

# Thornhills Medical Practice

## Quality Report

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Date of inspection visit: 14 December 2016  
Date of publication: 02/02/2017

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?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Thornhills Medical Practice on 14 December 2016.

Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. 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.
- 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. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- Thornhills Medical Practice was the biggest provider of Skilled Primary Care Surgery in West Kent. The practice accepted referrals from all West Kent practices and were the sole provider of this service for many of them. The practice had six GP's who were accredited and performed Skilled Primary Care Surgery. Of these, four were qualified skin cancer surgeons and two performed carpal tunnel decompression surgery. On average there were seven minor surgery operating lists carried out each week. Staff told us that patients had said they liked the service because it offered short waiting times, easy access, a friendly and efficient service and there was good communication with the patients' own GP.

# Summary of findings

The areas where the provider should make improvement are:

- Keep the appointment system under review in order to meet patient demand for the various types of clinical appointments.
- Ensure that written risk assessments regarding all substances that are hazardous to health are in place to aid the effective management of the related risks.
- Ensure the on-going implementation of the infection prevention and control programme and keep related records readily available.
- Continue to improve patient outcomes for those with long term conditions.
- Ensure that carers are identified and supported appropriately.

**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 good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the local and the national average. We found that the practice's exception reporting was higher in some aspects compared to the local and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

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

Good



# Summary of findings

- 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.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice offered appointments outside of normal working hours and telephone consultations. The practice also provided in-house chiropody, influenza vaccines, minor surgery and joint injection clinics. The practice used prescription for exercise widely and provided home and ambulatory blood pressure machines to patients.
- Patients said they had mixed views about the practice's morning walk-in clinics as they had to wait for a long time to be seen and they may see their usual GP.
- 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. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



# Summary of findings

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

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice used the monitored dosage systems, and worked with a local pharmacy to help ensure medication was delivered to patients' who could not collect their medicines.
- The practice maintained a register of high risk patients and these patients had personal care plans in place. The practice was also in regular contact with district nurses and hospice nurse to help support patients.
- The practice provided in-house chiropody, influenza vaccines, minor surgery and joint injection clinics.
- The practice referred patients to health and social care coordinators and signposted them to other support services and transport services as needed.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice operated recall systems to ensure that patients were reviewed at least annually.
- The practice's performance for most diabetes related indicators were similar or better than the local and national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 88% compared to the clinical commissioning group average of 88% and the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice's

Good



# Summary of findings

palliative care lead met with hospice and district nurses in every three months. The practice also worked with the long term condition nurse to help improve care for housebound patients with complex needs.

- The practice sought advice from local consultants regarding care and treatment issues where necessary.
- The practice carried out medication reviews at least annually to help ensure medicines were linked to the condition and that patients were clear regarding the purpose and aims of treatment.
- The practice encouraged influenza vaccines, used prescription for exercise widely and provided home and ambulatory blood pressure machines to patients.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. There was a practice-wide awareness of safeguarding and a nominated lead who met regularly with the health visitor and school nurse.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 84% and the national average of 82%.
- Appointments were offered after school hours and walk-in or book on the day appointments were made available for more urgent issues. Telephone consultations were also offered.
- Six week mother and baby checks were offered.
- The premises were suitable for children and babies.

Good



## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The first and last routine appointments in the normal working day were 8:20am and 5:30pm from Monday to Friday. The nurse team had some

Good





# Summary of findings

lunchtime appointments and extended hours doctor and nurse clinics were provided offering evening and early morning appointments. (6:30pm to 7:30pm Monday and Wednesday, 6.30pm to 7.45pm Thursday and 7am to 8am on Tuesday)

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice promoted the use of online systems for booking appointments, prescription requests and for access to patient records. The practice also made use of electronic prescribing.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Personal care plans for patients with a high risk of hospital admission were in place.
- The practice offered annual reviews and 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 encouraged vulnerable patients' carers or support workers to attend consultations.
- 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.
- The practice's electronic patient record system alerted staff if a patient had specific needs, for example literacy issues, a visual/auditory impairment, requiring an interpreter, difficulty with noise or waiting.

Good



## 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).

- Performance for mental health related indicators were similar or better than the local and national average. Patients with chronic mental health problems were reviewed at least annually for addressing physical as well as mental health care.

