

Warders Medical Centre

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	13
Background to Warders Medical Centre	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Warders Medical Centre on 28 July 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with all staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

We saw areas of outstanding practice:

- The lead GP had established a system to help ensure that contact with school staff assigned to children on the 'at risk' register, were routinely reviewed. Documentary evidence showed that meetings were held with the schools leads for safeguarding at the beginning of each term. There were also arrangements for the lead GPs to liaise with the specialist educational needs co-ordinator (SENCO) at a local primary school.
- A protocol had been implemented by the practice to ensure that monthly searches by the prescribing office at the practice included the underuse of medicines and a code being added to patient's records when poor compliance had been noted. Where patients had a diagnosis of memory loss or dementia, GPs were prompted (via the computer system) to review patients prescribed medicines and where appropriate, to consider alternative means of dispensing the medicines.
- Where patients experienced poor mental health and did not attend (DNA) for appointments, the practice had a protocol for ensuring the patients well-being. We saw examples of the practice having reviewed patient's notes following a DNA and where there was cause for concern (indicated in previous consultations), the practice contacted the patient. If contact had not been made, there was a protocol for informing other agencies.
- The practice had exceptional IT systems and protocols to ensure patients were safeguarded

against risks. Computer system work streams had been incorporated into the software package used by the practice, which followed a review of significant events, complaints and safety alerts received by the practice.

The areas where the provider should make improvement are:

- Continue to ensure that systems, processes and practices keep patients safe in relation to infection control and prevention.
- Continue to ensure that routine checks for the safe storage of medicines are risk assessed, recorded and maintained.
- Continue to ensure that obtaining Disclosure and Barring Service (DBS) checks for staff who act as chaperones.
- Continue to ensure the business continuity plan (disaster recovery plan) is kept up to date.
- Continue to improve the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers are offered relevant support if required.
- Continue to improve the system for monitoring and reviewing practice policies and procedure, to help ensure there is a consistent approach in how they are maintained between the two practices.

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.

Good



- There was an effective system for reporting and recording significant events
- The practice used every opportunity to learn from internal incidents, to support improvement. Learning was based on continual, thorough analysis and investigation.
- 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 to keep patients safeguarded from abuse. However, not all staff had received a Disclosure and Barring Service (DBS) check or had an appropriate risk assessment completed. Annual infection control audits had not been undertaken. Personnel files for nurses were not always up to date with checks in relation to their registration with the appropriate professional body. We raised these issues with the practice manager who sent us information following the inspection to confirm they had been addressed following our visit.
- Although risks to patients who used services were not always assessed, the systems and processes to address these risks had been implemented well enough to ensure patients were kept safe.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Our findings at inspection showed that systems ensured that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance and made significant changes to information technology (IT) systems and processes, where appropriate.
- 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.
- There was a strong focus on continuous learning and improvement at all levels within the practice, clinical and non-clinical.

Are services caring?

The practice is rated as good for providing caring services.

Good



- The practice had a strong patient-centred culture. Staff were motivated to offer kind and compassionate care and worked to overcome obstacles to achieving this. Relationships between people who used the service, those close to them and staff were strong, caring and supportive. These relationships were highly valued by all staff and promoted by leaders.
- Data from the national GP patient survey showed patients rated the practice in line with or 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.
- 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.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- Patients accessed appointments and services in a way and at a time that suited them. Home visits were available, as were same day appointments and telephone consultations. The practice was proactive in offering online services and were in the early stages of piloting email consultations.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- 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. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- 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 for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. It had a scheme for patients, who lived in one of the three local nursing and/or residential care homes. This involved registering all the patients (with their consent) with one of two lead GPs who looked after that home. Weekly and as required visits to nursing homes were conducted.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were comparable to the local and national average. For example, 85% of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol (a blood test to check blood sugar levels) or less in the preceding 12 months (local average 79% and national average 78%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



Summary of findings

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively comparable for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice served the needs of boarders at a nearby public school. There were two lead GPs who liaised with staff at the school medical centre. To provide for this group there was a weekly clinic at the school medical centre, for which the practice received a fee. Older children were able to consult the practice independently.

