

# Bower Mount Medical Practice

## Quality Report

1 Bower Mount Road  
Maidstone Kent ME16 8AX  
Tel: 01622 756721  
Website: [www.bowermountmedical.co.uk](http://www.bowermountmedical.co.uk)

Date of inspection visit: 22 November 2016  
Date of publication: 06/02/2017


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

	Page
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	11

### Detailed findings from this inspection

Our inspection team	12
Background to Bower Mount Medical Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
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 Bower Mount Medical Practice on 22 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 a system for reporting and recording significant events.
- The arrangements for managing medicines in the practice did not always keep patients safe.
- Risks to patients were assessed and well managed. However, the practice was unable to demonstrate that regular fire drills were carried out.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- There was evidence of clinical audits driving quality improvement.
- Staff had been trained to provide them with 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.
- The practice had a website and patients were able to book appointments, order repeat prescriptions and view their records online.
- 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.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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. However, the practice was unable to demonstrate they had an effective system to help ensure all governance documents were kept up to date.

# Summary of findings

- The practice gathered feedback from patients through the patient participation group (PPG), complaints received, patient surveys and by carrying out analysis of the results from the GP patient survey and the Friends and Family Test.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are;

- Revise medicines management and ensure that all medicines held by the practice are stored at the correct temperature.
- Ensure the system that monitors blank prescriptions through the practice is effective.

The areas where the provider should make improvements are;

- Revise fire safety management and consider bringing forward the plan to carry out regular fire drills.
- Continue to identify patients who are also carers to help ensure they are offered appropriate support.
- Revise the system that governs all policy and procedure documents to help ensure they are up to date.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- There was an effective system for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to help prevent the same thing happening again.
- Vaccines were not always stored at the correct temperature.
- Blank prescription forms and pads were stored securely. However, the systems to monitor their use were not effective.
- The practice had carried out a fire safety assessment. However, the practice was unable to demonstrate that regular fire drills were carried out.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above and below the national average. (QOF data used in this report was obtained from <http://gof.digital.nhs.uk> and has not been validated by the Care Quality Commission).
- 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 all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



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

# Summary of findings

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

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care.
- The practice had a website and patients were able to book appointments, order repeat prescriptions and view their records online.
- Telephone consultations and home visits were available for patients who were not able to visit the practice.
- 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 offered extended hours appointments one Saturday each month.
- 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.

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.
- 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.
- 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. However, the practice was unable to demonstrate they had an effective system to keep these documents up to date.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The GP 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 help ensure appropriate action was taken.
- The practice valued feedback from patients, the public and staff.
- There was a 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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits, longer appointments and urgent appointments for those with enhanced needs.
- Patients over the age of 75 years had been allocated to a designated GP to oversee their care and treatment requirements.
- The practice provided services to patients in residential and care homes. Each home had a designated GP to help maintain continuity of patient care.

### People with long term conditions

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

Good



- 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 comparable to and below the local clinical commissioning group (CCG) average and national average. For example, 70% of the practice's patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol.mol or less in the preceding 12 months compared with the local CCG average of 76% and national average of 78%. Eighty six percent of the practice's patients with diabetes, on the register, had a record of a foot examination and risk classification within the preceding 12 months compared with the local CCG average of 89% and national average of 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicine needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

## Families, children and young people

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

Good



- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances.
- Childhood immunisation rates for the vaccinations given were comparable with local clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 84% to 98% compared to the local CCG averages which ranged from 82% to 95%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of the practice's female patients aged 25 to 64 years who had attended cervical screening within the target period (3.5 or 5.5. year coverage) was 78%. This was comparable to the local CCG average of 78% and national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Where possible all members of each family registered at the practice were registered with the same GP to help ensure continuity of care.
- The practice worked with midwives, health visitors and school nurses to help meet the needs of this patient population group.

## 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).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to help ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments were offered Friday 7am to 8am as well as once each month on Saturday 8am to 11am to help meet the needs of this patient population group.
- The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs for this age group.



# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## 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).

