Sunlight Centre

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?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sunlight Centre on 3 October 2017. The overall rating for the practice was 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.
- The arrangements for managing medicines did not always keep patients safe.
- Risks to patients, staff and visitors were not always assessed and managed in an effective and timely manner.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework (QOF) showed the results for practice management of patients with long-term conditions were good. However, the practice's exception reporting rate was high.
- The practice was unable to demonstrate that all staff were up to date with essential training.
- The practice was unable to demonstrate they had a reliable system that managed test results and other incoming correspondence in a timely manner.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Most patients said they were able to book an appointment that suited their needs. Pre-bookable, on the day appointments, home visits and a telephone consultation service were available. Urgent appointments for those with enhanced needs were also provided the same day.
- The practice was equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. However, governance arrangements were not always effectively implemented.
- The practice gathered feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- There was a focus on continuous learning and improvement at all levels.

The areas where the provider must make improvements are;

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

The areas where the provider should make improvements are;

- Include all clinical equipment in checking to help ensure it is working properly.
- Continue to identify patients who are also carers to help ensure they are offered appropriate support.
- Continue to implement and evaluate the action plan to improve patient satisfaction scores.
- Ensure all governance policies are practice specific and kept up to date.

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?

Requires improvement

- There was an effective system for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to help prevent the same thing happening again.
- There were systems, processes and practices to help keep patients safe and safeguarded from abuse.
- The arrangements for managing medicines did not always keep patients safe.
- Risks to patients, staff and visitors were not always assessed and managed in an effective and timely manner.
- The practice had adequate arrangements to respond to emergencies.

Are services effective?

Requires improvement

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework (QOF) showed the results for practice management of patients with long-term conditions were good. However, the practice's exception reporting rate was high.
- Clinical audits demonstrated quality improvement.
- The practice was unable to demonstrate that all staff were up to date with essential training.
- There was evidence of appraisals and personal development plans for all staff.
- The practice was unable to demonstrate they had an effective system that managed test results and other incoming correspondence in a timely manner.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

- 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 had a website and patients were able to book appointments and order repeat prescriptions online.
- Telephone consultations and home visits were available for patients who were not able to visit the practice.
- Most patients we spoke with said they were able to book an appointment that suited their needs.
- The practice was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Are services well-led?

Requires improvement

- The practice had a vision to deliver high quality care and promote good outcomes for patients.
- Governance arrangements were not always effectively implemented.
- Policies governing activity were corporate and available to staff. The service held regular governance meetings. However, we looked at 26 such policies and saw that two were overdue review.
- The practice had failed to identify, assess and manage in an effective and timely manner all risks to patients, staff and visitors.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour. The managers encouraged a culture of openness and honesty.
- The practice had systems for notifiable safety incidents.
- The practice valued feedback from patients, the public and staff.

Summary of findings

- There was a focus on continuous learning and improvement at all levels. However, not all staff were up to date with essential training.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider is rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive 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, longer appointments and urgent appointments for those with enhanced needs.
- Patients over the age of 75 years had been allocated to a designated GP to oversee their care and treatment requirements.
- Staff from a local supported housing complex for older people were able to contact the practice via a dedicated telephone line. This permitted residents immediate access to a clinician.

People with long term conditions

Requires improvement

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 and well-led services and good for providing caring and responsive 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 practice had achieved 45 out of 45 points (100%) in the four clinical domain indicators for asthma as well as 35 out of 35 points (100%) in the six clinical domain indicators for chronic obstructive pulmonary disease.
- The practice had achieved 29 out of 29 points (100%) in the three clinical domain indicators for atrial fibrillation as well as 35 out of 35 points (100%) in the four clinical domain indicators for secondary prevention of coronary heart disease.
- The practice had achieved 86 out of 86 points (100%) in the 11 clinical domain indicators for diabetes mellitus.

Summary of findings

- All these patients were offered a structured annual review to check their health and medicine 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.

Families, children and young people

Requires improvement

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 and well-led services and good for providing caring and responsive 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 attendances.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were systems to help ensure results were received for all samples sent for the cervical screening programme and that the practice had followed up women who were referred as a result of abnormal results.

Working age people (including those recently retired and students)

Requires improvement

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, effective and well-led services and good for providing caring and responsive 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 help ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering some online services, as well as a full range of health promotion and screening that reflects the needs for this age group.