Good



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice made use of a consultant advice line for medication queries, worked with the local pharmacy to monitor medication and prescribed limited quantity where appropriate to reduce the risk of misuse.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The use of online access to psychology websites was encouraged. Positive lifestyle changes including smoking cessation clinics and prescription for exercise was promoted.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The reception team were trained by the Alzheimer's Society and they had become 'Dementia Friends'.
- There was an on-site community mental health worker and counselling service available.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 227 survey forms were distributed and 111 were returned. This represented 0.75% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 76% and to the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and to the national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and to the national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 84% and to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about the standard of care received. Patients said that staff were caring and helpful and that the care they received was excellent.

We spoke with 18 patients during the inspection. Patients spoken with had mixed views about the morning walk-in clinics and said that they had to wait for a long time to be seen and may not see their own GP. Other comments from patients suggested that they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice had 57 Friends and Family Test responses between October 2015 and October 2016. 21 of the comments were positive, which meant that 37% of the respondents would recommend the practice to their friends and family.

# Thornhills 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 an Expert by Experience.

## Background to Thornhills Medical Practice

Thornhills Medical Practice is serving over 14,800 patients in Larkfield, East Malling, Ditton, parts of Aylesford and Leybourne. The practice is based in Larkfield Health Centre, a large health facility, which provides a wide range of medical and community services. The deprivation score for the practice population is eight on a scale of one to ten where ten is the least deprived decile. The practice population's age distribution is close to the England average. The practice provides its services under a General Medical Services (GMS) contract.

There is ample parking in the car park adjacent to the practice, including accessible parking bays. There is easy access for wheelchair users and parents with young children in pushchairs. The building has lifts and assisted toilet facilities.

At the time of our inspection the practice had six GP Partners (four males, two females), two assistant GPs (females), a GP registrar, five nurses, four health care assistants and a phlebotomist. The practice manager and the assistant practice manager manage a team of 20 non-clinical staff.

The practice is open between 8am and 6:30pm from Monday to Friday. Extended hours for pre-booked

appointments are offered at the following times: 6:30pm to 7:30pm Monday and Wednesday, 6.30pm to 7.45pm Thursday and 7am to 8am on Tuesday. Out of hours services are accessible via NHS 111. Information about how patients can access these services is available on the practice's website and at the practice's entrance. Appointments are available with the GPs, nurses and health care assistants. In addition to pre-bookable appointments, same day appointments are available via walk-in clinics.

Thornhills Medical Practice is a training practice which means GP Registrars and Foundation Year 2 doctors joined the practice to gain experience and training in general practice. The practice also have medical students on placement. There was one GP registrar at the practice at the time of our inspection.

## 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 14 December 2016. During our visit we:

- Spoke with a range of staff (four GP partners, two locum GPs, a nurse, the practice manager and three non-clinical staff) and spoke with 18 patients who used the service.
- Received written feedback from five non-clinical staff on the day of our inspection.
- 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 an effective system in place for reporting and recording significant events.

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

We reviewed safety records, incident reports, patient safety alerts and talked with staff about how incidents were discussed in their regular meetings. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, where a patient experienced side effects as a result of taking a prescribed medicine, the GP's put a process in place to warn patients of the possible side effect of this medicine.

Another significant event identified that the practice's phones stopped working and patients could not contact the surgery by telephone for 26 hours. Appropriate actions were taken to manage this event and the IT system had been changed as a consequence.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and 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. GPs and nurses were trained to child safeguarding level three, health care assistants to level two and all other staff to level one. Records of meetings showed how nursing staff discussed concerns related to vulnerable children and identified actions such as informing the named GP in order to follow-up the concerns.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who kept up to date with best practice by regularly checking on-line resources. There was an infection control protocol in place and staff had received up to date training. Systems to manage and monitor the prevention and control of infection were in place and no concerns were identified during our inspection. However, the records of infection control audits were not readily available on the day of our inspection. An 'Infection prevention and control inspection checklist and risk assessment' along with the practice's annual infection control statement was sent to us on the day after the inspection. The records showed that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and

## Are services safe?

there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- 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 managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Although we did not identify any unmanaged risks, we noted that written risk assessments related to substances that were hazardous to health were in place for cleaning products but not for all hazardous substances. The practice took action on the day of the

inspection to ensure that the relevant risk assessments were adequately recorded and we received copies of risk assessments, for example regarding liquid nitrogen and surgical hand gels, on the day after the inspection.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Appointment availability was also looked at in one or two weeks in advance and changes were made to the type of available appointments to adjust them to the needs of the patients. Staff told us that more clinical and administration staff were needed and we noted that the practice was in the process of recruiting more clinical staff.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place 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 in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 99% of the total number of points.

