

Drs.Ferrin,Haworth and Quigley

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

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 Drs.Ferrin,Haworth and Quigley on 22 March 2016. Overall the practice is rated as requires improvement.

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

- There was an effective system for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice. However, the practice did not have an effective system that identified and managed notifiable safety incidents adequately.
- Risks to patients were assessed and well managed.
- Blank prescription forms were stored securely. However, the practice did not have an adequate system to monitor their use.
- Staff did not always prescribe medicines in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services was available and easy to understand. However, there was no detailed information available to help patients understand the complaints system.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice had proactively sought feedback from patients and had an active patient participation group. Levels of patient satisfaction with the service they received from the practice were high.

Summary of findings

The areas where the provider must make improvements are:

- Ensure the practice has an effective system to identify and manage notifiable safety incidents.
- Ensure all staff follow best practice guidance when prescribing medicines and that there is an adequate system to monitor blank prescription pads.
- Make information to help patients understand the complaints procedure available in the practice.

In addition the provider should ensure that recent relevant safety alerts have been received, communicated to staff and actioned as appropriate and should review the care of all patients affected.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice. However, the practice did not have an effective system that identified notifiable safety incidents.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Staff did not always prescribe medicines in line with current evidence based guidance.
- Blank prescription pads and forms were stored securely. However, the practice did not have an adequate system to monitor their use.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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

- Evidence showed the practice responded quickly to issues raised through complaints and learning from complaints was shared with staff and other stakeholders. However, information about how to complain was not made available to patients.
- Practice staff reviewed the needs of its local patient population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had links with local primary care mental health specialists to discuss patients with complex mental health needs.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice was piloting new opening hours.

Requires improvement



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However, this was not always effectively implemented.

Requires improvement



Summary of findings

- There were arrangements to monitor and improve quality. However, this failed to ensure that all staff followed current best practice when prescribing.
- The practice did not have an effective system that identified and managed notifiable safety incidents adequately.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. The provider is rated as requires improvement for providing safe, responsive and well-led services and good for providing effective and 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.
- The practice referred patients to the care navigator service for help with things such as advocacy, benefit advice, day care and domestic support.

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, responsive and well-led services and good for providing effective and 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.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 97% (national average 88%).
- 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



Summary of findings

requires improvement for providing safe, responsive and well-led services and good for providing effective and caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients diagnosed with asthma, on the register, who had an asthma review in the 12 months from 1 April 2014 to 31 March 2015 was 79%, compared to a national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose medical records from 1 April 2014 to 31 March 2015 showed that a cervical screening test had been performed in the preceding 5 years was 83% compared to a national average of 82%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. For example, patients could arrange for their prescriptions to be sent to a pharmacy close to their place of work for collection and could view some fields of their medical records, such as allergies and medication, online.

Requires improvement



Summary of findings

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, responsive and well-led services and good for providing effective and caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

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

Requires improvement



People experiencing poor mental health (including people with dementia)

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

- 91% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, was comparable to the national average.
- All patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Requires improvement



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with national averages. 234 survey forms were distributed and 135 were returned. This represented 2.7% of the practice's patient list.

- 72% of respondents found it easy to get through to this practice by telephone compared to a national average of 73%.
- 69% of respondents were able to get an appointment to see or speak with someone the last time they tried (national average 76%).
- 92% of respondents described the overall experience of their GP practice as fairly good or very good (national average 85%).
- 93% of respondents said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards, 38 of which were positive about the standard of care received. Nine of the cards included comments about the high standard of cleanliness at the practice. Six cards included comments that they found it easy to make an appointment to see a GP at the practice, while two said that they found making an appointment difficult.

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

Drs.Ferrin,Haworth and Quigley

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 and a practice manager specialist adviser.

Background to Drs.Ferrin,Haworth and Quigley

Drs.Ferrin,Haworth and Quigley (also known as The Red Suite Practice) is situated in Rainham, Kent and has a registered patient population of approximately 5,009.

