

Dr Prathap Jana

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?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Requires improvement	
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 Prathap Jana on 9 February 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, the practice did not have systems that identified notifiable safety incidents.
- All risks to patients were not always assessed and well managed.
- Blank prescription forms were stored securely. However, the practice did not have a system to monitor their use.
- The practice was unable to demonstrate they were able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Data showed patient outcomes were better when compared to the locality and nationally.
- The practice carried out clinical audits which were driving quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, the practice was unable to demonstrate that locum GPs employed directly by the practice were up to date with attending mandatory courses.
- Staff told us that multidisciplinary team meeting took place on a regular basis. However, there were no records to confirm this.
- 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 was available.
- Patients said they found it easy to make an appointment with a named GP and urgent appointments were usually available on the day they were requested.
- Records of patient consultations were not always legible.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. However, governance arrangements were not always effectively implemented.
- The provider was aware of and complied with the Duty of Candour.
- The practice had proactively sought feedback from patients and was in the process of recruiting patients to form a patient participation group.

The areas where the provider must make improvements are:

- Ensure the practice has systems that identify notifiable safety incidents.
- Ensure there is a system to monitor blank prescription forms.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

- Ensure that all risks to patients are assessed and action taken to reduce risk where possible especially related to infection control and the informal arrangements for patients to be seen at another practice on Wednesday afternoons.
- Ensure the practice is able to respond to a medical emergency in line with national guidance.
- Ensure all staff are up to date with mandatory training.
- Ensure records are maintained and legible for multidisciplinary meetings held and all patient consultations.

In addition the provider should:

- Record domestic cleaning monitoring.
- Consider revising the mix of staff to provide patients with the choice of seeing a female GP.

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



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, the practice did not have systems that identified notifiable safety incidents.
- Lessons were shared to help ensure action was taken to improve safety in the practice.
- The practice had systems, processes and practices to keep patients safe and safeguard them from abuse.
- Blank prescription forms were stored securely. However, the practice did not have a system to monitor their use.
- There were procedures for monitoring and managing risks to patient and staff safety. However, risks to patients were not always assessed and well managed.
- Appropriate recruitment checks had been undertaken prior to the employment of staff. However, the practice was unable to demonstrate such appropriate recruitment checks had been undertaken prior to directly employing locum GPs.
- The practice maintained appropriate standards of cleanliness and hygiene. However, the practice was unable to demonstrate they had a system for the routine management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings).
- Some emergency equipment was available. However, the practice was unable to demonstrate they were able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for staff.
- The practice was unable to demonstrate that locum GPs employed directly were up to date with attending mandatory courses.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. However, there were no records of multidisciplinary meetings.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity as well as respect and they were involved in decisions about their care and treatment.
- Information for patients and carers about the services available was easy to understand and accessible.
- Staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

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

- Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care.
- The practice did not provide patients with the choice of seeing a female GP and did not have a website.
- Patients told us and comments cards indicated that 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.
- Records of patient consultations were not always legible and the practice did not have a system to help ensure records of consultations with GPs at other practices were received.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was significantly above local and national averages.
- Patients were able to book appointments or order repeat prescriptions online.

Requires improvement



Summary of findings

- Information about how to complain was available and easy to understand. Records demonstrated that complaints were investigated, complainants received a response, the practice had learned from complaints and had implemented appropriate changes.

Are services well-led?

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

- The practice had a vision and a strategy which most staff were aware of and their responsibilities in relation to it.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However, governance arrangements were not always effectively implemented.
- The practice had failed to identify or consider some potential risks. For example, the potential risk of infection from legionella in the building's water system and the risks associated with their informal arrangements for patients to be seen at another practice on Wednesday afternoons.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice did not have systems that identified notifiable safety incidents.
- The practice had proactively sought feedback from patients and was in the process of recruiting patients to form a patient participation group.

Requires improvement



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

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider is rated as requires improvement for providing safe, effective, responsive and well-led services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient 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 was higher than the national average.
- Longer appointments and home visits were available when needed.
- 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.

