City Way Surgery

Quality Report

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focussed inspection on 29 and 31 October 2014. The inspection was carried out over two days as one of our inspection team became unwell during the inspection visit on 29 October 2014. There was therefore insufficient time for the remaining staff to establish enough information in one day which is why we returned on a second day. During the inspection we gathered information from a variety of sources. For example, we spoke with patients, interviewed staff of all levels and checked that the correct systems and processes were in place.

City Way Surgery has not received a rating as this was a focussed inspection.

Summary of findings

Our key findings were as follows:

- City Way Surgery had systems to monitor, maintain and improve safety and demonstrated learning from significant events. The practice had policies to safeguard vulnerable adults and children who used services. There was enough equipment, including equipment for use in an emergency, to enable staff to care for patients. Staff were trained and the practice had plans to deal with foreseeable emergencies. However, the practice did not have a system to adequately monitor on-going safety and had not always responded to identified risks. Patients' records and blank prescription forms were not always held securely. Insufficient numbers of staff with the skills and experience required to meet patients' needs were employed. Some records such as significant event records were incomplete.
- Staff at the City Way Surgery followed best practice guidance and had systems to monitor, maintain and improve patient care. There was a process to recruit, support and manage staff. Equipment and facilities were monitored and kept up to date to support staff to deliver effective services to patients. The practice worked with other services to deliver effective care and had a proactive approach to health promotion and prevention.
- Patients were satisfied with the care provided by City Way Surgery and were treated with respect. Staff were careful to keep patients' confidential information private and maintained patients' dignity at all times. Patients were supported to make informed choices about the care they wished to receive and most patients said they felt listened to. The practice provided opportunities for patients to manage their own health, care and wellbeing and maximised their independence.
- The practice was responsive to patients' individual needs such as language requirements, some mobility issues as well as cultural and religious customs and beliefs. However, access to services for all patients was limited.
- Although City Way Surgery had a vision statement to provide high quality care and best practice to its patients, none of the staff we spoke with were aware of it. The practice had dedicated lead GPs for certain issues such as safeguarding. However, there was a lack of clear leadership structure. The practice used a variety of policies and other documents to govern activity and there were regular governance meetings. However, there was not an effective system to help ensure all governance documents were kept up to date. There were systems to monitor as well as improve quality and the practice was able to demonstrate clinical audit activity. The practice did not always take into account the views of patients and those close to them when planning and delivering services. The practice valued learning but did not always share learning outside of the partners' practice meetings. Systems to identify and reduce risk were not always employed effectively.

The areas where the provider must make improvements are:

- Review its arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs as well as improve access to primary medical services for all patients.
- Review its system to manage and record significant events as well as ensure that patients' records are held securely at all times.
- Address its leadership issues and review its system of monitoring safety and responding to risk.
- Address its response to patients' comments and suggestions received through the patient participation group meetings, complaints received, reviews left on the NHS Choices website and patient survey results.
- Improve its policy review system and clinical audit activity to comply with its own governance policies.

In addition the provider should:

- Review its system to manage National Patient Safety Alerts as well as the information available in its whistleblowing policy.
- Ensure that relevant information is shared with all staff members.

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?

City Way Surgery had systems to monitor, maintain and improve safety and demonstrated learning from significant events. The practice had policies to safeguard vulnerable adults and children who used services. There was enough equipment, including equipment for use in an emergency, to enable staff to care for patients. Staff were trained and the practice had plans to deal with foreseeable emergencies. However, the practice did not have a system to adequately monitor on-going safety and did not always responded to identified risks. Patients' records and blank prescription forms were not always held securely. Insufficient numbers of staff with the skills and experience required to meet patients' needs were employed. Some records such as significant event records were incomplete.

Are services effective?

Staff at the City Way Surgery followed best practice guidance and had systems to monitor, maintain and improve patient care. There was a process to recruit, support and manage staff. Equipment and facilities were monitored and kept up to date to support staff to deliver effective services to patients. The practice worked with other services to deliver effective care and had a proactive approach to health promotion and prevention.

Are services caring?

Patients were satisfied with the care provided by City Way Surgery and were treated with respect. Staff maintained patients' dignity at all times. Patients were supported to make informed choices about the care they wished to receive and most patients said they felt listened to. The practice provided opportunities for patients to manage their own health, care and wellbeing and maximised their independence.

Are services responsive to people's needs?

The practice was responsive to patients' individual needs such as language requirements, some mobility issues as well as cultural and religious customs and beliefs. However, access to services for all patients was limited. For example, all patients we spoke with told us that they experienced long delays in getting an appointment that suited their needs. Patients' views, comments and complaints were not always used by the practice to make improvements to the services patients received.

Summary of findings

Are services well-led?

Although City Way Surgery had a vision statement to provide high quality care and best practice to its patients, none of the staff we spoke with were aware of it. The practice had dedicated lead GPs for certain issues such as safeguarding. However, there was a lack of clear leadership structure. The practice used a variety of policies and other documents to govern activity and there were regular governance meetings. However, there was not an effective system to ensure all governance documents were kept up to date. There were systems to monitor as well as improve quality and the practice was able to demonstrate clinical audit activity. The practice did not always take into account the views of patients and those close to them when planning and delivering services. The practice valued learning but did not always share learning outside of the partners' practice meetings. Systems to identify and reduce risk that were not always employed effectively.