The practice staff consists of three female GPs (2.25 Whole Time Equivalents (WTE)), all of whom are partners, one practice manager (0.75 WTE) and two female practice nurses (0.62 WTE), as well as administration and reception staff. The practice also directly employs two part-time locum GPs, both of whom are female, and two part-time locum practice nurses.

The practice is situated in the Rainham Healthy Living Centre. It is accessed via a general reception and has its own dedicated reception and waiting area. All patient areas are on the ground floor and are accessible to patients with mobility issues, as well as parents with children and babies. There is no parking for patients at the practice, with the exception of disabled parking. The practice is within easy access of public transport.

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 8.am to 6.30pm. Extended hours surgeries are offered on Monday and Friday from 7.30 to 8am and from 6.30 to 7pm most days, on request.

There is a range of clinics for all age groups. 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 The Red Suite, Rainham Healthy Living Centre,103-107 High Street, Rainham, Kent, ME8 8AA.

The practice population included a larger than average proportion of older people. The practice was located in an area with a lower than average deprivation score.

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

Detailed findings

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 22 March 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, receptionists and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised 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.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available in the practice's reception area.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records and 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, an urgent referral to hospital had been mislaid and the practice had been unable to prove that the referral had been sent. Following this, the GPs recorded all urgent referrals in a book so that administrative staff could check that the patient had received their appointment.

There was a system for recording and communicating national patient safety alerts to staff in the practice. However, the practice was unable to demonstrate that they ensured staff read national patient safety alerts or took any action required. Records showed that the practice had failed to register for a new alerts system and had therefore not been receiving national patient safety alerts for several months meaning that staff were unaware of relevant recent alerts. When we advised the practice of this they immediately took steps to rectify the situation.

Overview of safety systems and processes

The practice had systems, processes and practices to keep patients safe and safeguarded 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 clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Child Safeguarding level three.

- Notices in the waiting room and in consulting rooms 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). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were arrangements for managing medicines, including emergency drugs and vaccines in the practice (including obtaining, prescribing, recording, handling, storing, security and disposal). Prescription pads and forms were securely stored. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams. However, these did not always ensure that prescribing was in line with best practice guidelines for safe prescribing. We found that some prescribing data for the period 1 July 2014 to 30 June 2015 indicated that the practice was not prescribing all medicines in line with current guidelines:
 - Prescriptions of Ibuprofen and Naproxen as a percentage of all non-steroidal anti-inflammatory drugs prescribed were 54% compared to a CCG average of 77%.
 - Prescriptions of Cefalosporins or Quinolones as a percentage of all antibiotic items prescribed were 9% compared to a CCG average of 5%.
 - The practice told us that this was the result of unsuccessful attempts to update the prescribing practice of one of the GPs. Staff said that they were continuing to try to ensure that all staff prescribed medicines in line with current guidelines but were unable to provide any written evidence of their plans.

Are services safe?

- We reviewed the personnel file of the most recently employed member of staff and found that appropriate recruitment checks had been undertaken prior to employment.
- There were systems to help ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had an up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to help ensure the equipment was safe to use and clinical equipment was checked to help ensure it was working properly. The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was a rota system for all the different staffing groups to help ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There were also emergency call bells in all patient areas.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1 April 2014 to 31 March 2015 showed;

- Performance for diabetes related indicators was higher than the national average. For example, the percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 August to 31 March, was 96% (national average 94%). The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 97% (national average 88%).
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months, was 79% (national average 75%).
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 91% (national average 84%).

Clinical audits demonstrated quality improvement.

- There had been two clinical audits undertaken in the last two years, both of which were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit of the use of a high risk medicine used to treat certain types of cancer, severe psoriasis and rheumatoid arthritis included writing medication dosages on prescriptions in words and reducing the amount of medicine prescribed for some patients.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It 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. For example, by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated. The practice also held joint meetings with local primary care mental health specialists to discuss patients with complex mental health needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

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, alcohol consumption and smoking cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 76% and the national average of 83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 66% of people aged 60-69 had been screened for bowel cancer in the last 30 months (2.5 year coverage) compared to the CCG average of 57% and the national average of 58%. 81% of women aged 50-70 had been screened for breast cancer in the last 36 months (3 year coverage) compared to the CCG average of 73% and the national average of 72%.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 71% to 96% (CCG 67% to 94%) and five year olds from 85% to 95% (CCG 84% to 95%).

