

Prebookable appointments could be booked with the GP twelve weeks in advance and a month in advance with the prescribing nurse. The next available appointment with the GP was three days and the nurse for a routine appointment was ten days. Urgent appointments were available on the day. The practice reserved two appointments everyday outside of school hours in the event children may require access on the day.

Results from the national GP patient survey, published in July 2017 showed that patient's satisfaction with how they could access care and treatment were above the local and national averages.

- 97% of respondents were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 84% and the national average of 85%.
- 100% of respondents said they could get through easily to the practice by phone compared to the local average 68% and the national average of 71%.
- 95% of respondents said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 85% and the national average of 84%.
- 97% of respondents said their last appointment was convenient compared with the CCG average of 82% and the national average of 81%.

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

- 99% of respondents described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 91% of respondents said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

Patients told us staff were approachable and receptive and 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.

We spoke to members of the reception team who explained how they notified the GP on receipt of a request for a home visit. 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

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager in partnership with the GP handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

The practice had received two complaints within the last twelve months, relating to staff conduct and clinical response. We looked at both complaints and saw they had been acknowledged and investigated in a timely and appropriate way. An explanation was provided to the complainant and details of how to escalate their complainant if they are dissatisfied by their response. The practice identified lessons where appropriate and shared them with the practice team.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 8 February 2017, we rated the practice as inadequate for providing well led services as improvements were required in respect of capturing staff and patient views, reporting systems, documenting of meetings and governance systems.

These arrangements had significantly improved when we undertook a follow up inspection on 10 October 2017. The practice is now rated as good for providing safe services.

Vision and strategy

We found there was clear leadership within the practice by the GP. The GP told us they had planned to retire in 2018 and were intending to join with a neighbouring practice in April 2018. They currently had a memorandum of understanding in place with the practice and were working with NHS England and South Kent Clinical Commissioning Group to manage the service during transition. The GP told us of their commitment to plan for secure high quality personalised care for their patients.

Governance arrangements

As a sole practitioner the lead GP oversaw the delivery of the strategy and good quality care. There were structures and procedures in place to ensure that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The GP and nurse had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the lead GP demonstrated they had the experience to run the practice.

The lead GP had worked with the CCG to understand and address areas of practice requiring improvement.

They told us of the increasing demands being placed on their service and had requested their practice list was closed to manage the merging of the practice. Their application had been unsuccessful. Consequently, they told us they were concerned regarding their ability to provide a safe service when they were required to register more patients, many with complex needs. The practice population was in the fourth most deprived decile. Patients living within deprived areas often have greater need for health services. At the time of the inspection they had registered an additional 95 patients within a week.

Staff spoke highly of the commitment and professionalism of the lead GP. They regarded the GP as approachable, always taking time to listen to all members of staff. The GP had spoken to them about proposed changes to the practice and how this may affect them. They told us they felt supported by the GP and trusted them.

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). The practice staff were experienced in their role and confident in identifying and reporting notifiable safety incidents. The GP encouraged staff to be openness and honesty and resolve concerns in a timely and transparent manner.

We reviewed the identification and management of significant incidents and found that there were systems to ensure that when things went wrong with care and treatment. The practice gave affected people reasonable support, truthful information and a verbal and written apology.

Staff knew one another and spoke daily. They told us they enjoyed working at the practice and felt supported and valued by all members of the team. There had regular meetings but told us they felt comfortable and confident raising concerns directly.

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients and staff. The practice had a patient participation group (PPG); they had met twice and spoke highly of the service but were concerned regarding the impact that the increase in patients registering may have on the service

The practice reviewed formal feedback through NHS Friends and Family test, the national GP patient survey, complaints and compliments. All were overwhelmingly positive about the accessibility of the service and the care and treatment. Staff regularly received thoughtful thank you cards and gifts from patients.

Staff told us the practice team were friendly and approachable they spoke daily relating to work and their personal welfare. Staff told us they felt appreciated by the lead GP and members of their team and enjoyed their work

and were proud of their good relationship with their patients. The staff told us the lead GP supported them in their work and would take them for dinners and lunches to show their appreciation.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the lead GP. Staff spoke of a commitment to the practice and patients and told us they felt involved in how the practice was run.

Continuous improvement

The practice had recognised the merits of working with their neighbouring practice to provide accessible and sustainable health provision to their patients. Together with the support and assistance of the clinical commissioning group they were managing the service during transition.