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
Patients over the age of 75 had been allocated a dedicated GP to oversee their individual care and treatment requirements. Patients were able to receive care and treatment in their own home from practice staff as well as district nurses and palliative care staff. Specific health promotion literature was available as well as details of other services for older people including external support groups. Patients in this population group were also offered an annual health check.

People with long term conditions
Service provision for patients with long-term conditions included dedicated clinics with a recall system that alerted patients as to when they were due to re-attend. The practice supported patients to manage their own long-term conditions. Specific health promotion literature was available and the practice employed staff who had received specific training such as diabetes and coronary obstructive pulmonary disease (a breathing problem) management, in order to care for patients in this population group.

Families, children and young people
Services for mothers, babies, children and young people at City Way Surgery included dedicated midwives and health visitor care. Specific confidentiality guidance was available for staff to follow when caring for patients under the age of 16 years. A wide range of health promotion literature specific to this patient population group was available. The practice offered family planning services that included contraception. The practice employed staff who had received specific training in the care of children, immunisation and sexual health.

Working age people (including those recently retired and students)
The practice provided a variety of ways working aged people (including those recently retired and students) could access primary medical services. These included early morning appointments starting at 7am on Mondays, Wednesdays, Thursdays and Fridays, evening appointments on Tuesdays and Thursdays, on-line appointment booking and telephone consultations. Screening services such as screening for abdominal aortic aneurysm (a

condition where a large blood vessel in a patient's abdomen stretches and becomes life threatening) in patients 65 years and over were also available as well as 'well man' and 'well woman' clinics.

People whose circumstances may make them vulnerable

The practice offered primary medical service provision for people in vulnerable circumstances in a variety of ways. Patients not registered at the practice could access services and interpreter services were available for patients whose first language was not English. Specific screening services were also available such as an alcohol screening service and there was a wide range of specific health promotion literature. The practice offered referral to other service providers such as local substance misuse clinics and sexual health clinics as well as local support groups.

People experiencing poor mental health (including people with dementia)

Patients experiencing poor mental health (including patients with dementia) had access to psychiatrist and community psychiatric nurse services as well as local counselling services. Key staff had received training in mental health issues such as the Mental Capacity Act 2005 and learning disabilities awareness. The practice maintained registers of patients with diagnosed mental health issues such as depression and dementia and invited these patients to attend for an annual mental health review.

Summary of findings

What people who use the service say

During our inspection we spoke with seven patients, all of whom told us they were satisfied with the care provided by City Way Surgery. They considered their dignity and privacy had been respected and that staff were polite, friendly and caring with the exception of one patient who told us a member of staff had been rude when they telephoned the practice on one occasion. Most patients told us they felt listened to and supported by staff, but three said they felt rushed during consultations. One patient told us they felt they were an inconvenience to the GP during a recent consultation.

All patients we spoke with said they experienced difficulties when making appointments. They all said they always waited for long periods of time for staff to answer the telephone when they called the practice. All the patients we spoke with told us they experienced average delays of at least three weeks before they could book an appointment that suited their needs. One patient told us that delays in obtaining an appointment to see a nurse at the surgery had recently increased since two nursing staff left earlier this year. Only two patients had had to book an emergency appointment, both told us that City Way Surgery were not able to see them the same day and they were advised to attend another service provider locally.

All seven patients that we spoke with said that the practice did not employ sufficient staff with the right abilities to meet their needs. They said they felt that increasing staff numbers would enable the practice to answer telephone calls more quickly and reduce the length of time they had to wait for an appointment by increasing the number of appointments available. Not all patients we spoke with were aware of how they could access out of hours care when the practice was closed.

We looked at the NHS Choices website where patient survey results and reviews of City Way Surgery were available. Results ranged from 'among the worst' for the percentage of patients who would recommend this practice, through 'worse than average' for scores for consultations with doctors and 'average' for scores for consultations with nurses. Results were 'worse than expected' for scores for opening hours and the practice was 'among the worst' for patients rating their ability to get through on the telephone. The practice was also 'among the worst' for patients rating this practice as good or very good.

Areas for improvement

Action the service MUST take to improve

- Review its arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs as well as improve access to primary medical services for all patients.
- Review its system to manage and record significant events as well as ensure that patients' records are held securely at all times.
- Address its leadership issues and review its system of monitoring safety and responding to risk.
- Address its response to patients' comments and suggestions received through the patient participation group meetings, complaints received, reviews left on the NHS Choices website and patient survey results.
- Improve its policy review system and clinical audit activity to comply with its own governance policies

Action the service SHOULD take to improve

- Review its system to manage National Patient Safety Alerts as well as the information available in its whistleblowing policy.
- Ensure that relevant information is shared with all staff members.

City Way Surgery

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 advisor and a practice manager specialist advisor.

