

Dr Yogesh Amin

Quality Report

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Website: Not Applicable

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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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Yogesh Amin on 17 March 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, findings and lessons learned were not always communicated widely enough in the practice to support improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, the practice was unable to demonstrate how locum GPs employed directly by the practice were trained in local procedure and practice.
- Blank prescription forms were stored securely.
- The practice was unable to demonstrate that they were able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance.
- Data showed patient outcomes were similar when compared with the locality and nationally. Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment
- Patients said they found it easy to make an appointment and the GP provided continuity of care, with urgent appointments available on the same day as well as telephone consultations and home visits.
- Results from the national GP patient survey were consistently better than the local and national average.
- Information about services was available at the practice and online at the NHS choices website.

Summary of findings

There were plans to implement online access for patients to order prescriptions and book appointments, but there were no plans to introduce a practice website.

- The practice had a number of policies and procedures to govern activity, but these were not always implemented.

The areas where the provider must make improvements are:

- Ensure the practice is able to respond to a medical emergency in line with national guidance
- Ensure that findings and lessons learned from significant events are communicated widely enough in the practice to support improvement.
- Ensure that all staff are up to date with attending mandatory training courses and receive regular appraisals.
- Ensure all staff have the necessary employment checks including a current Disclosure and Barring Service check in order to undertake roles such as chaperoning.
- Ensure the practice follows national guidance on infection prevention and control and effectively implements practice policy.
- Ensure clinical equipment is regularly calibrated and maintained.
- Ensure all locums employed by the practice are aware of local and practice procedure.

The areas where the provider should make improvements are:

- Revise clinical audit activity to ensure improvements to patient care are driven by the completion of clinical audit cycles.
- Complete a review of the complaints policy.
- In addition to information on the NHS choices website and the implementation of access to online prescriptions and appointments, review how patients' access information.
- Review staff meetings and communications.
- Revise responsibility and accountability in leadership roles to ensure clarity between the GP and the practice manager.
- Review opportunities for patient feedback and how to effectively promote the patient participation group.
- Review displayed opening times at the practice and on the NHS choices website to reflect that the GP is available by telephone.
- Revise the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers are offered relevant support if required.

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.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were safety incidents, reviews and lessons learned were not communicated widely enough in the practice to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- The practice could not demonstrate they were able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance
- Staff who acted as chaperones had not received Disclosure and Barring Service checks nor had there been risk assessment to demonstrate they were safe to carry out this role.
- Blank prescription forms were stored securely.
- The practice was unable to demonstrate that clinical equipment was regularly calibrated.
- The practice occasionally employed GP locums but was unable to demonstrate how they were inducted into local policies and processes.

Requires improvement



Are services effective?

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

- There was evidence of audit activity, but there was not an overarching audit plan or systematic approach to demonstrate quality improvement.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice worked closely with other healthcare professionals including the community nurses and midwives who visited and communicated with the practice on a regular basis.
- 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

Requires improvement



Summary of findings

is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 84% of the total number of points available (which was 11% lower than local and national averages).

- Performance for asthma indicators had been consistently better than local and national averages. For example, 81% of patients with asthma, on the register, had received an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP questions compared with a national average of 75%.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information about services was available at the practice and online at the NHS choices website, but the practice did not have a website.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was liaising with the local CCG to improve the care it provided for patients with dementia, including diagnosis, coding and referrals.
- Patients said they found it easy to make an appointment with the 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. The practice was reviewing the complaints leaflet as some information was out of date.

Good



Summary of findings

- There were disabled facilities and translation services available and some staff were multilingual.
- Patients had access to extended hours from 8am to 8pm from the Hub at the Queen Victoria Hospital in Folkestone seven days a week.
- There was no facility to book appointments or order prescriptions on line; however the practice was in the process of implementing this service.

Are services well-led?