Working age people (including those recently retired and students)

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

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

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The percentage of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months was 87%, which was comparable to the national average.
- A protocol had been implemented by the practice to ensure that monthly searches by the prescribing office at the practice included the underuse of medicines and a code being added to patient's records when poor compliance had been noted. Where patients had a diagnosis of memory loss or dementia, GPs were prompted (via the computer system) to review patients prescribed medicines and where appropriate, to consider alternative means of dispensing the medicines.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93%,
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Where patients experienced poor mental health and did not attend (DNA) for appointments, the practice had a protocol for ensuring the patients well-being. We saw examples of the practice having reviewed patient's notes following a DNA and where there was cause for concern (indicated in previous consultations), the practice contacted the patient. If contact had not been made, there was a protocol for informing other agencies.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and forty one survey forms were distributed and 125 were returned. This represented 1% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. General themes that ran through the comments included the very caring attitude of all staff, the availability of appointments and the efficiency with which the service was run.

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

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to ensure that systems, processes and practices keep patients safe in relation to infection control and prevention.
- Continue to ensure that routine checks for the safe storage of medicines are risk assessed, recorded and maintained.
- Continue to ensure that obtaining Disclosure and Barring Service (DBS) checks for staff who act as chaperones.
- Continue to ensure the business continuity plan (disaster recovery plan) is kept up to date.
- Continue to improve the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers are offered relevant support if required.
- Continue to improve the system for monitoring and reviewing practice policies and procedure, to help ensure there is a consistent approach in how they are maintained between the two practices.

Outstanding practice

- The lead GP had established a system to help ensure that contact with school staff assigned to children on the 'at risk' register, were routinely reviewed. Documentary evidence showed that meetings were held with the schools leads for safeguarding at the beginning of each term. There were also arrangements for the lead GPs to liaise with the specialist educational needs co-ordinator (SENCO) at a local primary school.
- A protocol had been implemented by the practice to ensure that monthly searches by the prescribing office at the practice included the underuse of medicines and a code being added to patient's records when poor compliance had been noted. Where patients had a diagnosis of memory loss or

Summary of findings

dementia, GPs were prompted (via the computer system) to review patients prescribed medicines and where appropriate, to consider alternative means of dispensing the medicines.

- Where patients experienced poor mental health and did not attend (DNA) for appointments, the practice had a protocol for ensuring the patients well-being. We saw examples of the practice having reviewed patient's notes following a DNA and where there was

cause for concern (indicated in previous consultations), the practice contacted the patient. If contact had not been made, there was a protocol for informing other agencies.

- The practice had exceptional IT systems and protocols to ensure patients were safeguarded against risks. Computer system work streams had been incorporated into the software package used by the practice, which followed a review of significant events, complaints and safety alerts received by the practice.

Warders Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Warders Medical Centre

Warders Medical Centre is a GP practice based in Tonbridge, Kent. There are approximately 18,456 patients on the practice list, some of which are children at a local boarding school.

The practice is similar across the board to the national averages for each population group. For example, 19% of patients are aged 0-14 years of age compared to the CCG national average of 17%. Scores were similar for patients aged under 18 years of age and those aged 65, 75 and 85 years and over. The practice is in one of the least deprived areas of Kent.

The practice holds a General Medical Service contract and consists of seven partner GPs (five male and two female). The GPs are supported by four salaried GPs (female), two practice managers (Currently in transition between one manager leaving the practice and a newly appointed manager), an assistant practice manager, six practice nurses (female), two healthcare assistants (female), three dispensers/receptionists and an administrative team. A wide range of services and clinics are offered by the practice (at both sites) including asthma and diabetes.

At Warders Medical Centre, the practice building is arranged over three storeys, with all the patient accessible areas

being located on the ground floor. Additionally, there is a ground floor level building a short distance from the main practice, known to staff and patients as 'Little Warders', where patients are consulted and a private travel clinic is operated from. At Penshurst Surgery, the practice building is arranged over two storeys, with all the patient accessible areas being located on the ground floor.

The practices are accessible to patients with mobility issues, as well as parents with children and babies.

Warders Medical Centre is open 8.00am to 6.30pm Monday to Friday. Penshurst Surgery is open 8.10am to 12.30 pm and 4.00pm to 6.30pm Monday to Friday. The practice operates a duty doctor system to ensure there is GP cover for urgent and emergency cases, as well as test results being monitored and responded to appropriately.

Penshurst Surgery is able to provide dispensary services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy premises. This service is delivered by three dispensers.

The practice is a training practice which takes foundation year two registrar GPs (ST2 GP Registrars) and has five ST2 GP Registrars working at the practice.

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

The practice is in the process of making changes to their registration in accordance with the CQC (Registration) Regulations 2009. At the time of our visit, there were five applications pending. These related to the removal of two GP partners and adding a new partner, as well as changes to the person nominated as the Registered Manager.

