

Tonbridge Medical Group

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Tonbridge Medical Group	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Tonbridge Medical Group on 24 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients were not always assessed and well managed. For example, risks associated with appropriate fire safety assessments and the storage of control of substances hazardous to health (COSHH) products, as well as staff not being trained to the appropriate level in safeguarding, basic life support and infection control.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. The practice carried out audits and used the results to improve services to patients.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- When patients complained, improvements were made to the quality of care as a result of concerns they raised. However, information about how to complain was not readily on display in the practice or on the website.
- Patients said they did not always find it easy to get through to the practice by telephone to make an appointment. Patients had a usual 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

Summary of findings

- Ensure staff are trained to the appropriate level in safeguarding, life support and infection control.
- Ensure actions are carried out to reduce the risk of the spread of legionella infection.
- Ensure the practice follows current national guidance on the safe storage of substances hazardous to health.
- Ensure confidential patient information, including waste awaiting collection, is securely stored.

In addition the provider should:

- Continue to ensure regular, comprehensive fire safety risk assessments are carried out.
- Continue to recruit staff to fill vacancies in the reception and administration teams.

- Continue to ensure staff training records are up to date and demonstrate that staff have received training appropriate to their roles.
- Improve systems in order to help ensure test results are reviewed promptly.
- Continue to improve telephone access to the practice.
- Improve processes in order to help ensure information about how to complain is clearly displayed in the practice and on the website.
- Improve the effectiveness of the patient participation group.

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, as there are areas where improvements should be made.

- 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 prevent the same thing happening again.
- 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. For example, the practice had not had an adequate fire risk assessment carried out. The practice was unable to demonstrate that all staff were trained to the appropriate level in safeguarding, life support and infection control.
- There were not enough staff in reception and administration.
- Confidential waste awaiting collection for disposal was not appropriately stored.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice was unable to provide records to show that all staff had received appropriate training required to carry out their roles.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the management team was working to secure new premises on a single site for the practice.
- On the day of the inspection, patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However, some of the patients who completed comment cards told us that they often had difficulty getting through on the telephone and making an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Evidence showed that the practice responded quickly to issues raised through complaints. Learning from complaints was shared with staff and other stakeholders. However, information about how to complain was not readily on display in the practice or on the website.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework, however, this had failed to identify and manage risks to patients in relation to staff training, legionella testing, fire safety and COSHH.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice employed two paramedic practitioners who undertook home visits for older people.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management, such as asthma and diabetes, and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 96% compared to the CCG and national average of 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice co-ordinated reviews for patients with complex needs to minimise the number of times they needed to visit the practice.
- The practice used innovative informatics to alert doctors when patients were at risk of developing long term conditions, such as diabetes and dementia.

Good



Families, children and young people

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

Good



Summary of findings

- 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG and national average of 83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered late night appointments on Fridays and Saturday morning appointments for working people and students.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and 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.

Good



Summary of findings

- The practice provided care for patients who had been excluded from other practices in the area because of unacceptable or violent behaviour.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 76% compared to the CCG and national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 93% compared to the CCG average of 91% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with or below local and national averages. Two hundred and forty-two survey forms were distributed and 117 were returned. This represented 1% of the practice's patient list.

- 83% of respondents described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.
- 56% of respondents found it easy to get through to this practice by telephone compared to the Clinical Commissioning Group (CCG) average of 75% and the national average of 73%.
- 70% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 76%.

- 69% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which contained a mixture of positive and negative comments about the standard of care received. Four patients who completed cards told us that they were happy with the care they had received and found the doctors to be caring and helpful. However, three patients commented that they had difficulty in getting through on the telephone and in making an appointment.

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

Tonbridge Medical Group

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 Tonbridge Medical Group

Tonbridge Medical Group is situated in Tonbridge, Kent. The practice has a general medical services contract with NHS England for delivering primary care services to the local community. Services are provided from two sites: Pembury Road and Higham Lane.