Background to City Way Surgery

The practice is situated in Rochester, Kent and has a registered patient population of 9,763 (4,914 male and 4,849 female). There are 2,359 registered patients under the age of 19 years (1,296 male and 1,063 female), 6,501 registered patients between the age of 20 and 74 years (3,235 male and 3,266 female) and 903 registered patients over the age of 75 years (371 male and 532 female).

Primary medical services are provided Mondays, Wednesdays and Fridays, 7am to 12noon and 2pm to 6pm, as well as Tuesdays and Thursdays, 7am to 12noon and 2pm to 8pm. Primary medical services are available to patients registered at City Way Surgery via an appointments system. There is a range of clinics for all age groups and a variety of conditions as well as the availability of specialist nursing treatment and support. There are arrangements with another provider to deliver services to patients outside of City Way Surgery's working hours.

The practice staff comprise five GP partners (four male and one female), one practice manager, two practice nurses (both female), two health care assistant (both female), one phlebotomist (female), seven administrators, and six receptionists. There is a reception and a waiting area on the ground floor.

Regulated activities are provided at City Way Surgery, 67 City Way, Rochester, Kent, ME1 2AY only.

Why we carried out this inspection

We carried out this focused inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

How we carried out this inspection

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

- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

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 announced visits on 29 and

Detailed findings

31 October 2014. During our visits we spoke with a range of staff (three GPs, the practice manager, two practice nurses, one receptionist and one administrator) and spoke with seven patients who used the service. We also talked with carers and family members of patients.

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risk and improve quality regarding patient safety. For example, reported incidents and accidents, national patient safety alerts as well as comments and complaints received.

National patient safety alerts were disseminated electronically to practice staff as well as paper copies circulated to the partners and relevant team members. However, there was no system to monitor and help ensure that all relevant staff had read and acted upon the safety alerts received.

Patients' records were in electronic (computerised) and paper form and there was a policy governing information security in general practice. However, not all records that contained confidential information were held in a secure way in order that that only authorised people could access them. Staff told us that filing cabinets where patients' paper records were stored were locked at the end of the day. They said that the filing cabinet keys were kept in a key safe overnight. However, they told us that the key safe was left unlocked overnight. Other paperwork such as repeat prescriptions that contained patients' details were stored in the reception area. Although this paperwork was kept away from the reception desk, staff told us that it was not locked away overnight. The practice was therefore unable to demonstrate that patients' records were held securely at all times.

Learning and improvement from safety incidents

The practice had a system for reporting, recording and monitoring accidents and significant events. All staff we spoke with were aware of how to report accidents and significant events. There was a policy that governed accident reporting and investigation. Records showed there had been no accidents reported within the last 12 months. Staff told us that there was no log of significant events kept but records of each significant event were held in a designated file. Staff said there had been ten reported significant events in 2014 and records confirmed this.

The practice had a system to investigate and reflect on significant events that occurred. We looked at the 10 significant event reporting forms and saw that all were discussed at partners' practice meetings or separate dedicated meetings attended by GP partners and the practice manager. However, there was no evidence that relevant information was being shared with other staff members at wider staff meetings. All reported significant events were managed by the member of staff reporting the event and not a dedicated staff member. Some significant event records were incomplete. For example, three out of 10 records did not capture a summary of the event discussion. This included why the event had happened, what had been learned and what had been changed in the practice or the individual's personal practice as a result of the significant event review.

Reliable safety systems and processes including safeguarding

The practice had systems to safeguard vulnerable adults and children who used services. There were safeguarding vulnerable adults and children policies readily available to staff that contained information for them to follow in order to recognise potential abuse and report it to the relevant safeguarding bodies. Contact details of relevant safeguarding bodies were available for staff if they needed to report any allegations of abuse. The practice had dedicated staff appointed as leads in safeguarding vulnerable adults and children. All staff we spoke with were aware of the dedicated appointed leads in safeguarding as well as the practice's safeguarding policies and other documents. Staff said they were up to date with training in safeguarding and records confirmed this. Records demonstrated that the safeguarding leads were trained to the highest level (level three) in safeguarding. When we spoke with staff they were able to describe different types of abuse that patients may have experienced as well as how to recognise them and how to report them.

The practice had a whistleblowing policy that contained relevant information for staff to follow that was specific to the service. The policy detailed the procedure staff should follow if they identified any matters of serious concern. The policy did not contain contact details of external bodies that staff could approach with concerns. For example, the General Medical Council. All staff we spoke with were aware of this policy and able to describe the actions they would take if they identified any matters of serious concern.

The practice had a monitoring system to help ensure staff maintained their professional registration. For example, professional registration with the General Medical Council or Nursing and Midwifery Council.

Are services safe?

The practice had a chaperone policy and information about it was displayed in public areas informing patients that a chaperone would be provided if required. One patient we spoke with told us they had used this service. Records showed that reception and administration staff who acted as chaperones had received relevant training.

Medicines management

We did not inspect medicines management at this inspection.

Cleanliness and infection control

We did not inspect infection control at this inspection.