Requires improvement



Families, children and young people

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

Requires improvement



Summary of findings

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 85%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held regular multidisciplinary staff meetings that included staff who specialised in the care of families, children and young people.

Working age people (including those recently retired and students)

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

- The needs of the working age patient population, those recently retired and students had been identified and the practice had adjusted the services it offered to help ensure these were accessible, flexible and offered continuity of care.
- There was a full range of health promotion and screening that reflected the needs for this patient population group.
- Patients were able to access appointments and repeat prescriptions online.

Requires improvement



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those living in nursing homes and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Requires improvement



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those 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.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing better than local and national averages. 303 survey forms were distributed and 97 were returned. This represented 4.9% of the practice's patient list.

- 100% of respondents found it easy to get through to this practice by telephone compared to a clinical commissioning group (CCG) average of 64% and a national average of 73%.
- 93% of respondents were able to obtain an appointment to see or speak with someone the last time they tried (CCG average 81%, national average 85%).
- 93% of respondents described the overall experience of their GP surgery as fairly good or very good (CCG average 76%, national average 85%).

- 82% of respondents said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (CCG average 67%, national average 78%).

We received 41 patient comment cards, 38 of which were positive about the service patients experienced at Dr Prathap Jana. Three comment cards contained both positive and negative comments about the practice. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy.

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

Dr Prathap Jana

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Prathap Jana

Dr Prathap Jana is situated in Gillingham, Kent and has a registered patient population of approximately 1,976.

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

The practice is not a teaching or a training practice (teaching practices take medical students and training practices have GP trainees and F2 doctors).

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

The practice is open Monday to Friday between the hours of 8am to 1pm and 3pm to 6pm. Extended hours surgeries are offered Tuesday 6.30pm to 7.30pm. Primary medical services are available to patients registered at Dr Prathap Jana via an appointments system. There are a range of clinics for all age groups as well as the availability of

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

Services are provided from 151 Napier Road, Gillingham, Kent, ME7 4HH, only.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 February 2016. During our visit we:

- Spoke with a range of staff (the GP, the practice manager, one practice nurse and two receptionists) and patients who used the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

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 a system for reporting and recording significant events.

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

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, learning opportunities to improve practice had been identified following a recent incident. However, the practice did not have systems that identified notifiable safety incidents.

Overview of safety systems and processes

The practice's systems, processes and practices did not always keep patients safe and safeguard them from abuse.

- There were arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies and other documents clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training relevant to their role. The GP was trained to Safeguarding level three.
- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to

be clean and tidy. There was an infection control protocol and staff had received up to date training. A clinical member of staff was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Infection control audits were undertaken. Staff told us they monitored the standard of domestic cleaning of the premises. However, there were no records to confirm this.

- There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice to help kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were stored securely. However, the practice did not have a system to monitor their use.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment of staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, the practice was unable to demonstrate such appropriate recruitment checks had been undertaken prior to directly employing locum GPs.

Monitoring risks to patients

All risks to patients were not always assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. The practice had a health and safety policy to help keep patients, staff and visitors safe. Health and safety information was displayed for staff to see and the GP had overall responsibility for health and safety.
- A fire risk assessment had been undertaken in April 2015. Records showed that staff were up to date with fire safety training.
- The practice was unable to demonstrate they had a system for the routine management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings).

Are services safe?

- Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment (including clinical equipment) was tested, calibrated and maintained regularly and records confirmed this.
- Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Locum GPs were employed directly by the practice to cover the GP's leave. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Arrangements to deal with emergencies and major incidents

The practice did not have appropriate arrangements to respond to emergencies.

