Dr D Whillier and Partners

Quality Report

1 - 7 Allington Road
Paddock Wood
Tonbridge
Kent
TN12 6AX
Tel: 01622 814380
Website: www.woodlandshealthcentre.org.uk

Date of inspection visit: 17 March 2016
Date of publication: 20/05/2016

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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr D Whillier and Partners (also known as Woodlands Health Centre) on 17 March 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 assessed and well managed, with the exception of those relating to infection control.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvements are:

- Ensure the practice has an effective system to assess, monitor and mitigate the risks arising from the detection and prevention of infection control.
- Ensure that staff who have designated lead roles have received appropriate training.

Summary of findings

The areas where the provider should make improvements are:

- Ensure that the business continuity plan is updated.
- Revise the processes for ensuring patient confidentiality at the reception desk.
- 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.
- Revise the policies and procedures to ensure the date which they were written and a date for future review is recorded.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, with the exception of those relating to infection control.

Are services effective?

Good

The practice is rated as good for providing effective services.

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

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice in line with others for almost all aspects of care. For example, 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).

Summary of findings

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

Are services responsive to people's needs?

Good

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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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 this.
- There was a clear leadership structure and staff felt supported by management. The practice held regular governance meetings and had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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 population included a high amount of patients who are aged 75 and over. Made up of those who have good health and those who may have one or more long-term physical or mental conditions, which included patients who live at home.
- The practice was responsive to the needs of housebound older people, in order to maintain provision of care in relation to their long term conditions and/or end of life care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 79%, which were similar to the CCG and national averages of 77%.
- 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.

Families, children and young people

Good

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

- 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.

Summary of findings

- Immunisation rates were comparable for all standard childhood immunisations for children aged 12 months to five years old.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 85%.
- 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)

Good

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

- The practice population included a high amount of patients who are of working age, especially commuters. The practice offered extended hours on a Monday and alternate Thursday evenings until 8.30pm. As well as from 7am to 8am Monday to Friday, in order to accommodate patients who commute.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services and were in the early stages of piloting email consultations, in order to meet the needs of working age patients.
- There was a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- It had carried out annual health checks for all patients with a learning disability. It offered longer appointments for people with complex needs that related to their circumstances as well as their health concerns.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Summary of findings

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

People experiencing poor mental health (including people with dementia)

Good

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

- 78% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which was slightly below the national average of 82%.
- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months,
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 (data collected during August 2014 - March 2015). The results showed the practice was performing in line with local and national averages. 237 survey forms were distributed and 125 were returned. This represented 1% of the practice's patient list.

- 79% found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 59%.
- 88% were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- 83% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 76% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards all of which were positive about the standard of care received.

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

Areas for improvement

Action the service MUST take to improve

- Ensure the practice has an effective system to assess, monitor and mitigate the risks arising from the detection and prevention of infection control.
- Ensure that staff who have designated lead roles have received appropriate training.

Action the service SHOULD take to improve

- Ensure that the business continuity plan is updated.
- Revise the processes for ensuring patient confidentiality at the reception desk.
- 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.
- Revise the policies and procedures to ensure the date which they were written and a date for future review is recorded.

Dr D Whillier and Partners

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 nurse specialist adviser.

Background to Dr D Whillier and Partners

Dr D Whillier and Partners is a GP practice based in Paddock Wood, Kent. There are 12,500 patients on the practice list.

There are seven partner GPs (four female and three male). The GPs are supported by a staff manager and a business manager (whose combined roles form the role of practice manager), an advanced nurse practitioner, two practice nurses, three healthcare assistants and an administrative team.

Dr D Whillier and Partners is open 8.00am to 6.30pm Monday to Friday. Extended hours with the nursing team are available Monday and Friday from 7am to 8am and 6.30pm to 8.30pm on Mondays and alternate Thursdays. There is a branch surgery, East Peckham Surgery, which is open Monday to Friday from 8.15am to 12.45pm.

The practice is a training practice (training practices take medical students and training practices have GP trainees and F2 doctors) and currently have three registrars (trainee GPs) working at the practice.