Good



- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower than the local clinical commissioning group (CCG) average of 84% and national average of 87%.
- Performance for mental health related indicators was higher than the local CCG average and national average. For example, 97% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the local CCG average of 91% and national average of 89%. Ninety four percent of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months compared to the local CCG average of 89% 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.

# Summary of findings

- 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 2016 showed the practice was performing in line with and better than national averages. Two hundred and twenty one survey forms were distributed and 117 were returned. This represented 1% of the practice's patient list.

- 76% of respondents found it easy to get through to this practice by telephone which was better than the national average of 73%.
- 72% of respondents described their experience of making an appointment was good which was in line with the national average of 76%.
- 83% of respondents described the overall experience of their GP surgery as fairly good or very good which was in line with the national average of 85%.
- 84% of respondents said they would definitely or probably recommend their GP practice to someone who has just moved to the local area which was better than the national average of 80%.

We received 28 patient comment cards all of which were positive about the service patients experienced at Bower Mount Medical Practice. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy. Two comment cards also contained negative comments but there were no common themes identified.

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

# Bower Mount Medical Practice

## 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 CQC Pharmacy Inspector.

## Background to Bower Mount Medical Practice

Bower Mount Medical Practice is situated in Maidstone, Kent and has a registered patient population of approximately 10,478. There are more patients registered between the ages of 40 and 44 years as well as above the age of 65 years than the national average. There are fewer patients registered between the ages of 5 and 29 years than the national average. The practice is located in an area with a lower than average deprivation score.

The practice staff consists of seven GP partners (three male and four female), one GP Registrar, one practice manager, one assistant practice manager, three practice nurses (all female), two healthcare assistant (both female), one phlebotomist as well as administration and reception staff. There are reception and waiting areas on the ground floor. There is also a waiting area on the first floor which is accessible by stairs and lift. Patient areas are accessible to patients with mobility issues, as well as parents with children and babies.

The practice is a training practice (training practices have GP trainees and FY2 doctors).

The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

Services are provided from Bower Mount Medical Practice, 1 Bower Mount Road, Maidstone, Kent, ME16 8AX only.

Bower Mount Medical Practice is open Monday to Friday 8am to 6pm. Extended hours appointments are offered Friday 7am to 8am as well as once each month on Saturday 8am to 11am.

Primary medical services are available to patients via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

## 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 22 November 2016.

During our visit we:

- Spoke with a range of staff (seven GP partners, one GP Registrar, the assistant practice manager, one practice nurse, one phlebotomist, two administrators and two receptionists) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system for reporting and recording significant events.

- 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 and accident reports as well as 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, staff were reminded of the need to ensure the most up to date contact details for patients are recorded. This action was taken after an incident where a patient could not be contacted urgently to be advised of abnormal test results being received by the practice.

### Overview of safety systems and processes

The practice's systems, processes and practices did not always keep patients safe.

- 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 and other documents 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. Practice staff attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood

their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs were trained to child protection or child safeguarding level three.

- A notice in the practice 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 or risk assessment for using staff in this role without DBS clearance. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and tidy. There was a lead member of staff for infection control who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Infection control audits were undertaken and there was an action plan to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Medicines stored in the treatment rooms and medicine refrigerators were stored securely and only accessible to authorised staff. However, records showed medicines and vaccines were not always stored at the correct temperature in the medicine refrigerators. For example, records showed that the temperature of one medicine refrigerator was above the maximum recommended on two occasions in September 2016 and the temperature of another medicine refrigerator was above the maximum recommended temperature on seven occasions in September 2016. The practice was unable to demonstrate the action taken by staff in response to these temperatures being recorded as outside of the acceptable limits of between two and eight degree centigrade. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription pads and forms were securely stored. However, the systems to monitor their use were not effective. For example, the practice was unable to demonstrate there were records

## Are services safe?

kept of the serial numbers of blank prescription forms and the use of blank prescription pads was not tracked. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.