Services are provided from:

- Warders Medical Centre, East Street, Tonbridge, Kent, TN9 1LA.

Detailed findings

- Penshurst Surgery, Penshurst Place, The Surgery, Village Hall, Penshurst, Kent TN11 8BP.

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.

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 28 July 2016. During our visit we:

- Spoke with a range of staff (a GP partner, the practice managers, two practice nurses, a salaried GP, three administrative staff - two of which were also dispensers) and spoke with seven patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 14 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and routinely analysed them. We saw that significant events were an agenda item on the six weekly clinical meeting, (attended by all clinicians and where appropriate, team leaders) as well as, the weekly partners meeting. We looked at several events in detail. One concerned an issue with medicine with a similar name being given incorrectly to a patient. The practice had conducted a review and amendments to protocols were made and prompts were applied to patients' notes to remind GPs of the risk of prescribing these medicines. Staff we spoke with were aware of this significant event and subsequent changes made.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where a patient had ceased to take a prescribed medicine, which was essential for maintenance of a long term condition, the practice had conducted a thorough investigation. A protocol had been implemented by the practice to ensure that monthly searches by the prescribing office included the underuse of medicines and a code being added to patients' records when poor compliance had been noted. Where patients had a diagnosis of memory loss or dementia, GPs were

prompted (via the computer system) to review patients prescribed medicines and where appropriate, to consider alternative means of dispensing the medicines. For example, in a dosette box (a seven day box which provides specific sections for storage of daily medicine doses).

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses were trained to level two.
- A notice in the waiting room advised patients that chaperones were available if required. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was a discrepancy amongst staff as to who was the infection control clinical lead at the practice. Additionally, annual infection control audits had not been undertaken. We raised these issues with the practice manager, who subsequently sent us documentary evidence, within the required timescale, to show that a member of the clinical team had been designated to conduct the annual audit and that an audit proforma had been obtained. There was an infection control protocol and staff had received up to date training.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice generally kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

Are services safe?

We spoke with GPs, dispensing staff and members of the non-clinical team, who told us there was a system for checking that repeat prescriptions were issued according to medicine review dates and also included the review of high risk medicines. Patients told us that they had not experienced any difficulty in getting their repeat prescriptions. Blank prescription forms and pads were securely stored and there were systems to monitor their use.

The practice carried out regular medicine audits, with the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw evidence that the nurses had received appropriate training and been assessed as competent to administer the medicines referred to under a PGD.

Penshurst Surgery had an on-site dispensary and was able to provide dispensary services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy premises. We looked at the arrangements for the dispensing of medicines to patients. There was a named GP responsible for the dispensary. The dispensary was located in a designated area on the ground floor. Systems to ensure that medicines were stored safely were not always effective. For example, we found that dispensary, stock and emergency medicines had not been risk assessed to ensure they were not accessible to an unauthorised person. We raised this with the practice manager, who subsequently sent us documentary evidence to show that a risk assessment had been undertaken following our visit. We checked the system for the receipt, storage and dispensing of medicines requiring refrigeration. The storage facilities for such medicines were suitable. However, routine daily checks to ensure the correct temperature of one of the three fridges used for storage, were not always maintained. We raised this with the practice manager, who subsequently sent us documentary evidence to show that the system to daily check and record fridge temperatures had been improved following our visit. Additionally, the practice had purchased a 'logger' (a device which consistently records fridge temperatures and allows for a report to be downloaded onto a computer) and had implemented spot checks. Staff told us of the procedure

they would follow in the event that fridge temperatures were outside of the required range and these were in line with current guidance. Stock records and audit checks kept of the medicines held in the dispensary were clear. Staff told us that routine expiry date checks were undertaken; a spot check of shelf, refrigerator and controlled drugs stock found all medicines to be within expiry dates.

We spoke with dispensing staff, who had received appropriate training in pharmacy services. Dispensing staff told us that they were given opportunities for their continued learning and development. We looked at the practice's standard operating procedures for dispensing and found they reflected practice.

Adverse incidents and near misses relating to medicines were minimal. Historic incident records were reviewed and showed they had been appropriately recorded and actions had been taken to address them.

There was a system for the dispensing staff and GP to check all dispensed medicines and labels countersigned before being issued to patients. This helped to ensure they were dispensed accurately.

We reviewed the storage of dispensed medicines, ready for collection by patients. There was a process for routinely checking the medicines stored to ensure they had been collected by the patient.