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

- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- The practice team worked closely with the clinical commissioning group and a nearby practice by attending meetings, sharing training and learning opportunities to prevent professional isolation.
- Staff had regular informal one to ones but not all staff had received appraisals in the last twelve months. The practice did not hold full staff meetings to ensure all members of staff were aware of any concerns or significant events.
- There was a staffing structure; however, there was a lack of clarity about responsibilities in some key areas including managing and sharing learning for significant events.
- The practice had a number of policies and procedures to govern activity; however, these were not always effectively implemented, for example, the infection prevention policy.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people because the concerns that led to the practice requiring improvement for providing safe, effective and well led services applied to this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients had access to a paramedic practitioner for urgent home visits.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions because concerns that led to the practice requiring improvement for providing safe, effective and well led services applied to this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- The GP completed structured annual reviews to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care, including the community nurses who attended the practice regularly.
- Patients had access to a paramedic practitioner for urgent home visits.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people because the concerns that led to the practice requiring improvement for providing safe, effective and well led services applied to this population group.

Requires improvement



Summary of findings

- Childhood immunisation rates for the vaccines given were better than CCG/national averages. For example, childhood immunisation rates for vaccines given to children aged two and under ranged from 96% to 100% (CCG average 82% to 96%) and five year olds were 100% (CGG average 80% to 96%).
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 81%, which was similar to the national average of 82%. There was a policy to telephone patients who did not attend for their cervical screening test.
- 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. A community midwife told us the communication and support provided by the practice to this population group was very good.

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) because the concerns that led to the practice requiring improvement for providing safe, effective and well led services applied to this 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.
- Patients from this group could access appointments from 8am to 8pm from the Hub at the Queen Victoria Hospital, Folkestone.
- Information about services was available at the practice and online at the NHS choices website. There were plans to implement online access for patients to order prescriptions and book appointments, but there were no plans to introduce a practice website.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of patients whose circumstances may make them vulnerable, because the concerns that led to the practice requiring improvement for providing safe, effective and well led services applied to this population group.

Requires improvement



Summary of findings

- 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; however, not all staff had received training for safeguarding adults. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of patients experiencing poor mental health (including patients with dementia) because the concerns that led to the practice requiring improvement for providing safe, effective and well led services applied to this population group.

- 100% of patients diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months compared with the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice was working with the clinical commissioning group (CCG) to improve diagnosis, coding and referrals.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing better than local and national averages. Two hundred and ninety three survey forms were distributed and 127 were returned. This represented 5% of the practice's patient list. The results indicated the practice was consistently performing better than the national average;

- 98% of respondents found it easy to get through to this surgery by phone (national average of 73%).
- 94% of respondents were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 100% of respondents described the overall experience of their GP surgery as fairly good or very good (national average 86%).

- 94% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the service provided at the practice. Comments indicated that patients felt listened to by the GP and the friendly, efficient staff and highlighted that staff responded compassionately when patients needed help and provided support when required.

We spoke with nine patients who spoke positively about the personalised and responsive care the practice provided. Patients told us they appreciated the patient centred, family practice approach adopted by the practice and said their dignity, privacy and preferences were always considered and respected.

Areas for improvement

Action the service **MUST** take to improve

- Ensure the practice is able to respond to a medical emergency in line with national guidance.
- Ensure that findings and lessons learned from significant events are communicated widely enough in the practice to support improvement.
- Ensure that all staff are up to date with attending mandatory training courses and receive regular appraisals.
- Ensure all staff have the necessary employment checks including a current Disclosure and Barring Service check in order to undertake roles such as chaperoning.
- Ensure the practice follows national guidance on infection prevention and control and effectively implements practice policy.
- Ensure clinical equipment is regularly calibrated and maintained.

Action the service **SHOULD** take to improve

- Revise clinical audit activity to ensure improvements to patient care are driven by the completion of clinical audit cycles.
- Complete a review of the complaints policy.
- In addition to information on the NHS choices website and the implementation of access to online prescriptions and appointments, review how patients' access information.
- Review staff meetings and communications.
- Revise responsibility and accountability in leadership roles to ensure clarity between the GP and the practice manager.
- Review opportunities for patient feedback and how to effectively promote the patient participation group.

Summary of findings

- Review displayed opening times at the practice and on the NHS choices website to reflect that the GP is available by telephone.
- Revise the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers are offered relevant support if required.