Summary of findings

- The practice offered patients with back pain, joint pain or movement issues an appointment with a prescribing physiotherapist.
- The practice offered services to students at a local university.

People whose circumstances may make them vulnerable

Requires improvement

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 and well-led services and good for providing caring and responsive 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 with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Homeless patients were registered at the practice address to help ensure they received the care the needed.

People experiencing poor mental health (including people with dementia)

Requires improvement

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

- The practice had achieved 25 out of 26 points (98%) in the seven clinical domain indicators for mental health.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Improvements had been made to the practice to help ensure appropriate access for patients with dementia.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2017 showed the practice was performing below local clinical commissioning group (CCG) and national averages. Three hundred and eighty five survey forms were distributed and 83 were returned. This represented 1% of the practice's patient list.

- 31% of respondents found it easy to get through to this practice by telephone which was lower than the local CCG average of 59% and the national average of 71%.
- 50% of respondents described their experience of making an appointment was good which was lower than the local CCG average of 63% and national average of 73%.
- 68% of respondents described the overall experience of their GP practice as fairly good or very good which was lower than the local CCG average of 76% and national average of 85%.
- 43% of respondents said they would definitely or probably recommend the GP practice to someone who has just moved to the local area which was lower than with the local CCG average of 67% and the national average of 77%.

We received one patient comment card which contained positive comments about the service patients experienced at Sunlight Centre. The patients indicated that they felt the practice offered a friendly service and staff were empathetic to their needs.

Areas for improvement

Action the service MUST take to improve

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

Action the service SHOULD take to improve

- Include all clinical equipment in checking to help ensure it is working properly.
- Continue to identify patients who are also carers to help ensure they are offered appropriate support.
- Continue to implement and evaluate the action plan to improve patient satisfaction scores.
- Ensure all governance policies are practice specific and kept up to date.

Sunlight Centre

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 Sunlight Centre

Sunlight Centre is situated in Gillingham, Kent and has a registered patient population of approximately 6,600. The practice is located in an area with a higher than average deprivation score. Sunlight Centre is operated by Medway Community Healthcare C.I.C. The practice staff consists of four salaried GPs (three male and one female), one practice manager, one nurse prescriber (female), one practice development lead (female), three practice nurses (all female), one healthcare assistant (female) as well as administration, reception and cleaning staff. The practice also employs locum GPs via an agency.

There are reception and waiting areas on the ground floor. 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 take GP trainees and FY2 doctors).

The practice has an alternative provider medical services contract with NHS England for delivering primary care services to the local community.

Services are provided from: Sunlight Centre, 105 Richmond Road, Gillingham, Kent, ME7 1LX only.

Sunlight Centre is open Monday to Friday 8am to 12pm and 2pm to 6.30pm. Primary medical services are available to patients via an appointments system. Walk in clinics are also provided for the practice's registered patients only. 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 (MedOCC) to deliver services to patients outside of the practice's working hours.

During this inspection we visited Sunlight Centre, 105 Richmond Road, Gillingham, Kent, ME7 1LX only.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as the local clinical commissioning group, to share what they knew. We carried out an announced visit on 3 October 2017. During our visit we:

- Spoke with a range of staff from Medway Community Healthcare C.I.C (the director of primary care, the head of primary care, the medical director, the associate

director clinical quality and controlled drugs accountable officer), as well as from the practice (one salaried GP, one locum GP, the practice development lead, one practice nurse, the practice manager and one receptionist) and spoke with patients who used the service.

- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- There was written guidance available for staff to follow to help them identify, report and manage any significant events. For example, the serious incident procedure.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice carried out a thorough analysis of the significant events.
- Staff told us that significant events were discussed at staff meeting as well as informally and records confirmed this.

Overview of safety systems and processes

There were systems, processes and practices to help keep patients safe and safeguarded from abuse.

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. There was a lead member of staff for safeguarding. Practice staff attended safeguarding meetings and provided reports where necessary for other agencies. Policies and other guidance documents 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. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check or risk assessment of using staff in this role without DBS clearance. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, the practice was unable to demonstrate that all staff who acted as chaperones were trained for the role.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and all areas accessible to patients were tidy.
- There was a lead member of staff for infection control who liaised with the local infection prevention teams to keep up to date with best practice.
- There was an infection prevention and control policy.
- The practice was unable to demonstrate that all relevant staff had received up to date infection prevention and control training.
- Infection control audits were undertaken and there was an action plan to address improvements identified as a result.
- However, the practice was unable to demonstrate they recorded the hepatitis B status of all clinical staff.