- Staff received annual basic life support training and there were emergency medicines available in the practice. However, the practice was unable to demonstrate that Locum GPs employed directly were up to date with basic life support training.
- Some emergency equipment was available in the practice. The practice had access to medical oxygen. However, the practice could not demonstrate they were able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance as they did not have access an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency). The practice had not assessed the risk of not having an AED available on the premises.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- Staff told us emergency equipment and emergency medicines were checked regularly and records confirmed this. Emergency equipment and emergency medicines that we checked were within their expiry date.
- The practice had a disaster handling 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 relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 / 2015 showed;

- Performance for diabetes related indicators was higher than the national average. For example, 98% of the practice's patients with diabetes, on the register, had received an influenza immunisation in the preceding 1 August to 31 March compared with the national average of 94%. Ninety six percent of the practice's patients on the diabetes register had a record of a foot examination and risk classification within the last 12 months compared with the national average of 88%.
- Performance for mental health related indicators was better than the national average. For example, 91% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the national average of 88%. One hundred per cent of patients with dementia had had their care reviewed in a face to face review in the preceding 12 months compared with the national average of 84%.

Clinical audits demonstrated quality improvement.

- Staff told us the practice had a system for completing clinical audits. For example, a medicines audit. Records

demonstrated analysis of its results and an action plan to address its findings. There were also records to demonstrate there were plans to repeat this to complete cycles of clinical audit.

- Other clinical audits had been carried out. For example, an audit of patients with an incorrect body mass index (BMI) recorded on their records. The practice had analysed the results and no action was required.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as emergency procedures and accident reporting.
- Staff had job descriptions outlining their roles as well as responsibilities. Those with extended roles, such as nurses carrying out reviews of patients with long-term conditions were also able to demonstrate that they had appropriate training to fulfil these roles.
- The practice had a staff appraisal system that identified learning needs from which action plans were documented. The practice had processes to identify and respond to poor or variable practice including policies such as the disciplinary and dismissal policy and the grievance and appeals procedure.
- We reviewed training records and saw that staff were up to date with attending mandatory courses such as annual basic life support, safeguarding and infection control. The GP was up to date with their yearly continuing professional development requirements. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England).
- However, the practice was unable to demonstrate that locum GPs employed directly by the practice were up to date with attending mandatory courses, such as safeguarding, infection control and fire safety 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.

Are services effective?

(for example, treatment is effective)

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. Staff told us that multidisciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated. However, there were no records to confirm this.

Consent to care and treatment

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

- The practice had a consent protocol that governed the process of patient consent and guided staff. The policy described the various ways patients were able to give their consent to examination, care and treatment as well as how that consent should be recorded.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Staff we spoke with were able to describe how they would manage the situation if a patient did not have capacity to give consent for any treatment they required.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 85%, which was comparable to the national average of 82%. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were in line with local clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 85% to 95%. CCG averages ranged from 84% to 95%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received 41 patient comment cards, 38 of which were positive about the service patients experienced at the practice. Three comment cards contained both positive and negative comments about the practice. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was 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 to the clinical commissioning group (CCG) average of 81% and national average of 89%.
- 94% of respondents said the GP gave them enough time (CCG average 80%, national average 87%).
- 97% of respondents said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%).

- 87% of respondents said the last GP they spoke with was good at treating them with care and concern (CCG average 76%, national average 85%).
- 93% of respondents said the last nurse they spoke with was good at treating them with care and concern (CCG average 91%, national average 91%).
- 97% of respondents said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 90% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and national average of 86%.
- 87% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 73%, national average 81%).
- 86% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

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

Patient and carer support to cope emotionally with care and treatment

Timely support and information was provided to patients and their carers to help them cope emotionally with their care, treatment or condition. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified patients on the practice list who were carers. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Appointments were available outside of school hours and outside of normal working hours.
- There were longer appointments available for patients with a learning disability.
- Telephone consultations and home visits were available for patients from all population groups who were not able to visit the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice did not provide patients with the choice of seeing a female GP.
- The practice did not have a website. However, patients were able to book appointments or order repeat prescriptions online.
- The premises and services had been designed to meet the needs of patients with disabilities.
- Patients over the age of 75 years had been allocated to a designated GP to oversee their care and treatment requirements.
- The practice maintained registers of patients with learning disabilities, dementia and those with mental health conditions that assisted staff to identify them to help ensure their access to relevant services.
- There was a system for flagging vulnerability in individual patient records.
- Records showed the practice had systems that identified patients at high risk of admission to hospital and implemented care plans to reduce the risk and where possible avoid unplanned admissions to hospital.
- There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.