The practice has a patient population of approximately 14,978. The proportion of patients who are aged 20 to 34 is lower than national averages and the proportion of patients aged 40 to 54 is higher than the national average. The practice is in an area with a low deprivation score and lower than average levels of unemployment.

Consultation and treatment rooms are located on the ground and first floors at both sites. The ground floors are fully accessible to patients with mobility issues, as well as parents with children and babies. There is no lift access to the first floor at either site. Staff told us that they would arrange for patients who had difficulty using the stairs to be seen in one of the ground floor consulting rooms. There is a small car park with dedicated disabled parking spaces at Pembury Road. There is on street parking at Higham Lane as well as a disabled parking space.

There are five GP partners (three male and two female), who are supported by seven salaried GPs (one male and six

female). There are two paramedic practitioners (one male and one female), four practice nurses and three health care assistants (all female). In addition, there is a practice manager, two assistant practice managers and a team of reception and administrative staff.

The practice is a training practice (training practices have GP trainees and Foundation Year Two trainee doctors).

The practice is open between 8.00am and 6.30pm Monday to Thursday. On Friday, the Pembury Road site is open from 8.00am to 8.00pm; the Higham Lane site is open from 8.00am to 4.00pm. The Pembury Road site is open from 8.00am to 12.00 midday on Saturday.

There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

Services are provided from:

- Tonbridge Medical Group: 64 Pembury Road, Tonbridge, Kent, TN9 2JG
- 9 Higham Lane, Tonbridge, Kent, TN10 4JB.

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.

Detailed findings

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 24 November 2016.

During our visit we:

- Spoke with a range of staff (five GPs, one paramedic practitioner, two nurses, the practice manager, two assistant practice managers, four reception/administration staff) and spoke with six patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members in the reception area.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a needle stick injury staff had taken appropriate immediate action and the practice had later ensured that all staff were reminded of the correct procedure for disposing of needles and other sharps.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse, which included:

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and GPs were trained to child

safeguarding level 3. However, the practice was unable to provide evidence to show that all members of staff, including clinical staff, had received training on safeguarding children and vulnerable adults to an appropriate level relevant to their role.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol. However, the practice was unable to provide evidence to show that all members of staff had received training in infection prevention and control. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the practice had ensured that laminated posters detailing good hand-washing technique were displayed at each hand-wash basin.
- The practice had carried out COSHH (Control of Substances Hazardous to Health) assessments and had copies of data sheets showing how fluid should be handled and what to do in case of spillage on skin or ingestion. However, cleaning equipment on both sites, including hazardous cleaning fluids were stored in cupboards which were not locked.
- The arrangements for managing medicines in the practice, including emergency medicines and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Are services safe?

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients, visitors and staff were not always assessed and well managed.

- There was a fire safety policy and a health and safety policy available with a poster in the reception office. The practice had carried out its own fire risk assessment. However, this had failed to identify some issues. For example, a lack of emergency lighting. We discussed this with the practice manager who made arrangements for a professional fire risk assessment to be carried out. Following our inspection, the practice provided documentary evidence to show that these arrangements had been made.
- The practice had had a professional risk assessment for legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the practice was unable to demonstrate that recommendations including regular system flushing and water temperature monitoring had been carried out.
- Medical records were stored securely in purpose made cabinets. However, we found large amounts of confidential waste which had not been securely stored whilst awaiting collection by a professional waste management company. This included confidential patient information.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet

patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty. There was an alert system to notify managers of days when there were not enough doctors on duty, so that they could revise staffing rotas. However, there were some staff vacancies in the reception and administration teams. The practice was making ongoing efforts to fill these vacancies but staff in these areas told us that they were very busy and under considerable pressure.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- There were emergency medicines available in the treatment room. However, the practice was unable to provide evidence to show that all members of staff had received basic life support training.
- The practice had defibrillators available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.5% of the total number of points available. Exception reporting was 14%, which was comparable to the Clinical Commissioning Group (CCG) and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was comparable to local and national averages. For example, the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 96% compared to the CCG and national average of 89%.
- Performance for mental health related indicators was comparable to local and national averages. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 93% compared to the CCG average of 91% and the national average of 89%.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits undertaken in the last two years, five of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit of consent for procedures being recorded in patients records, had led to an increase from 52% to 77% of consent being written and recorded in their notes and the practice was making ongoing efforts to continue to improve compliance.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety awareness, health and safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- There was an overall training plan for the practice. However, this was incomplete and there were inconsistencies between the training plan and records

Are services effective?

(for example, treatment is effective)

of training in the files of individual members of staff. Therefore, the practice was unable to demonstrate that all staff had received appropriate training required to carry out their roles.

- Paramedic practitioners had a GP assigned as their mentor each day so that they were able to get support and refer any patients to them, as appropriate.

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.
- Test results were reviewed by the patient's usual GP. There was a system for ensuring that, when GPs were on holiday, their patients' test results were reviewed by a colleague. However, we saw that when a patient's usual GP worked part-time, test results waited until they were next on duty, meaning that there may be a delay in results being reviewed. Staff told us that any urgent abnormal results were flagged by the laboratories and these were reviewed immediately by a duty doctor.
- The practice shared relevant information with other services in a timely way. For example, with the local hospice when patients were receiving end of life care.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals including health visitors and community nurses on a monthly basis, when care plans were routinely reviewed and updated for patients with complex needs. One of the partners held quarterly meetings with school nurses to discuss patients in their care.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, alcohol consumption and smoking cessation. Two of the practice nurses were trained to support patients to stop smoking. Patients were signposted to the relevant services.
- The practice ran pre-diabetes clinics for patients identified as being at risk of developing diabetes, in order to offer advice and support.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG and national average of 83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 59% of eligible patients had been screened for bowel cancer, which was comparable to the CCG average of 61% and the national average of 58%. Fifty-eight percent of eligible patients had been screened for breast cancer, which was lower than the CCG average of 73% and the national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90%

Are services effective? (for example, treatment is effective)

to 93% compared to the Clinical Commissioning Group (CCG) range of 90% to 93% and the national range of 73% to 93% and five year olds from 67% to 96% compared to the CCG range of 86% to 96% and the national range of 81% to 95%.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We observed that staff made efforts to ensure that a patient who had attended their appointment on the wrong day was able to be seen by a doctor.

The nine patient Care Quality Commission comment cards contained a mixture of positive and negative comments about the standard of care received. Four patients who completed cards said they felt the practice offered a good service and most staff were helpful, caring and treated them with dignity and respect. However, four patients made negative comments about the attitude of reception and clinical staff.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 92% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 86% of respondents said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 96% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 86% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 90% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 85% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was more mixed, with some negative as well as positive comments.

The practice operated a "usual doctor" system so that patients could see the same GP whenever possible.

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 in line with local and national averages. For example:

- 89% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 84% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 78% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Longer appointments were available for patients who needed more time to discuss their care.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 151 patients as carers (1% of the practice list). The practice's computer system prompted doctors and nurses to offer support to patients who were carers. The practice's website encouraged carers to register with the practice and included information and links to useful services. Written information was also available in reception to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone. This call 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.

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. The management team was working to secure new premises on a single site for the practice.

- The practice offered a 'Commuter's Clinic' on Friday evening until 8.00pm and on Saturday morning from 8.00am to 12.00 midday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice had appointed two paramedic practitioners who saw and treated patients with minor illnesses and injuries.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available. There were hearing loops in reception at both sites as well as portable hearing loops for use in the consultation and treatment rooms.
- The practice provided care for patients who had been excluded from other practices in the area because of unacceptable or violent behaviour.
- The practice offered patients with hypertension (high blood pressure) the option to monitor their condition remotely to reduce the number of visits required.
- The practice used innovative informatics. For example, to alert doctors when patients were at risk of developing long term conditions, such as diabetes and dementia.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Thursday. On Friday, the Pembury Road site was open from 8.00am to 8.00pm; the Higham Lane site was

open from 8.00am to 4.00pm. The Pembury Road site was open from 8.00am to 12.00 midday on Saturday. In addition to appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

There were arrangements with other providers (Integrated Care 24) 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 varied when compared to local and national averages.