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

The practice has a general medical service (GMS) contract and also offers enhanced services for example; minor operations and joint injections.

Services are provided from:

- Dr D Whillier and Partners (Woodlands Health Centre), 1-7 Allington Road, Paddock Wood, Tonbridge, Kent, TN12 6AX
- East Peckham Surgery, 9 Old Rd, East Peckham, Tonbridge TN12 5AT

We visited both practices during this inspection.

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:

Detailed findings

- Spoke with a range of staff three GPs, the staff manager, the business manager, the advanced nurse practitioner, a healthcare assistant, four administrative and spoke with nine patients who used the service.
- Observed how patients were being managed at the reception desk and talked with carers and/or family members.
- Reviewed five 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.

Requires improvement

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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a sharps injury sustained by a member of staff, following a needle being discarded in a clinical waste bin. This incident was reported, investigated and discussed at a clinical meeting. As a result processes were reviewed and changes made to improve safety. Records showed that learning from this event was shared with relevant staff.

When there were unintended safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 appropriate arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding Children level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription 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.
- 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.
- There were failsafe 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 advanced nurse practitioner 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 which covered all aspects of the prevention and control of infections. Records showed that all staff had received up to date training. However, the advanced nurse practitioner had not received training in infection control beyond basic mandatory training.
- Annual infection control audits had not been undertaken. We raised this with the staff manager, who subsequently sent us documentary evidence to show that the practice had been in contact with the infection prevention and control lead at the clinical commissioning group, in order to undertake an effective audit.

Requires improvement

Are services safe?

- The practice did not always maintain appropriate standards of cleanliness and hygiene. We observed the premises and found at the main practice that storage cupboards used for items to be placed in clinical areas, such as sharps boxes, were placed on the floor which was heavily covered in dust. We also found boxes of nebulisers were being stored in the dirty utility room. At East Peckham Surgery there was dust underneath the consultations couches. Additionally, fabric chairs in the waiting room at East Peckham Surgery, were not being steam cleaned as part of the cleaning schedule.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were appropriate arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. As well as the staff team who worked at the practice, there were bank members of staff to cover annual leave and absences. For example, the practice employed a bank nurse, who worked at the practice as and when required. (Bank members of staff are people who work extra or occasional hours).

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. However, we found that vials of adrenaline for injection were not locked away securely overnight. We raised this with the staff manager, who subsequently sent us documentary evidence to show that this area of high risk had been addressed within the required 24hrs following our visit.
- The practice had a comprehensive business continuity plan for managing major incidents such as power failure, flooding or building damage. The plan included emergency contact numbers for staff. However, the document made reference to the primary care trust, which no longer existed, the role now performed by the clinical commission group. We raised this with the practice manager, who subsequently sent us evidence to show that this had been addressed within 48hrs following our visit.

Good

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.
- 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 90.6% of the total number of points available, with 6.8% 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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 79%, which was similar to the CCG and national averages of 77%.
- The percentage of patients with hypertension having regular blood pressure tests was 84%, which was similar to the CCG and national averages of 83%.
- Performance for mental health related indicators was 90%, which was similar to the CCG and national averages of 88%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits undertaken in the last two years, one of these was a completed audit 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. Further audit cycles had been conducted to check whether the improvements had been sustained.

Information about patients' outcomes was used to make improvements. For example, routinely reviewing patients on a certain medicine which had adverse cardiac (heart) side effects.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. 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 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 during sessions, one-to-one meetings, appraisals, mentoring and clinical supervision. The practice facilitated and supported GPs for revalidation. All staff had had an appraisal within the last 12 months.

Good

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice used the Gold Standards Framework for providing palliative care (the Gold Standards Framework is a systematic, evidence based approach to optimising care for all patients approaching the end of life). We saw evidence that multi-disciplinary team meetings took place on a monthly 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.

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- As the practice forms part of a health centre, patients have access on site (at Woodlands Health Centre) to foot clinics, community psychiatrist/nurse/psychologist, dentistry, health visitor and midwifery services.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone and three written 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 they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 59% of ptients aged between 60 – 69 years had been screened for bowel cancer, which was above the CCG average of 58% and the national average of 55% and 81.8% of females, aged 50-70 years were screened for breast cancer in the last 36 months, which was above the CCG average of 73.7% and the national average of 72.2%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to one year olds was 94%, compared to the CCG average of 91%.