Access to the service

The practice was open Monday to Friday between the hours of 8am to 1pm and 3pm to 6pm. Extended hours surgeries were offered Tuesday between the hours of 6.30pm to 7.30pm. Primary medical services were available to patients registered at Dr Prathap Jana via an

appointments system. There were a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There were arrangements with other providers (Medway On Call Care) to deliver services to patients outside of the practice's working hours.

Staff told us that the GP did not work at the practice on Wednesday afternoons. The practice had an informal arrangement for patients to be seen by another practice on Wednesday afternoons. Records showed that approximately 40 to 50 patients had been seen by a GP at the other practice on Wednesday afternoons in the past 12 months. Although paper records of the consultation at the other practice were sent through to Dr Prathap Jana, and scanned onto the relevant patient's records, these were not always legible. We looked at three patients' records who had been seen by the GP at another practice and found that they were not legible. Staff told us, and we saw that, they recorded the details of patients sent to the other practice in a book kept in reception. However, there was no system to help ensure records of consultations with the GP at the other practice were received by Dr Prathap Jana.

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

- 81% of respondents were satisfied with the practice's opening hours compared to the local clinical commissioning group (CCG) average of 65% and national average of 74%.
- 100% of respondents said they could get through easily to the surgery by telephone (CCG average 64%, national average 73%).
- 93% of respondents said they were able to see or speak with someone the last time they tried compared to the CCG average of 81% and the national average of 85%.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

Are services responsive to people's needs?

(for example, to feedback?)

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

The practice had received three complaints in the last 12 months. Records demonstrated that the complaints were investigated, the complainants had received a response, the practice had learned from the complaints and had implemented appropriate changes.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a statement of purpose which reflected the vision and values. Most of the staff we spoke with were aware of the practice's vision or statement of purpose.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. However, governance arrangements were not always effectively implemented;

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. Staff told us there was a system to review policies and other guidance documents on an annual basis in order to keep them up to date.
- There was understanding of the performance of the practice.
- There was a programme of continuous clinical audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing some risks, issues and implementing mitigating actions. However, the practice had failed to identify the potential risk of infection from legionella in the building's water system or the risks associated with not keeping an automated external defibrillator for use in an emergency. The practice was also unable to demonstrate they had considered the risks associated with their informal arrangements for patients to be seen at another practice on Wednesday afternoons.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty. However, the practice did not have systems that identified notifiable safety incidents.

When there were incidents, accidents or significant events:

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

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

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

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

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

- The practice gathered feedback from patients through surveys and complaints received.
- Records demonstrated that the practice had responded to patients' suggestions put forward in the patient survey. For example, patients were now being kept informed if the GP was running late with appointment times.
- The practice was in the process of recruiting patients to form a patient participation group.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. All staff were involved in discussions

Are services well-led?

Requires improvement



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

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

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

Continuous improvement

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Care and treatment was not always provided in a safe way for service users.</p> <p>The registered person was not: assessing all risks to the health and safety of service users receiving the care and treatment; doing all that was reasonably practical to mitigate any such risks; ensuring that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely; managing medicines safely and properly; assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated.</p> <p>This was in breach of Regulation 12(1)(2)(a)(b)(c)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person, in particular, to; assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; maintain securely an accurate,</p>

Requirement notices

complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and decision taken in relation to the care and treatment provided; maintain securely such other records as are necessary to be kept in relation to the management of the regulated activity; evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).

This was in breach of Regulation 17(1)(2)(a)(b)(c)(f) 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
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

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

This was in breach of Regulation 19(2)(a)(b)(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.