- 82% of respondents were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 79%.
- 56% of patients said they could get through easily to the practice by telephone compared to the CCG average of 76% and the national average of 73%. The practice had reviewed their telephone system and altered the shift patterns on reception in order to increase the number of staff who were available to answer telephone calls from patients. Patients were able to bypass the telephone queuing system in cases of medical emergency.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The duty GP telephoned patients requesting a home visit in order to establish their level of clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- The practice held quarterly complaints review meetings to discuss complaints and ensure that learning was shared with relevant staff. We saw minutes of the meetings that confirmed this.
- Information to make patients aware of the complaints system was not readily available. For example, there were no posters in the reception or waiting areas and information about the complaints process was difficult to find on the practice's website. However, the practice had a leaflet outlining the complaints process and staff told us they would give these to patients if they wanted to complain.

We looked at five complaints received in the last 12 months and found that they had been handled in line with the practice's complaints policy. Staff used a checklist to ensure the complaints process was followed. We saw that patients received an apology and matters were dealt with in a timely way, and the practice was open and transparent when dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, staff had received training on how to manage challenging patients.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- Staff knew and understood the values of the practice.
- Senior managers held annual planning days and had a strategy and supporting business plans which reflected its vision and values and which were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

However, governance arrangements had not ensured that all risks and issues were identified recorded and managed, or that mitigating actions were implemented.

Leadership and culture

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

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings and we saw copies of minutes that confirmed this.
- 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, particularly by the partners in the practice. However, four members of staff told us that managers were not always open and transparent and did not always address the issues they raised. Staff in reception and administration told us that they were under extreme pressure and that there were not enough staff in their department. The practice was making ongoing efforts to fill the vacant positions in these areas.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- The practice had carried out a patient survey in March 2016 and had identified actions in response to the issues raised. For example, they had reviewed their telephone system and altered the shift patterns on reception in order to increase the number of staff who were available to answer telephone calls from patients.
- The PPG was a "virtual" group which corresponded by email. We did not see any details about the PPG on the practice notice boards in reception or waiting areas. Information about the PPG was included on the practice's website.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Are services well-led?

Good 

(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 had supported the training of one of the receptionists to become a health care assistant.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had introduced an anticipatory drugs protocol for patients receiving end of life care that had been shared with the local Clinical Commissioning Group (CCG).

The practice was a training practice and all the staff were to some degree involved in the training of future GPs. The quality of GP registrar (GPs in training) decisions was under near constant review by their trainers. The practice was subject to scrutiny by the Health Education Kent, Surrey and Sussex (called the Deanery) as the supervisor of training. Registrars were encouraged to provide feedback on the quality of their placement to the Deanery and this in turn was passed to the GP practice. Therefore GPs' communication and clinical skills were regularly under review.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <ul style="list-style-type: none">• They had failed to carry out a specialist risk assessment for fire safety.• They had failed to carry out regular activities to reduce the risk of legionella infection.• They had failed to ensure that staff followed procedures for the safe storage of medicines and substances which may be hazardous to health. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not do all that was reasonably practicable to maintain records of patients' care securely to meet the requirements of the Data Protection Act 1998.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The provider did not ensure that persons employed by the service provider in the provision of a regulated</p>

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

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.

- They had failed to ensure that all staff were trained to the appropriate level in infection prevention and control.
- They had failed to ensure that all staff were trained to the appropriate level in basic life support.
- They had failed to ensure that all staff were trained to the appropriate level in safeguarding.

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