- We reviewed four 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 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 practice which identified local health and safety representatives. The practice had carried out a full fire risk assessment in March 2014. Although this had not been repeated annually a fire safety assessment had been conducted in July 2016. Records showed that action plans to reduce identified risks associated with fire safety had been implemented. The fire alarms were tested on a regular basis. However, the practice was unable to demonstrate regular fire drills had been carried out and records showed these were not due to commence until 2017. All electrical equipment was checked to help ensure the equipment was safe to use and clinical equipment was checked to help ensure it was working properly. The practice had a system for the routine management of legionella (a germ found in the environment which can contaminate water systems in buildings).

- Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice used a 'buddy' system to help ensure staff covered each other's absences and there was a duty doctor who covered situations where both buddies were absent. Staff told us this was rare and the use of the 'buddy' system negated the need for the practice to use locum staff. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

### Arrangements to deal with emergencies and major incidents

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

- Staff had received annual basic life support training.
- Emergency equipment and emergency medicines were available in the practice. The practice had access to medical oxygen and an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency).
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- Staff told us emergency equipment and emergency medicines were checked regularly and records confirmed this. Emergency equipment and emergency medicines that we checked were within their expiry date.
- The practice had a 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 help keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available. (QOF data used in this report was obtained from <http://gof.digital.nhs.uk> and has not been validated by the Care Quality Commission).

Data from 2015/2016 showed:

- Performance for diabetes related indicators was comparable to and below the local clinical commissioning group (CCG) average and national average. For example, 70% of the practice's patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months compared with the local CCG average of 76% and national average of 78%. Eighty six percent of the practice's patients with diabetes, on the register, had a record of a foot examination and risk classification within the preceding 12 months compared with the local CCG and national average of 89%.
- Performance for mental health related indicators was better than the local CCG average and national average. For example, 97% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the local CCG average of 91% and national average of 89%. Ninety four percent of patients

with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months compared to the local CCG and national average of 89%.

There was evidence of clinical audits driving quality improvement.

- Staff told us the practice had a system for completing clinical audits. For example, a medicine audit. The practice had analysed the results and implemented an action plan to address its findings. Records showed this audit had been repeated to complete the cycle of clinical audit.
- Other clinical audits had been carried out. For example, an audit to investigate fragility fracture risk in patients on oral steroids. The practice had analysed the results and produced an action plan to address the findings. Records showed this audit had been repeated to complete the cycle of clinical audit.

### 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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and support for revalidating GPs.
- Staff received induction training that included: health and safety information, accident recording, information governance and confidentiality. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing



# Are services effective?

## (for example, treatment is effective)

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

- This included care and risk assessments, care plans, medical records and investigations and test results.
- 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 professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Staff told us that meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. Records confirmed this.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.
- Records showed GPs attended best interest meetings where decisions were made on the most appropriate care and treatment to be provided to patients who lacked capacity.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant support service.

The percentage of the practice's female patients aged 25 to 64 years who had attended cervical screening within the target period (3.5 or 5.5. year coverage) was 78%. This was comparable to the local CCG average of 78% and national average of 74%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice had systems to help ensure results were received for all samples sent for the cervical screening programme and that the practice had followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable with local clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 84% to 98% compared to the local CCG averages which ranged from 82% 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 or screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Private conversations between patients and staff at the reception desk could be overheard by others. However, when discussing patients' treatment staff were careful to keep confidential information private. Incoming telephone calls were answered away from the reception desk so it was not possible for them to be overheard by others. Staff told us that a private room was available near the reception desk should a patient wish a more private area in which to discuss any issues.

We received 28 patient comment cards all of which were positive about the service patients experienced at Bower Mount Medical Practice. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy. Two comment cards also contained negative comments but there were no common themes identified.

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

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

- 87% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and national average of 89%.
- 83% of respondents said the GP gave them enough time (CCG average 89%, national average 87%).