Equipment

Minutes of the reception meeting dated 24 October 2014 demonstrated that staff had reported difficulties in carrying out their roles at City Way Surgery due to broken equipment. Staff we spoke with told us that broken equipment had recently been repaired and they now had sufficient equipment to enable them to carry out their roles effectively. They told us that all equipment (including clinical equipment) was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this.

Staffing and recruitment

Personnel records contained evidence that appropriate checks had been undertaken prior to employment. For example, proof of identification, references and interview records. The practice had a recruitment policy that set out the standards it followed when recruiting staff.

Records demonstrated that all staff had Disclosure and Barring Service (DBS) clearance (a criminal records check) or that assessments had been made of the potential risks involved in using staff without DBS clearance to undertake duties where they came into contact with vulnerable adults and children.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for reception staff that helped to manage the number of receptionists on duty. However, there was no rota system that helped to manage the numbers of GPs and nurses on duty. Staff we spoke with told us that more reception staff were required in order to meet patients' needs in a more timely way. Minutes of the lead meetings held on 19 February 2014 indicated that there were a lot of complaints from patients about reception staff not answering the telephone in a timely manner. Staff and patients told us this was still an ongoing problem in the practice.

Staff told us that two practice nurses left City Way Surgery earlier in 2014 and had not yet been replaced. They said that although there were plans to employ one practice nurse for 20 hours each week, the loss of the two practice nurses had resulted in patients waiting for long periods before they could get an appointment to see a practice nurse. Staff told us that patients were currently waiting approximately six weeks before they could book a routine appointment with a practice nurse. This was confirmed by patients we spoke with.

Staff told us that the practice did not use locum staff to cover vacancies or absence such as illness or annual leave. They said that vacancies and absence were covered by existing staff.

City Way Surgery was unable to demonstrate they had sufficient numbers of staff and mix of staff available to meet patients' needs at all times.

Monitoring safety and responding to risk

The practice had a health and safety policy to help keep patients, staff and visitors safe. Health and safety information was displayed for staff to see and the practice had a dedicated health and safety representative.

We looked at the practice's fire safety log book and saw that there was no record of any visits by fire service officers. There were records that demonstrated the fire alarm system had been tested on a regular basis but there were no records of firefighting equipment inspections and tests nor emergency lighting system test. The record for fire instruction and training was blank as was the record for fire drills. City Way Surgery was unable to demonstrate that they were following guidance set out in their own fire safety protocol. Staff told us that a fire risk assessment had been undertaken that included actions required in order to maintain fire safety but the documentation had been lost. Therefore the practice was unable to demonstrate that the risk of harm to patients, staff and visitors of City Way Surgery from a potential fire had been assessed or show action taken to reduce any identifiable risks.

There were three other documents that demonstrated the practice carried out risk assessments. For example, a

control of substances hazardous to health (COSHH) risk assessment. One risk assessment was dated 2013 but the other two were dated 2011 and 2008. The security risk assessment dated 2011 indicated that it was due to be repeated in 2015 but contained no action plan to address identified risks. The working at height risk assessment dated 2008 contained an action plan to address identified risks. This document contained a maintenance register for equipment, plant and machinery but this had not been completed. It also contained a review date of February 2009. City Way Surgery was unable to demonstrate that this risk assessment had been reviewed as planned.

Staff told us there were a variety of systems to keep them, and others, safe whilst at work. They told us they had the ability to activate an alert on the computer system in order to summon help in an emergency or security situation. There were also emergency alarms fitted in the toilet for people with disabilities so that help could be summoned there in an emergency.

There was a system governing security of the practice. For example, visitors were required to sign in and out using the dedicated book in reception and most offices left unattended had coded key locks to prevent unauthorised entry.

Arrangements to deal with emergencies and major incidents

Staff told us that they were trained in basic life support and records confirmed this. Emergency equipment was available in the practice, including emergency medicines to deal with foreseeable emergencies such as diabetic crisis or life threatening allergic reactions. Staff also had access to medical oxygen and an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency). Staff told us that this equipment was checked regularly and records confirmed this.

There were up to date business continuity plans and a disaster recovery policy to manage foreseeable events such as loss of the practice building. These documents contained relevant contact details for staff in the event they required to report business continuity issues.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice operated a clinical audit system that improved the service and followed up to date best practice guidance. For example, a medicines audit.

Staff told us they attended personal updates and practice meetings where best practice guidance and outcomes from clinical audits were discussed. Staff also had access to best practice guidance via the internet and up to date protocol documents such as the protocol for diagnosing and managing hypertension as well as access to specialists such as tissue viability nurses.

Staff told us the practice worked with district nurses and palliative care services to deliver end of life care to patients.

Management, monitoring and improving outcomes for people

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice. City Way Surgery had a GP lead for QOF activity. Results were discussed at practice meetings and action plans made to maintain or improve outcomes for patients.

Staff told us the practice had a system for completing clinical audit cycles to help improve the service and follow up to date best practice guidance. The practice carried out analysis of these audit results, made action plans to address any issues identified and planned to repeat the audit to assess the impact of any actions taken and complete a cycle of clinical audit. Records showed that clinical audit results and action plans were discussed at partners' practice meetings. However, there was no evidence that results were being shared with other relevant staff members at wider staff meetings.