The arrangements for managing medicines, including emergency medicines and vaccines in the practice did not always keep patients safe.

- There were processes for handling repeat prescriptions which included the review of patients who were prescribed high risk medicines.
- Blank prescription forms and pads were securely stored. However, the practice was unable to demonstrate there were systems to monitor their use. After our inspection the service sent us evidence to demonstrate that written guidance had been introduced for staff to follow in order to monitor the use of prescription forms and pads throughout the practice.
- Temperature checks for refrigerators used to store medicines and vaccines had been carried out and records of those checks were made. We looked at records of those checks carried out between 2 May 2017 and 2 October 2017. There were 175 records made and of those 103 showed that the maximum temperature of the vaccines refrigerator was outside of the recommended storage range of between two and eight degrees centigrade. Written guidance was available for

staff to follow on the action to be taken in the event that storage temperatures for vaccines went outside of acceptable limits. For example, the cold chain standards document. However, the practice was unable to demonstrate the action taken for all of the occasions when the temperature of the vaccines refrigerator was recorded as being outside of recommended limits. Records showed that staff had partially followed the written guidance on five out of the 103 occasions between 2 May 2017 and 2 October 2017. After our inspection the service sent us evidence to demonstrate that additional written guidance had been introduced for staff to follow in the event that the medicine refrigerator temperatures were found to be outside of acceptable limits.

- Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed four personnel files and found all appropriate recruitment checks had been undertaken prior to employment. Records showed references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS) had been carried out by the practice prior to employment of staff. The practice was unable to demonstrate they kept a record of the photographic identification of one member of staff. However, records showed DBS checks for this member of staff had been carried out for which proof of identification is required to be submitted.

Monitoring risks to patients

Risks to patients, staff and visitors were not always assessed and managed in an effective and timely manner.

- 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 practice which identified local health and safety representatives.
- The practice had an up to date fire risk assessment. Fire alarms were tested weekly. However, records showed the last fire drill was conducted in 2016. There were designated fire marshalls within the practice and there was a fire evacuation plan.
- The practice was unable to demonstrate that all staff were up to date with fire safety training.
- All electrical equipment was checked to help ensure the equipment was safe to use. Staff told us that all clinical equipment was checked to help ensure it was working properly. However, we found some clinical equipment in one of the GPs' home visit bags that was overdue calibration. For example, an otoscope and opthalmoscope (used to examine patient's ears and eyes respectively).
- The practice was unable to demonstrate there was an up to date health and safety risk assessment or other risk assessments to monitor safety of the premises such as control of substances hazardous to health (COSHH). After our inspection the service sent us records to show that a health and safety risk assessment had been carried out on 4 October 2017. The risk assessment incorporated an action plan to address identified issues including COSHH. However, the action plan was in the process of being implemented and its efficacy had not yet been established.
- The practice had a system for the routine management of legionella (a germ found in the environment which can contaminate water systems in buildings). There was written guidance to inform staff on the legionella management in the practice. For example, the management and control of Legionellosis. Records showed a legionella risk assessment had been carried out in July 2017 by an external company. The risk assessment report contained recommendations for action to be taken to reduce the risk of legionella. For example, some water pipes in the practice were recommended to be replaced with copper ones and the water heater was recommended to be repaired or replaced in order to ensure hot water was supplied at temperatures above 55 degrees centigrade. However, the practice was unable to demonstrate there was an action plan to address these recommendations. After our inspection the service told us that the water pipes were due to be replaced with copper ones on 18 October 2017 and that the water heater had been replaced on 4 October 2017.
- Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff told us 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.

Requires improvement

Are services safe?

Arrangements to deal with emergencies and major incidents

The practice had arrangements to respond to emergencies.

- All staff had received annual basic life support training.
- Emergency equipment and emergency medicines were available in the practice. The practice had access to medical oxygen and an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency).
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- 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.
- Medway Community Healthcare C.I.C had written guidance for staff to follow in the event of major incidents. For example, the corporate business continuity policy, the major incident plan document and the emergency preparedness, resilience and responsibility policy. These documents contained emergency contact numbers for staff.