- 92% of respondents said the nurse gave them enough time (CCG average 94%, national average 92%).
- 93% of respondents said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 87% of respondents said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

### Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received indicated they felt involved in decision making about the care and treatment they received. They also 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. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to local and national averages. For example:

- 82% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 90% of respondents said the last nurse they saw or spoke with was good at explaining tests and treatment (CCG average 91%, national average 90%).
- 79% of respondents said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 85% of respondents said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- An hearing loop was available to facilitate communication with people who were deaf or hard of hearing.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

Timely support and information was provided to patients and their carers to help them cope emotionally with their care, treatment or condition. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 165 patients on the

practice list who were carers (2% of the practice list). The practice had a system that formally identified patients who were also carers and written information was available to direct carers to the various avenues of support available to them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care. For example;

- Appointments were available outside of school hours and outside of normal working hours.
- The practice offered extended hours appointments on Fridays and one Saturday each month.
- There were longer appointments available for patients with a learning disability.
- Telephone consultations and home visits were available for patients from all population groups who were not able to visit the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice had a website and patients were able to book appointments, order repeat prescriptions and view their records online.
- All patients had a named GP which helped to maintain continuity of care.
- The practice provided services to patients in residential and care homes. Each home had a designated GP to help maintain continuity of patient care.
- The premises and services had been designed or adapted to meet the needs of patients with disabilities.
- The practice provided patients with the choice of seeing a female GP.
- The practice maintained registers of patients with learning disabilities, dementia and those with mental health conditions. The registers assisted staff to identify these patients in order to help ensure they had access to relevant services.
- There was a system for flagging vulnerability in individual patient records.
- Records showed the practice had systems that identified patients at high risk of admission to hospital and implemented care plans to reduce the risk and where possible avoid unplanned admissions to hospital.
- There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.

Bower Mount Medical Practice was open Monday to Friday 8am to 6pm. Extended hours appointments were offered Friday 7am to 8am as well as once each month Saturday 8am to 11am.

Primary medical services were available to patients via an appointments system. There were a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There were arrangements with other providers (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 was in line with national averages.

- 82% of respondents were satisfied with the practice's opening hours compared to the national average of 79%.
- 76% of respondents said they could get through easily to the practice by telephone compared to the national average of 73%.
- 71% of respondents said they were able to see or speak with someone the last time they tried compared to the national average of 76%.

### Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information for patients was available in the practice that gave details of the practice's complaints procedure and included the names and contact details of relevant complaints bodies that patients could contact if they were unhappy with the practice's response.

The practice had received 11 complaints in the last 12 months. Records demonstrated that the complaints were investigated, the complainants had received a response, the practice had learned from the complaints and had implemented appropriate changes. For example, reception opening times were reviewed after a member of staff

### Access to the service

# Are services responsive to people's needs?

(for example, to feedback?)

providing extended hours appointments was on sick leave resulting in no one being available to re-schedule the appointment of a patient who had attended an extended hours appointment.

# 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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a statement of purpose which reflected the vision and values. Most of the staff we spoke with were aware of the practice's vision or statement of purpose.

### Governance arrangements

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 helped to ensure that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. However, we looked at 14 such policies and guidance documents and found that four did not contain a planned review date to help ensure they were kept up to date. One was due to have been reviewed in December 2015 so was overdue review. The practice was therefore unable to demonstrate they had an effective system to help ensure all governance documents were kept up to date.
- 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.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the GP 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 high quality and compassionate care. Staff told us the GP partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. (The duty of candour

is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The GP 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 help ensure appropriate action was taken.

The practice had systems to help ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held team meetings and records 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, valued and supported, particularly by the GP 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 valued feedback from patients, the public and staff.

- The practice gathered feedback from patients through the patient participation group (PPG), complaints received, patient surveys and by carrying out analysis of the results from the GP patient survey and Friends and Family Test.
- The practice had also 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. All staff were involved in discussions

# Are services well-led?

Good 

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

about how to run and develop the practice, and the GP partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice learned from incidents and significant events as well as from complaints received.

The practice was subject to scrutiny by Health Education Kent, Surrey and Sussex (called the Deanery) as the supervisor of training. GP trainees and FY2 doctors were encouraged to provide feedback on the quality of their placement to the Deanery and this in turn was passed to the GP practice. GPs' communication and clinical skills were therefore 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Care and treatment was not always provided in a safe way for service users.
Maternity and midwifery services	The registered person was not: ensuring the proper and safe management of medicines.
Surgical procedures	This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	