City Way Surgery was unable to demonstrate adherence to all audit requirements stipulated in governance policies. For example, the practice's not for cardiopulmonary resuscitation policy stated that an annual audit of adherence to the policy must be undertaken. The practice was unable to provide us with evidence that this audit had taken place.

Effective staffing

Personnel records contained evidence that appropriate checks had been undertaken prior to employment. For example, proof of identification, references and interview records. Disclosure and Barring Service (DBS) checks (criminal records checks), or assessments of the potential risks involved in employing staff without DBS clearance, had been carried out on all staff.

We saw examples of the staff induction training. Staff told us that they received yearly appraisals and GPs said they carried out revalidation at regular intervals and records confirmed this. There was evidence in staff files of the identification of training needs and continuing professional development.

The practice had processes to identify and respond to poor or variable practice including policies such as the management of sickness policy and a disciplinary procedure.

Working with colleagues and other services

The practice had a system for transferring and acting on information about patients seen by other doctors out of hours and patients that had been discharged from hospital.

The practice had a system to refer patients to other services such as hospital services or specialists.

Staff told us that there was a system to review and manage blood results on a daily basis. Results that required urgent attention were dealt with by the duty GP at the practice promptly, and out of hours doctors as well as palliative care staff were involved when necessary.

City Way Surgery was unable to demonstrate how they worked with multi-professional staff from the primary health care team. Although staff told us that they did work with other services to provide care such as end of life care to patients at home, there were no records of regular staff meetings that involved multi-professional staff from the primary health care team and other services. For example, midwives, health visitors and community nursing teams to share information about patients, their treatment and care plans.

Information sharing

Are services effective?

(for example, treatment is effective)

Relevant information was shared with other providers in a variety of ways to help ensure patients received timely and appropriate care. For example, the practice had a system to alert the out-of-hours service or duty GP to patients dying at home.

All information about patients received from outside of the practice was captured electronically in the patients' records. For example, letters received were scanned and saved into the patients' records by the practice.

Consent to care and treatment

The practice had a consent policy that governed the process of patient consent and guided staff. The policy described the various ways patients were able to give their consent to examination, care and treatment as well as how that consent should be recorded. The policy contained examples of forms that patients could sign to give their consent to investigations or treatment, such as minor surgical procedures.

Staff told us that they obtained either verbal or written consent from patients before carrying out examinations, tests, treatments, arranging investigations or referrals and delivering care. They said that parental consent given on behalf of children was documented in the child's medical records. Records confirmed that staff had received training on the Mental Capacity Act 2005 and staff we spoke with were able to describe how they would manage the situation if a patient did not have capacity to give consent for any treatment they required. Staff also told us that patients could withdraw their consent at any time and that their decisions were respected by the practice.

Health promotion and prevention

There was a range of posters and leaflets available in the reception / waiting area that provided a variety of health promotion and other medical and health related information for patients. For example, signs and symptoms of bladder cancers and advice for patients worried about their memory.

The practice provided dedicated clinics for patients with certain conditions such as diabetes and asthma. Staff told us that these clinics enabled the practice to monitor the ongoing condition and requirements of these groups of patients. They said the clinics also provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration. Patients who used the clinics told us that the practice had a recall system to alert them when they were due to re-attend.

Patients told us that they were able to discuss any lifestyle issues with staff at City Way Surgery. For example, issues around eating a healthy diet or taking regular exercise. They said that they were offered support with making changes to their lifestyle. For example, referral to the practice's smoking cessation service.

New patients were offered health checks and the practice provided 'well man' and 'well woman' clinics where existing patients could receive a free health check. Sexual health advice was available to all patients and the practice offered a local chlamydia (a sexually transmitted disease) screening service. Services were available at the practice for patients who were experiencing problems with their memory or who were diagnosed with dementia. Cholesterol checks as well as drugs and alcohol screening were available at the practice. Staff told us that they offered appropriate opportunistic advice, such as breast self-examination and testicular self-examination, to patients who attended the practice routinely for other issues.

The practice provided childhood immunisations, seasonal influenza inoculations and relevant vaccinations for patients planning to travel overseas.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We spoke with seven patients, all of whom told us they were satisfied with the care provided by the practice. All patients we spoke with considered their dignity and privacy had been respected. Although we received two negative comments about the fact that some staff were abrupt, the majority of patients said that staff were approachable and helpful. Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained whilst they undressed / dressed and during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private. Incoming telephone calls were answered by reception staff and, although these conversations could be overheard by patients waiting at reception, staff followed the practice confidentiality guidance to keep information about patients private. Staff told us that there were plans to install a clear screen at reception to increase security and confidentiality in that area. Staff told us that a private room was available at the reception desk should a patient wish a more private area in which to discuss any issues.

There was a policy that governed patient confidentiality at City Way Surgery. There was also a confidentiality statement specifically relating to patients under the age of 16 years that guided staff and protected the rights of young people.

Care planning and involvement in decisions about care and treatment

Patients told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they chose to receive. Most patients told us they felt listened to and supported by staff, but three said they felt rushed during consultations. However, patients told us they felt they were provided with sufficient information during consultations in order to be able to make an informed decision about the choice of treatment they wished to receive.