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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains 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 when patients wanted to discuss sensitive issues or appeared distressed and had facilities to offer them a private room to discuss their needs.
- We observed that the reception area was open plan and patients could wait at the reception desk when staff were taking phone calls that could be overheard. Whilst patients personal information was not used, as staff used unique identifiers, there was no sign discouraging patients from the approaching the reception desk too closely. Consequently, there was an increased risk of disclosure of patients' confidential information, particularly where staff had difficult or complex conversations. There was a notice in the waiting room stating that the radio would be playing in order to protect patients' information at the reception desk. However, on the day of visit the radio was not working.

All of the five patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with the chair of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they 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 results were below or in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 85% said the GP gave them enough time (CCG average 89%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).

However, the practice scored lower than average for the helpfulness of reception staff. For example,

- 72% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%)

The practice had identified factors that had led to the poor survey results and had taken appropriate action to address them.

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 below or in line with local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88%, national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%)

Good

Are services caring?

- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 91%, national average 90%)

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.6% of the practice list as carers. 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, their usual GP contacted them. This call was either followed by a consultation with the patients relatives, held at a flexible time and location to meet the family's needs. As well as giving them advice on how to find support services.

Good

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, renovating the existing premises at East Peckham Surgery to ensure the premises were fit for purpose and provide facilities required for disabled access. Such changes have been approved and will be carried out in due course.

- The practice offered extended hours on a Monday and alternate Thursday evenings until 8.30pm. As well as from 7am to 8am Monday to Friday, for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and a hearing loop at Woodlands Health Centre. Translation services were available to both practices.
- The practice had a lift to ensure patients could access all areas of the health centre.

Access to the service

Dr D Whillier and Partners was open 8.00am to 6.30pm Monday to Friday. Extended hours were available Monday and Friday from 7am to 8am and 6.30pm to 8.30pm on Mondays and alternate Thursdays. East Peckham surgery was open Monday to Friday from 8.15am to 12.45pm.

In addition, to pre-bookable appointments that could be booked up to six months in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below or in line with local and national averages.

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 79% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 77% patients said they always or almost always see or speak to the GP they prefer (CCG average 72%, national average 59%).

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.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, posters displayed in the waiting area, summary leaflets, as well as in the practice information leaflet.

We looked at 14 complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, explaining to patients the reasons why a misdiagnosis had been given in a certain case.

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.

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

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. 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. The policies had been revised and amended following the appointment of the staff and business managers in the last year. The policies were comprehensive and covered all the required areas. However, there was no date recorded on them to show when they were written and when they would be reviewed again.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, with the exception of the detection and prevention of infection control.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which had been meeting regularly, had carried out patient surveys and submitted proposals for improvements to the practice management team. For example, changes to the appointment system which

Are services well-led?

Good

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

had been implemented. There had been a recent decline in the numbers of patients on the PPG. The practice were trying to recruit new members so that the group could continue with their support.

- 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. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice's main challenge was the ability to continue to function in East Peckham surgery due to its lay out. Refurbishment of the premises has been planned and NHS England Premises team have approved this. The practice are monitoring and managing the proposed refurbishment in conjunction with East Peckham Parish Council, in order to manage the impact it will have on patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess the risk of, and prevent, detect and control the spread of, infections. In that: • Infection control audits had not been undertaken at the practices. • At the Paddock Wood practice we found that storage cupboards used for items to be used in clinical areas, such as sharps boxes, were placed on the floor which was heavily covered in dust. We also found boxes of nebulisers which were being stored in the dirty utility room. At East Peckham Surgery there was dust underneath the consultations couches. Additionally, fabric chairs in the waiting room at East Peckham Surgery were not being steam cleaned as part of the cleaning schedule. • The advanced nurse practitioner had not received training appropriate to their role of being the designated lead in infection control and prevention. This was in breach of regulation 12(1)(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.