The combined overall total exception reporting for all clinical domains was 13% which was higher than the clinical commissioning group (CCG) average of 9% and the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). We found that the practice's exception reporting regarding asthma was 28% compared to the CCG average of 9% and the national average of 7%. The exception reporting for chronic obstructive pulmonary disease (COPD) was 20% compared to the CCG average of 13% and the national average of 12%. The practice had a system in place to invite patients for their reviews three times in writing but some patients had not responded to these and therefore they were exempted from the reports.

This practice was an outlier for one QOF (or other national) clinical target. Data from 2014/2015 showed:

- Performance for diabetes related indicators were similar or better than the local and national average with one exception. 66% of patients on the diabetes register, in

whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less, which was worse than the clinical commissioning group (CCG) average of 78% and the national average of 78%. We found that the practice was unaware of this result and there was no plan in place to improve on this at the time of our inspection.

- Performance for mental health related indicators were similar or better than the local and national average, for example 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had had their care reviewed in a face to face meeting in the last 12 months, which was better than the clinical commissioning group (CCG) average of 88% and the national average of 88%.
- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 85% and to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been various clinical audits completed in the last two years. We were shown the records of eight audits, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice completed a review of cancer cases whereby all cancer diagnoses were reviewed over a 12 month period from 2015-2016.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the review of medical notes of all post-natal checks carried out in May 2015 following the identification of a patient whose diagnosis of post-natal depression was missed at her six week check. The findings were presented at a practice meeting and an intervention was discussed and planned. The notes of all post-natal checks carried out in November 2015 were reviewed. The results showed a significant improvement which meant that the number of patients who were asked about mood and had evidence of this in their notes increased.

Information about patients' outcomes was used to make improvements such as ensuring that renal function was



# Are services effective?

## (for example, treatment is effective)

monitored annually where this was required due to a side effect of a medicine. Strategies to increase the standard of renal function monitoring were implemented which included sending letters to patients advising that they should make an appointment for renal function tests. Those that had not had renal function tests were contacted via telephone and advised to make an appointment for a blood test. Reminder notifications were also put on the electronic patient records to alert staff when a patient was due for a check.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Nursing staff completed training such as a diabetes masterclass, updates regarding cervical screening and ear care training.
- 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: basic life support, safeguarding children and adults, information governance, fire safety and health and safety. Staff had access to and made use of e-learning training modules and in-house training. Written feedback from staff also indicated that they were given the opportunity to complete training courses.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice's palliative care lead met with hospice and district nurses in every three months. The practice also worked with the long term condition nurse to help improve care for the housebound patients with multiple illnesses. The practice sought advice from local consultants for complex problems where necessary and also liaised with health visitors and school nurses as needed.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking

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

and alcohol cessation. The practice ran a 'Stop Smoking' service, provided health checks and provided information on healthy living. Nurses and doctors offered appointments to monitor patients' weight reduction programmes.

Patients were signposted to the relevant service. The practice referred patients to the local council run services, for example prescription for exercise and other online services.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 84% and the national average of 82%. The practice contacted patients who did not respond to their invitation for the test in order to encourage the uptake of the screening programme. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast

cancer screening. 78% of female patients aged between 50 and 70 years of age were screened for breast cancer in the previous 36 months compared to the CCG average of 73% and the national average of 72%. 62% of patients aged between 60 and 69 years of age were screened for bowel cancer in the previous 30 months compared to the CCG average of 61% and the national average of 58%.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 62% to 98% and five year olds from 92% to 98% compared to the CCG range from 52% to 92% and 87% to 96% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received six comment cards which were all positive about the standard of care received. Patients said all staff were caring and helpful and that the care they received was excellent.