Patient/carer support to cope emotionally with care and treatment

Timely support and information was provided to patients and their carers to help the cope emotionally with their care, treatment or condition. Information on support offered by other services was also available. For example, leaflets on specialist dementia day care centre services and the Primary Care Psychological Therapies Services were available in the practice waiting area.

The practice supported patients to manage their own health, care and wellbeing and to maximise their independence. Clinics provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

An interpreter service was available for patients whose first language was not English and there was a multilingual computerised touch screen booking in system available to all patients in the reception.

Patients over the age of 75 years had been allocated a dedicated GP to oversee their individual care and treatment requirements. Staff told us that patients over the age of 75 years were informed of this by letter. Specific health promotion literature was available as well as details of other services for older people.

Patients were able to receive care and treatment in their own home from practice staff as well as community based staff such as district nurses and palliative care staff.

Patients told us that they were referred to other services when their condition required it. For example, one patient told us they were referred to the local hospital for urgent treatment that the practice was not able to provide locally. Two other patients told us they had been referred to other NHS service providers. Both patients said the practice arranged the referral appointment and they were not offered the opportunity to use the NHS Choose and Book system where patients are able to book an appointment that suits their needs directly with the service they had been referred to. Staff told us that for some specialities, such as dermatology, no appointments were available through the NHS Choose and Book system, necessitating traditional style referrals.

Patients were provided with information on when it was appropriate to seek help from other services. For example, the patient information leaflet indicated that patients experiencing non-life-threatening emergencies outside of the practice's working hours should call 111.

The practice offered information and contact details of other service providers for specific groups of patients. For example, information was available about the homeless charity Shelter as well as the Kent Advice Service for Single Homeless (KASSH). Leaflets detailing help available to support disabled children were also available and there were posters detailing group support available in the community such as the lesbian, gay, bisexual and transgender group. The practice offered some, local services for specific groups of patients such as a counselling service for those patients experiencing poor mental health and a contraceptive service for women of childbearing age.

There was no part of the reception desk that was lowered in order that patients using a wheelchair could speak with reception staff without a physical barrier between them. Staff told us that when dealing with patients who were not able to see over the reception desk, for whatever reason, they would walk round to the patient side of the desk in order to speak with them.

Staff told us that patients' cultural beliefs and customs were taken into account wherever possible when delivering care. For example, patients who were fasting during Ramadan were able to have their medication prescription altered, if possible, from three times daily to twice daily for the period of time that they were fasting.

The practice was unable to demonstrate that it fully took into account the views and comments of the patient participation group (PPG). The PPG's views were not discussed at staff meetings but staff told us that comments and suggestions put forward at these meetings were considered by the practice and improvements made where practicable. However, most PPG suggestions of improvements for patients at the practice had not been implemented. For example, suggestions to change the colour of the practice information leaflet from pale blue to an alternative to improve clarity for the visually impaired made at the PPG meeting on 10 March 2014 had yet to be acted upon. There were ongoing suggestions since March 2014 by the PPG for the practice to have a 'health information day' that had also not been actioned. There was no action plan to address issues and monitor the actions that had been raised by the PPG.

Tackling inequity and promoting equality

City Way Surgery had an equality policy to reduce the risk of discrimination and victimisation of staff by their employer. Staff told us that services were delivered in a way that took into account the needs of different patients on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation.

Some practice staff had received specific training in equality and diversity, learning disabilities awareness and mental health awareness.

Are services responsive to people's needs?

(for example, to feedback?)

Staff told us that all patient areas of the practice were accessible by wheelchair. There was designated parking for people with disabilities in the practice's car park and a ramp to facilitate wheelchair access to the practice from the car park. There were two separate doors that all patients came through in order to enter the practice. During our inspection an automatic door opening system was in the process of being fitted to the outer entrance door to the practice. There was an automatic door opening system already installed on the second inner entrance door to the practice. However, when we activated this system the door failed to open. Staff told us that they were not aware that the inner door opening system was not functioning. There was a raised threshold on the outer entrance door that would be difficult for wheelchair users to negotiate when entering the practice. Staff told us that they had not taken this into account when considering access for wheelchair users to the practice.

Access to the service

Primary medical services were provided Mondays, Wednesdays and Fridays, 7am to 12noon and 2pm to 6pm, as well as Tuesdays and Thursdays, 7am to 12noon and 2pm to 8pm. Primary medical services were available to patients registered at City Way Surgery via an appointments system. Staff told us that patients could book appointments by telephoning the practice, using the on-line booking system or by attending the reception desk in the practice. The practice provided a telephone consultation service for those patients who were not able to attend the practice. The GPs and nurses visited patients in their homes if they were housebound or too ill to visit City Way Surgery. There were a range of clinics for all age groups of patients with common conditions as well as the availability of specialist nursing treatment and support. There were arrangements with another provider to deliver services to patients outside of City Way Surgery's working hours.