Dr Yogesh Amin

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Yogesh Amin

Dr Yogesh Amin (also known as Central Surgery) is a single handed General Practitioner (GP) whose practice serves the local area in Folkestone. There are approximately 2,650 patients on the practice list. The practice population is close to national averages but the surrounding area has a higher than average amount of people living in deprived circumstances.

The practice holds a General Medical Service contract and consists of one GP (male) and one practice nurse (female). The GP and nurse are supported by a practice manager, administration and reception staff. A wide range of services are offered by the practice including diabetes clinics and child immunisations. The practice works closely with another nearby GP practice.

The practice collaborates with other GPs in the area to provide urgent home visits with a paramedic practitioner and extended hours for patients from 8am to 8pm at Queen Victoria Hospital Hub, Folkestone.

Out of hour's services are provided by Intermediate Care 24(IC24). Details of how to access this service are available at the practice.

Services are delivered from a converted residential property at

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

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 March 2016. During our visit we:

- Spoke with staff including the GP, the practice manager, reception and administration staff and patients who used the service.
- Observed how staff talked with patients, carers and/or family members.
- 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.

Detailed findings

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

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

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

- Older people

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events, however, this was not always used effectively in the practice.

- Staff told us they would inform the practice manager of any incidents and there was a significant event recording form available.
- The GP carried out a thorough analysis of the significant events and reviewed them once a month with GPs at a nearby practice. However, safety concerns were not consistently shared with relevant staff in the practice.

We reviewed safety records and incident reports. There were two significant events recorded in the last 12 months, the practice had analysed and learnt from these events in order to improve safety in the practice. For example, a medication error had been investigated and protocols for staff implemented. The practice did not have regular staff meetings so the practice manager shared learning from significant events with individual members of staff. However, not all significant events had been identified or shared effectively and learning and action to improve processes was inconsistent. For example, some members of staff told us about a significant event where the wrong patient was booked for tests and an appointment, the practice manager had not recorded this as significant event and some staff we spoke with were unaware of this event.

When significant events had been identified, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to reduce the risk of the same thing happening again.

Overview of safety systems and processes

The practice did not have sufficient systems, processes and practices required 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. The GP was the lead member of staff for safeguarding and had been trained to child safeguarding level three. The practice told us they had

not been involved in any safeguarding concerns. Staff demonstrated they understood their responsibilities and all had received safeguarding training for children but records showed only one member of staff had completed safeguarding training for adults.

- Notices in the clinical areas advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. Staff who acted as chaperones had not received Disclosure and Barring Service checks nor had there been risk assessment to demonstrate they were safe to carry out this role. (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).
- We observed the practice to be clean and tidy. The nurse and the GP were responsible for infection prevention control. There was an infection control protocol; however, records showed that not all staff including clinical staff were up to date with infection control training. The practice was unable to demonstrate that annual infection control audits were taking place. For example, the disposable curtains in one of the clinical rooms were out of date.
- There were arrangements for managing medicines, including emergency medicines and vaccines, (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, employment history, references and qualifications from the appropriate professional body.
- The practice occasionally employed locum GPs and had some recruitment procedures to support this. However, the practice was unable to demonstrate how these GPs were trained in local procedure and practice.

Are services safe?

- There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

The procedures for monitoring and managing risks to patient and staff safety were not well managed in all areas of the practice.

- 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. Portable appliance testing (PAT testing) was out of date; however, we saw evidence that a suitably qualified person had been booked to undertake this task. The practice did not have a process to ensure that clinical equipment was regularly calibrated. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements were for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in

place for all the different staffing groups to ensure that enough staff was on duty. The practice nurse was on one months planned absence and the practice had made arrangements to cover this by extending the GPs appointments.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements to respond to all types of emergencies and major incidents.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice was unable to respond to a medical emergency in line with national guidelines as there was no access to an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency) or oxygen cylinders. The practice had not carried out a risk assessment to support this lack of equipment.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan detailed emergency contact numbers for staff including the details of a nearby GP practice who could provide support if required.