Influenza vaccination rates for patients who had diabetes were 96%. This was also comparable to the national average (94%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Thirty eight of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 94% of respondents said the GP was good at listening to them compared to the CCG average of 82% and national average of 89%.
- 92% of respondents said the GP gave them enough time (CCG average 81%, national average 87%).
- 98% of respondents said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)
- 93% of respondents said the last GP they spoke with was good at treating them with care and concern (national average 85%).

- 90% of respondents said the last nurse they spoke with was good at treating them with care and concern (national average 91%).
- 94% of respondents said they found the receptionists at the practice helpful (CCG average 84%, 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 better than local and national averages. For example:

- 92% 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%.
- 90% of respondents said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 86% of respondents said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them, and the practice encouraged carers to attend appointments with patients.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local patient population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered early appointments from 7.15am to 8am and from 6.30pm to 7.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- All practice staff had received dementia awareness training and had systems to identify early symptoms of dementia. Reception staff issued reminders of appointments for patients with dementia. Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.
- Patients were not able to receive travel vaccines at the practice. However they were signposted to other appropriate clinics for any travel vaccines they required.

Access to the service

The practice was open Monday to Friday between the hours of 8am and from 6.30pm. Extended hours surgeries were offered on Monday and Friday from 7.30 to 8am and from 6.30 to 7pm on request.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people who needed them. Patients were not routinely able to book appointments more than two weeks in advance.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to national averages.

- 82% of respondents were satisfied with the practice's opening hours compared to the national average of 78%.
- 72% of respondents said they could get through easily to the practice by telephone (national average 73%).
- 36% of respondents said they always or almost always see or speak with the GP they prefer (national average 36%).

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

Listening and learning from concerns and complaints

The practice had 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.
- There was a designated responsible person who handled all complaints in the practice.
- Staff knew how to advise patients who wanted to make a complaint. However, there was no detailed information, such as a complaints leaflet, poster or details on the practice website to help patients understand the complaints system.

We looked at three complaints received in the last 12 months and found that these had been investigated and the patients had received a written response and been offered an apology. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice had improved processes for dealing with prescription collection after a patient alerted them that they were given the prescription for another person with the same name in error.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and consulting rooms and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. However, improvements were required.

- The practice did not have adequate systems for knowing about notifiable safety incidents or ensuring staff read national patient safety alerts and took any action required. Staff were unaware of relevant recent alerts.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. However, this had failed to ensure that all staff followed current best practice when prescribing.
- Individual GPs had systems for recording the serial numbers of prescription pads allocated to them. However, the practice did not have an adequate system to monitor their use.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by 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. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had encouraged the practice to keep the reception desk open during lunch time and this was being piloted at the time of our inspection. Staff told us that they planned to continue to keep the reception desk open during lunch time following the pilot.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

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they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. All staff had had an appraisal in the last twelve months. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was a member of the Medway Practices Alliance, a federation of local GP practices. GPs also attended monthly local care team meetings with other GPs in the Medway area. The practice had provided training and support for an apprentice who had subsequently been employed by the practice.

This section is primarily information for the provider

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>Care and treatment was not always provided in a safe way for service users.</p> <p>The registered person was not; assessing the risks to the health and safety of service users receiving the care and treatment; doing all that was reasonably practicable to mitigate any such risks; monitoring safety alerts and taking action to protect patients, prescribing medicines safely and properly.</p> <p>This was in breach of Regulation 12(1) 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 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>The provider did not operate an accessible system for identifying complaints by service users and other persons in relation to the carrying on of the regulated activity; information and guidance about how to complain was not available to people who use the service.</p> <p>This was in breach of Regulation 16(2) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes had not been established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person, in particular, to; assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. For example, the provider was not always monitoring safety alerts, prescribing in line with best practice guidelines and ensuring the security of prescriptions.

This was in breach of Regulation 17(1) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.