Requires improvement

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 help keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available. The practice's overall exception reporting rate was 27% (exception reporting is the removal of patients from QOF calculations where, for example, patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).Data from 2015/2016 showed the results for practice management of patients with long-term conditions were good;

- The practice had achieved 45 out of 45 points (100%) in the four clinical domain indicators for asthma as well as 35 out of 35 points (100%) in the six clinical domain indicators for chronic obstructive pulmonary disease.
- The practice had achieved 29 out of 29 points (100%) in the three clinical domain indicators for atrial fibrillation as well as 35 out of 35 points (100%) in the four clinical domain indicators for secondary prevention of coronary heart disease.
- The practice had achieved 86 out of 86 points (100%) in the 11 clinical domain indicators for diabetes mellitus.
- The practice had achieved 25 out of 26 points (98%) in the seven clinical domain indicators for mental health.
- The practice had achieved 6 out of 6 points (100%) in the two clinical domain indicators for palliative care.

Medway Community Healthcare C.I.C had a written clinical audit programme for 2017/2018. The programme of clinical audit was corporate but included audits specific to the Sunlight Centre. There was evidence of clinical audits driving quality improvement at the Sunlight Centre.

- Staff told us the practice had a system for completing clinical audits. For example, an audit of the clinical use of ambulatory blood pressure monitoring in diagnosis of hypertension. The practice had analysed the results and implemented an action plan to address its findings. Records showed this audit was due to be repeated to complete the cycle of clinical audit.
- Other clinical audits had been carried out. For example, an information governance patient record audit. The practice had analysed the results and implemented an action plan to address its findings. Records showed this audit was due to be repeated to complete the cycle of clinical audit.

Effective staffing

- The practice had an induction programme for all newly appointed 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.
- The practice was unable to demonstrate that all relevant staff were up to date with infection control training, fire safety training and chaperone training.

Coordinating patient care and information sharing

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

Requires improvement

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigations and test results. However, there was a backlog of incoming records that required the attention of clinical staff. For example, test results and other incoming correspondence.
- On the day of our inspection we saw that there were 579 items of incoming records that were awaiting action by the practice. We saw that 229 had yet to be reviewed by a clinician. We looked at a random sample of seven incoming records dating back to 13 September 2017 that were awaiting review by a clinician and found that all seven contained abnormal test results.
- After our inspection the service sent us records to demonstrate they had analysed the backlog of incoming records. Their analysis highlighted a process issue whereby when clinical staff saw patients after receipt of test results, the staff had not recorded this in the patient record or archived the results, even though they had dealt with them. The service planned to deliver additional training on dealing with incoming correspondence to clinical staff and the timeliness of the review of such information was to be monitored by the practice manager.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were 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. Records confirmed this.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- 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 support service.

There were systems to help ensure results were received for all samples sent for the cervical screening programme and that the practice had followed up women who were referred as a result of abnormal results.Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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 and screens 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.
- Incoming telephone calls and private conversations between patients and staff 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 room was available near the reception desk should a patient wish a more private area in which to discuss any issues.

We received one patient comment card which contained positive comments about the service patients experienced at Sunlight Centre. Patients indicated that they felt the practice offered a friendly service and staff were empathetic to their needs.We spoke with six patients during the inspection. Most patients said they were satisfied with the care they received and thought 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 comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and national average of 89%.
- 89% of respondents said the nurse was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and national average of 91%.
- 75% of respondents said the GP gave them enough time (CCG average 81%, national average 86%).
- 91% of respondents said the nurse gave them enough time (CCG average 92%, national average 92%).
- 89% of respondents said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 95% of respondents said they had confidence and trust in the last nurse they saw (CCG average 97%, national average 97%).
- 78% of respondents said they found the receptionists at the practice helpful (CCG average 83%, national average 87%).

Care planning and involvement in decisions about care and treatment

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 comparable to local and national averages. For example:

- 73% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 86% of respondents said the last nurse they saw or spoke with was good at explaining tests and treatment (CCG average 89%, national average 90%).
- 70% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 75%, national average 82%).
- 84% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

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

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

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.The practice supported patients who were also carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 89 patients on the practice list who were carers (1.3% of the practice list). The practice had a system that

Good

Are services caring?

formally identified patients who were also carers and written information was available to direct carers to the various avenues of support available to them.The comment card we received was positive about the emotional support provided by the practice. For example, it highlighted that staff responded empathetically when patients needed help and provided support when required.