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 peoples' 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 84% of the total number of points available (which was 11% lower than local and national averages), with 4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Results from 01/04/2014 to 31/03/2015 show:

- Performance for diabetes related indicators were similar to the national average. For example, 93% of the practice's patients on the diabetes register had a record of a foot examination and risk classification within the last 12 months compared with the national average of 88%.
- 81% patients with hypertension who had received regular blood pressure tests was similar to the national average 84%
- Performance for mental health related indicators were above the national average. For example, 100% of patients diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months compared with the national average of 84%.
- Performance for asthma indicators had been consistently better than local and national averages. For example, 81% of patients with asthma, on the register,

had received an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP questions compared with a national average of 75%.

There was evidence of audit activity, but there was not an overarching audit plan or systematic approach to demonstrate quality improvement.

- The practice had completed several clinical audits. For example, the practice had audited rapid referrals and subsequent outcomes. However, this audit had not been repeated to complete the audit cycle.
- However, the practice was unable to demonstrate current clinical audits were significantly improving quality or driving change.

Effective staffing

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

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- Staff received training that included: safeguarding, basic life support and information governance awareness. There was access to e-learning training modules and in-house training. However, records showed that some training was absent or out of date, for example, fire safety training was last completed by some staff in 2013 and not all staff had completed safeguarding training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. 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

Are services effective?

(for example, treatment is effective)

patients to other services. The practice worked closely with other healthcare professionals including the community nurses and midwives who visited and communicated with the practice on a regular basis.

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 ongoing 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 regular basis and that care plans were routinely reviewed and updated.

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 receiving palliative care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Weight management and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was similar to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to participate in national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were better than CCG/national averages. For example, childhood immunisation rates for vaccines given to children aged two and under ranged from 96% to 100% (CCG average 82% to 96%) and five year olds were 100% (CGG average 80% to 96%).

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.
- Staff had access to a private area if patients wished to discuss sensitive issues or appeared distressed.

All of the 39 patient Care Quality Commission comment cards we received were positive about the service. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The comments indicated that patients felt listened to by the GP and the friendly, efficient staff and highlighted that staff responded compassionately when patients needed help and provided support when required.

We spoke with nine patients who spoke positively about the personalised and responsive care the practice provided. Patients we spoke with said they appreciated the patient centred approach adopted by the practice and said their dignity, privacy and preferences were always considered and respected. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

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

- 93% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and national average of 89%.
- 98% said the GP gave them enough time (CCG average 85%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average and national average 95%).
- 95% said the last GP they spoke to was good at treating them with care and concern (national average 85%).

- 95% said the last nurse they spoke to was good at giving them enough time (CCG average 93%, national average 92%).
- 96% said they found the receptionists at the practice helpful (CCG average 90%, 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 similar or better than local and national averages. For example:

- 96% said the last GP they saw was good at explaining tests and treatments (CCG average of 84% and national average of 86%).
- 90% said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 85% 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 and some members of staff were multilingual.

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. The practice had identified 21 patients who are also carers, which is 0.8% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the GP contacted them or sent them a sympathy card. This call

Are services caring?

was either followed by a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The GP attended funerals when appropriate.

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 population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was liaising with the local CCG to improve dementia care, including diagnosis, coding and referrals.

- There were longer appointments available for patients with a learning disability.
- Home visits and telephone consultations 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.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available and some staff were multilingual.
- Patients had access to extended hours from 8am to 8pm from the Hub at the Queen Victoria Hospital in Folkestone.
- Information about services was available at the practice and online at the NHS choices website. There were plans to implement online access for patients to order prescriptions and book appointments, but there were no plans to introduce a practice website.
- The practice offered a choose and book system which was completed by the GP during consultations.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. However, this was not accurately reflected by the opening times displayed at the practice or on the NHS choices website. Appointments were from 9am to 11.20am, urgent and telephone appointments from 11.30am to 12noon every day. Afternoon appointments began with urgent and telephone appointments from 3.40pm to 4pm and routine appointments from 4.10pm to 5.40pm. The

practice collaborated with other GPs in the area to provide urgent home visits with a paramedic practitioner and extended hours for patients from 8am to 8pm at Queen Victoria Hospital Hub, Folkestone. Patients were able to book appointments up to 12 weeks in advance and urgent appointments were available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly better than local and national averages.