Practice opening hours as well as details of how patients could access services outside of these times were displayed on the front of the building. The practice had a website where patients could access these details as well as information regarding all services available to them at City Way Surgery. Patients could download and print a patient information leaflet from the practice's website. This leaflet was not up to date. For example, it still contained the names of staff who had left the practice some time ago. Staff told us that the patient information leaflet was currently only available to patients via their website as they had run out of hard copies for patients to take away with them. The website also gave details of services offered by other providers, such as local residential care services, and their contact telephone numbers.

All patients we spoke with said they experience difficulties when making appointments. They all said they always waited for long periods for staff to answer the telephone. All the patients we spoke with told us they experienced average delays of at least three weeks before they could book an appointment that suited their needs. One patient told us that delays in obtaining an appointment to see a nurse at the surgery had recently increased since two nursing staff left earlier this year. Two patients had had to book an emergency appointment and both told us that City Way Surgery were not able to see them the same day and they were advised to attend another service provider locally. All seven patients that we spoke with said that the practice did not employ sufficient staff in the roles needed to meet their needs. They said they felt that increasing staff numbers would enable the practice to answer telephone calls more quickly and reduce the length of time they had to wait for an appointment by increasing the number of appointments available. Not all patients we spoke with were aware of how they could access out of hours care when the practice was closed.

Listening and learning from concerns and complaints

City Way Surgery had a system for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. The practice complaints policy contained the names of relevant complaints bodies. Contact details of relevant complaints bodies were not available in the complaints policy documentation. Timescales for dealing with complaints were clearly stated and details of the staff responsible for investigating complaints were given. There was a poster displayed in the waiting area that gave details of how patients could raise comments, concerns, compliments and complaints about City Way Surgery. None of the patients we spoke with were aware of the practice's complaints procedure. Although one patient told us they had cause to complain recently, their complaint had been investigated and they had received a satisfactory reply from

Are services responsive to people's needs?

(for example, to feedback?)

the practice. The complaints policy indicated that the practice kept a log of complaints received that was completed in full and in line with legislation. Staff told us that their complaint log was not up to date but records of each complaint were held in a designated file and there had been 34 complaints in 2014.

The practice had a system to investigate and learn from complaints it received. Complaints were discussed at practice meetings attended by GP partners and the practice manager. However, there was no evidence that relevant information was being shared with other staff members at wider staff meetings. We looked at 10 complaint records and saw that all were managed by a dedicated staff member. However, some complaint records were incomplete. For example, two records did not indicate when the complaint was acknowledged, four records did not indicate when the complainant was responded to and eight records did not indicate if the complaint had been discussed at the practice meeting.

The complaints policy contained conflicting information as to when it had last been updated. For example, at the foot of every page it stated "Updated 24 November 2013" whilst at the top of page two it stated "Updated 18 February 2014". It also stated that the practice must produce an annual report on complaints for the Primary Care Trust (PCT). Staff told us that an annual report on complaints had not been produced by the practice. In addition the PCT was no longer in existence which indicated that the policy contained incorrect information despite having two dates indicating it had recently been updated.

The practice was not able to demonstrate that it took into account the results of annual patient surveys that were carried out.

Are services well-led?

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

Our findings

Vision and strategy

City Way Surgery had a practice vision statement indicating that doctors, nurses and all staff were committed to the provision of high quality patient care and best practice, through the delivery of services which were timely, considerate and responsive to the needs of their patient population, and supported by a clear focus on customer service. However, none of the staff we spoke with were aware of the practice vision statement or any practice strategy.

Governance arrangements

The practice had a dedicated GP clinical governance lead who had received governance training. There were a variety of policy, procedure, flow chart and planning documents that the practice used to govern activity. For example, the accident investigation policy, the chaperone procedure, the patient emergency handling flow chart and the business continuity plan. However, we looked at 15 governance documents and saw that only seven were dated to indicate when they were written or came into use. Only five of the 15 documents contained a planned review date so it was not clear if there were plans to keep them up to date. One of the policies was dated 2006 and contained a review date of 2009. This policy also made reference to the Primary Care Trust (PCT) which no longer existed. Another of the policies was in draft form and it was not clear if it had been ratified for staff to use. The practice was unable to demonstrate there was an effective system to help ensure all governance documents were kept up to date.

Individual GPs had lead responsibilities such as safeguarding vulnerable adults and children.

Staff told us the practice had a system for completing clinical audit cycles to help improve the service and follow up to date best practice guidance. The practice carried out analysis of these audit results, made action plans to address any issues identified and planned to repeat the audit to assess the impact of any actions taken and complete a cycle of clinical audit. Records showed that clinical audit results and action plans were discussed at partners' practice meetings. However, there was no evidence that results were being shared with other relevant staff members at wider staff meetings.

City Way Surgery was unable to demonstrate adherence to all audit requirements stipulated in governance policies. For example, the practice's not for cardiopulmonary resuscitation policy stated that an annual audit of adherence to the policy must be undertaken. The practice was unable to provide us with evidence that this audit had taken place.