Good

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 or those with some long-term conditions.
- Telephone consultations and home visits were available for patients from all population groups who were not able to visit the practice.
- Staff from a local supported housing complex for older people were able to contact the practice via a dedicated telephone line. This permitted residents immediate access to a clinician.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice had a website and patients were able to book appointments or order repeat prescriptions online.
- The premises and services had been adapted to meet the needs of patients with disabilities.
- The practice provided patients with the choice of seeing a female GP.
- The practice maintained registers of patients with learning disabilities, dementia and those with mental health conditions. The registers assisted staff to identify these patients in order to help ensure they had access to relevant services.
- Improvements had been made to the practice to help ensure appropriate access for patients with dementia. For example, streamlining of information boards and the use of larger print on signage.
- There was a system for flagging vulnerability in individual patient records.
- Homeless patients were registered at the practice address to help ensure they received the care the needed.
- 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.
- The practice offered patients with back pain, joint pain or movement issues an appointment with a prescribing physiotherapist employed by Medway Community Healthcare C.I.C. This enabled patients to bypass seeing a GP and helped them receive the correct care from the correct healthcare professional in a timely manner.
- The practice offered services to students at a local university. For example, walk in clinics for students.

Access to the service

Sunlight Centre was open Monday to Friday 8am to 12pm and 2pm to 6.30pm.Primary medical services were available to patients 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 (MedOCC) to deliver services to patients outside of the practice's working hours.Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local clinical commissioning group (CCG) averages and national averages.

- 54% of respondents were satisfied with the practice's opening hours compared to the local CCG average of 67% and national average of 76%.
- 31% of respondents said they could get through easily to the practice by telephone compared to the local CCG average of 59% and national average of 71%.
- 74% of respondents said they were able to get an appointment to see or speak with someone the last time they tried compared to the local CCG average of 79% and national average of 84%.

Where national GP patient survey results were below average the practice had developed and implemented an action plan to address the findings and improve patient

Good

Are services responsive to people's needs?

(for example, to feedback?)

satisfaction. For example, the practice had installed an additional telephone line to help improve patient access.We spoke with six patients during the inspection. Most patients stated they found it easy to book a appointment that suited their needs. However, most patients also indicated they found it difficult to get through to the practice by telephone and had a long wait if they wanted to see their GP of choice.

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. However, they were corporate and not practice specific.
- The practice manager was the first point of contact when patients complained. All complaints were handled by the Medway Community Healthcare C.I.C's customer experience coordinator.
- 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 22 complaints in the last 12 months. Records demonstrated that the complaints were investigated and the complainants had received a response. Staff told us that complaints were discussed at staff meetings and records confirmed this.

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

Governance arrangements were not always effectively implemented.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Corporate policies were implemented and were available to all staff. However, we looked at 26 such policies and guidance documents and found that two were overdue review.
- An understanding of the performance of the practice was maintained.
- The practice was able to demonstrate that clinical audits were driving quality improvement.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice was unable to demonstrate they had an effective system for the management of medicines or the monitoring of blank prescription forms and pads. The practice had failed to assess and manage in an effective and timely manner all identified risks to patients, staff and visitors. For example, the potential risk of legionella in the building's water system as well as risks associated with the lack of an effective system that managed test results and other incoming correspondence. The practice was unable to demonstrate they had considered the risks associated with the staff training deficits we found and the lack of the recording of the hepatitis b status of all clinical staff.

Leadership and culture

On the day of inspection managers told us they prioritised high quality and compassionate care. Staff told us the managers 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 duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The provider encouraged a culture of openness and honesty.The practice had systems for notifiable safety incidents and ensured this information was shared with staff to help ensure appropriate action was taken.The practice had systems to help ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the managers in the practice and in Medway Community Healthcare C.I.C.

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

The practice valued feedback from patients, the public and staff.

- The practice gathered feedback from patients through the patient participation group (PPG) and by carrying out surveys, analysis of the results from the GP patient survey as well as results from the NHS Friends and Family Test.
- The practice had also gathered feedback from staff through staff meetings, surveys 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 about how to run and develop the practice, and the managers encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Requires improvement

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice learned from incidents, accidents and significant events. However, not all staff were up to date with essential training.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for service users.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; managing medicines safely. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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 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; 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) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.

This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.