- 89% of patients were satisfied with the practice's opening hours (national average of 78%).
- 98% patients said they could get through easily to the surgery by phone (national average 73%).

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 an effective system for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and obligations for GPs.
- The practice manager was responsible for handling all complaints in the practice.
- There was information available to help patients understand the complaints system; however, the complaints leaflet required updating. The practice was aware of this and had instigated a review process.
- Information was only available at the practice and on as the practice did not have online access for patients.

The practice had received two complaints in the last 12 months, we reviewed these and found they were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

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 values were aimed at delivering safe, patient centred, responsive care.

- Staff knew and understood the values.
- The practice collaborated with a nearby practice for support for staff and continuity of care for patients.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. However policies were not always implemented in practice:

- There was a staffing structure; however, there was a lack of clarity about responsibilities in some key areas including managing and sharing learning for significant events.
- The practice had a number of policies and procedures to govern activity; however, these were not always effectively implemented, for example, the infection prevention policy.
- There was evidence of some clinical and internal audit, but there was not an overarching audit plan or systematic approach to demonstrate quality improvement.
- Risks were not always identified and well managed. The practice had failed to identify and manage risks to patients in a medical emergency.

Leadership and culture

The GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. However, there was a lack of clarity in lead roles and responsibilities.

The provider was aware of and complied with the requirements of the Duty of Candour. The GP and practice manager 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 leadership structure and staff felt supported by management, but there was a lack of clarity between leadership roles.

- There were some gaps in management and support arrangements for staff. Staff had informal one-to-one meetings and clinical supervision. However, staff told us the practice did not hold regular team meetings and records showed not all staff had received an appraisal in the last 12 months.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at directly with the GP or practice manager.
- Staff said they felt respected, valued and supported, particularly by the GP and the practice manager.

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

The practice valued feedback from patients and was aware of the good results from the GP patient survey but it did not proactively seek patients' feedback.

- The practice did not have a patient participation group (PPG). There was a poster in the waiting room promoting the PPG but the practice had been unable to recruit any members.
- The practice had gathered feedback from staff through informal one to one meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on delivering patient centred, continuous care with family practice values. The practice team had recognised the risks of professional isolation and worked closely with the clinical commissioning group and a nearby practice by attending meetings and sharing training and learning opportunities.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had failed to ensure that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and used in a safe way;</p> <p>in that</p> <ul style="list-style-type: none">• The provider failed to ensure that equipment used by the service provider is safe to use for their intended purpose. <p>This was in breach of Regulation 12(1)(2)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>The provider failed to monitor the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care related.</p> <ul style="list-style-type: none">• Records of daily and weekly cleaning activities and checks were not being maintained.• Cleaning schedules did not include the replacement of out of date disposable curtains.• Not all staff including clinical staff were up to date on infection prevention training. <p>This was in breach of Regulation 12(1)(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

Requirement notices

Treatment of disease, disorder or injury

How the regulation was not being met:

The provider failed to establish and operate effectively systems 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 service users in receiving those services).

In that:

- Current audit did not monitor or significantly improve the quality and safety of the service.

This was in breach of Regulation 17(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and other who may be at risk which arise from the carrying on of regulated activity.

In that

- The practice was unable to demonstrate that they were able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance.

This was in breach of Regulation 17(1)(2)(b)

Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

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

In that:

- Not all staff had completed mandatory training or had regular appraisals.
- The provider could not demonstrate how locum GPs employed directly by the practice were trained in local procedure and practice.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 18(1)(2)(a).

Regulated activity

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

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

In that

The provider did not always ensure that persons employed for the purposes of were of good character or make available information in relation to each such person employed as specified in Schedule 3.

- Not all staff who acted as chaperones had received a disclosure and barring service (DBS) check and appropriate risk assessments had not been completed to show why the provider deemed a DBS check unnecessary.

This was in breach of Regulation 19 (1)(3)