Leadership, openness and transparency

City Way Surgery did not have a clear leadership structure. Prior to our inspection visits we reviewed a range of information we held about the practice and asked other organisations to share what they knew. For example, NHS England and the local clinical commissioning group (CCG). Information received from other organisations indicated that they had received reports of leadership issues at City Way Surgery. Staff told us that there was no single lead partner despite one of the GPs being the senior partner. Some of the staff we spoke with said they felt valued by the practice and all said they felt able to contribute to the systems that delivered patient care. However, partners' practice meeting minutes dated 19 May 2014 indicated there was a lack of cohesion, unity and reliance between partners at the practice. Despite serious problems identified in these minutes, no one within the partnership was identified as taking the lead in resolving them. We looked at all 2014 practice meeting minutes and saw that the issues raised at the meeting in May 2014 had not subsequently been discussed further. City Way Surgery was unable to demonstrate how the issues identified at the practice meeting in May 2014 were being addressed.

The practice demonstrated effective human resources practices such as comprehensive staff induction training. Staff told us that they received yearly appraisals and GPs said they carried out revalidation with the GMC at required intervals. We saw records that confirmed this. There was evidence in staff files of the identification of training needs and continuing professional development.

Staff had job descriptions that clearly defined their roles and tasks whilst working at City Way Surgery. The practice had processes to identify and respond to poor or variable practice including policies such as the management of sickness policy as well as a disciplinary procedure.

Are services well-led?

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

Some staff told us they felt supported by colleagues and management at the practice. They said they were provided with opportunities to maintain skills as well as develop new ones in response to their own and patients' needs.

The practice was subject to external reviews, such as Deanery inspections and General Medical Council performance reviews. GP revalidation involved appraisal by GPs from other practices.

Practice seeks and acts on feedback from its patients, the public and staff

The practice was not able to fully demonstrate that it took into account the views of patients and those close to them via feedback from the patient participation group (PPG), patient surveys or comments and complaints received when planning and delivering services.

Minutes of the PPG meetings demonstrated regular meetings where comments and suggestions were put forward by members. Staff told us that comments and suggestions put forward at these meetings were considered by the practice and improvements made where practicable. For example, the PPG suggested that designated parking spaces for people with disabilities at the practice be widened to permit access to and from vehicle doors. Minutes of the PPG meeting held on 8 September 2014 indicated that this had been carried out. However, most PPG suggestions of improvements for patients at the practice had not been implemented. For example, suggestions to change the colour of the practice information leaflet from pale blue to an alternative to improve clarity for the visually impaired made at the PPG meeting on 10 March 2014 had yet to be acted upon. There were ongoing suggestions since March 2014 by the PPG for the practice to have a 'health information day' that had not been actioned. PPG suggestions had not been discussed at practice meetings. Although minutes of the practice meeting held on 1 September 2014 indicated that PPG suggestions would be added to practice meeting agendas in the future.

City Way Surgery was unable to demonstrate that patients' views about the practice collected via a patient survey had been taken into account. We saw a blank patient survey 2014 questionnaire containing a variety of questions such as 'Would you be happy to see a nurse before seeing a doctor?'. There was a document containing results of a survey which was not dated so we could not be sure when the survey had been carried out. Practice meeting minutes for 2014 and PPG meeting minutes for 2014 demonstrated that results of the patient survey had not been discussed at either.

We looked at the NHS Choices website where patient survey results and reviews of City Way Surgery were available. There were 11 reviews in total left in 2014 that were all negative about patients' experiences of using City Way Surgery and the practice had not responded to them. Staff told us that these reviews had been discussed informally and the practice had informal plans to respond to reviews left on the NHS Choices website in the future.

The practice held meetings in order to engage staff and involve them in the running of the practice. For example, clinical meetings, practice meetings, lead meetings and reception meetings. Staff we spoke with told us they felt valued by the practice and able to contribute to the systems that delivered patient care.

Management lead through learning and improvement

The practice valued learning. The practice had a system to investigate and reflect on accidents and significant events that occurred. There was evidence that learning from significant events had taken place. However, there was no evidence that relevant information was being shared with all staff members at meetings outside of partners' practice meetings. All staff were encouraged to update and develop their knowledge and skills.

Staff told us that the practice held educational events on Friday mornings. An annual 'brain storming' session for clinical staff also took place and a practice nurse group meeting was held every two months. All staff we spoke with told us they had an annual performance review and personal development plan.

The practice had systems to identify and reduce risk. Risk assessments were carried out. However, where risks were identified action plans were not always made in order to reduce the identified risk. This activity was not always monitored in order to evaluate the effectiveness of the implemented action plan.

The practice had a process that helped ensure clinical equipment was regularly serviced and calibrated. There was contingency planning contained in the business

Are services well-led?

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

continuity plan to manage some risks, for example, loss of the computer system. However, the practice's fire risk assessment was not up to date and on-going health and safety risk assessments were not apparent.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing How the regulation was not being met: In order to safeguard the health, safety and welfare of service users, the registered person had not taken appropriate steps to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity. Regulation 22.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision How the regulation was not being met: The registered person was not protecting service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of effective operating systems designed to enable them to; regularly assess and monitor the quality of services provided in the carrying on of the regulated activity; identify, asses and manage risks relating to health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity. Regulation 10(1) (a) (b).