We spoke with 18 patients during the inspection. Patients told us that they had mixed views about the morning walk-in clinics as they had to wait a long time and may not see their own GP. Other comments from patients suggested that they were satisfied with the care they received and thought staff were approachable, committed and caring. We also spoke with two members of the practice's patient reference group (PRG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and to the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and to the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. 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 in line with local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and to the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and to the national average of 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.
- Information leaflets were available in easy read format and in large prints.
- The practice offered extra time for patients when it was needed.

## Are services caring?

- The practice had a hearing loop and a member of the reception staff was sign language trained.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 119 patients as carers (0.8% of the practice list). Written information was available to direct carers to the various avenues of support

available to them. The practice referred to and liaised regularly with the local health and social care coordinator and responded to concerns raised by other health professionals such as district nurses or counsellors. The practice also provided supporting evidence such as letters to facilitate carers' access to other services, for example home adaptations. Influenza vaccines were also offered to carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The first and last routine appointments in the normal working day were 8:20am and 5:30pm from Monday to Friday. The nurse team had some lunchtime appointments and extended hours doctor and nurse clinics were provided offering evening and early morning appointments. (6:30pm to 7:30pm Monday and Wednesday, 6.30pm to 7.45pm Thursday and 7am to 8am on Tuesday)
- Telephone consultations were also offered as needed.
- Appointments were offered after school hours and walk-in or book on the day appointments were made available for more urgent issues.
- There were longer appointments available for patients with complex needs and/or a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided in-house chiropody, influenza vaccines, minor surgery and joint injection clinics.
- The practice encouraged influenza vaccines, used prescription for exercise widely and provided home and ambulatory blood pressure machines to patients.
- The practice promoted the use of online system for booking for appointments, prescription requests and for online access to patient records. The practice also made use of electronic prescribing
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8am and 6:30pm from Monday to Friday. Extended hours for pre-booked appointments were offered at the following times: 6:30pm to 7:30pm Monday and Wednesday, 6.30pm to 7.45pm Thursday and 7am to 8am on Tuesday. Out of hours

services were accessible via NHS 111. Information about how patients could access these services was available on the practice's website and at the practice's entrance. Appointments were available with GPs, nurses and health care assistants. In addition to pre-bookable appointments, same day appointments were available via walk-in clinics.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and to the national average of 79%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. However, they had mixed views about the practice's morning walk-in clinics as they had to wait a long time to be seen and may not see their usual GP.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example on the practice's website and a poster about the complaint procedure was on display in the waiting area.

We found the practice had recorded six complaints in 2015/2016. We looked at the complaints in detail and found these were satisfactorily handled and dealt with in a timely way. Openness and transparency were demonstrated when dealing with complaints and lessons were learnt from individual concerns and complaints. Actions were taken to as a result to improve the quality of care. For example, where a patient was unhappy with a procedure carried out by a nurse, the nurse was supported by training and observing other nurses to help improve the outcome for patients.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. The plans included the future recruitment of GPs and other clinical roles, for example, practice nurse, paramedic practitioner and practice pharmacist, to meet the growing demands for clinical appointments. The practice also intended to promote the use of online services for appointment booking and review how nurses worked at the practice to create more appointments and maximise their skills for the benefits of patients.

### 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 in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were

approachable and always took the time to listen to all members of staff. The feedback from staff also indicated that the practice had an open and transparent management team.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. GPs had daily lunchtime meetings to share learning and promote reflective practice. Other staff groups also had weekly and/or monthly meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted that away days for GPs and management were held annually.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through its patient reference group (PRG) and through surveys and complaints received. The PRG met

# Are services well-led?

Good 

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

regularly, was involved in discussions and submitted proposals for improvements to the practice management team. For example, feedback from the PRG led to rewriting the practice's patient information documents and writing a column in the local parish newsletter aiming to engage with irregular service users.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, administration rooms and equipment were reorganised to make better use of space and uniforms were provided to reception staff due to feedback from staff.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice's uptake of local improvement schemes was 100% which included involvement in West Kent Clinical Commissioning Group's Care Plan Management System (CPMS) which aimed to provide a single care plan system linked to all relevant providers and accessible to patients and their carers. The practice was also involved in pilot schemes such as the Electronic Prescription System and a nurse and pharmacist mentoring programme.

The practice had reviewed the staff structure over the last year and continued to redesign its appointment system to improve access, in consultation with its PRG. The practice also worked to increase appointment availability by removing administrative tasks from clinical staff where it was possible.