The dispensary had appropriate arrangements for the secure storage of controlled drugs, including the control of keys. The process for the destruction of controlled drugs was completed in line with current guidance and legislation. We saw from the controlled drug register that medicines of this nature were recorded in the register as having been dispensed and issued to the patient. We found that routine checking of controlled drugs stocks was being carried out and recorded consistently.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and the appropriate checks through the Disclosure and Barring Service. With the exception of registration checks with the appropriate professional body for nurses, which had not always been conducted. We raised this issue with the practice

Are services safe?

manager, who subsequently sent us documentary evidence to show that these checks had been conducted and a system for routinely checking these had been implemented.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for the planning and monitoring of the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practices 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. Systems to ensure that emergency medicines were stored safely were not always effective at Penshurst Surgery. For example, we found emergency medicines had not been risk assessed to ensure they were not accessible to an unauthorised person. We raised this with the practice manager, who subsequently sent us documentary evidence to show that a risk assessment had been implemented following our visit.
- The practice had a comprehensive business continuity plan (known as the disaster recovery plan) for major incidents such as power failure or building damage. However, we found that the plan did not include up to date emergency contact numbers for staff. We raised this with the practice manager, who subsequently sent us documentary evidence to show the plan had been updated following our visit.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available of the total number of points available with 11% exception reporting (compared to the CCG 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).

The practice had a lead GP and two designated administrative staff to routinely monitor QOF targets. We saw evidence to show that weekly QOF checks were conducted and recorded. A QOF diary was maintained by the practice and this showed where records had been reviewed and cleansed, in order to ensure they remained relevant to QOF targets. There was a system to liaise with the reception staff and repeat prescription team, in order to generate recall letters throughout the year. Records also showed that the practice planned months in advance for peak periods of when QOF targets were to be achieved. For example, flu vaccinations which occur during the winter season. The practice produced an annual QOF report which recorded where exception reporting was high, the reason behind this and actions the practice had taken to address this.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators were comparable to the local and national average. For example, 85% of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol (a blood test to check blood sugar levels) or less in the preceding 12 months (local average 79% and national average 78%).
- Performance for mental health related indicators were better than the local and national average. For example, 93% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (local average 88% and national average 88%).

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, five of these were completed audits where the improvements made were implemented and monitored.
- Clinical audits were carried out and all relevant staff were involved in these. There was participation in relevant local audits, and other monitoring activities, such as reviews of services and benchmarking. Accurate and up-to-date information about effectiveness was used and was understood by staff. Information from audits was used to improve care and treatment and this improvement was routinely checked and monitored. For example, recent action taken as a result of a bilateral deep vein thrombosis (blood clots in both legs) included a new template being implemented, which incorporated NICE guidance. We saw when a code of deep vein thrombosis had been entered onto the patients' notes; the practice's system had been updated to automatically prompt GPs to use the template and gave them access to the relevant NICE guidance. A repeat cycle of the audit showed that good adherence to the NICE guidelines had been achieved.

Information about patients' outcomes was used to make improvements. For example, after receiving a Medicine and

Are services effective?

(for example, treatment is effective)

Healthcare Regulatory (MHRA) alert, the practice had routinely reviewed patients on a certain non-steroidal anti-inflammatory drug (NSAID) which had adverse cardiac (heart) side effects.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety awareness, health and safety and confidentiality. We saw that the induction proforma did not include a section for new staff to sign, in order to show they had received the relevant training. We raised this with the practice manager, who subsequently sent us documentary evidence to show the proforma had been updated following our visit.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- The practice is a training practice which takes foundation year two registrar GPs (ST2 GP Registrars) and had five ST2 GP Registrars working at the practice. The practice was subject to scrutiny by Health Education Kent, Surrey and Sussex (called the Deanery) as the supervisor of training.

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

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. patient records and appointment details between GP practices, hospital departments and unscheduled care providers). The pilot was being conducted on consultations held at hospice settings and the practice were looking at ways they could use the system in wider terms.
- 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. Meetings took place with other health care professionals on a three monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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. space to indicate where a patient's carer or parent/guardian had signed on the patients' behalf. Reviews of patients records sampled, confirmed that consent was appropriately obtained and recorded. We saw that

Are services effective?

(for example, treatment is effective)

scanned copies of signed consent forms were attached to the patients notes and entries made where either implied consent or parental/guardian consent had been given.

- 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 and smoking cessation. Patients were signposted to the relevant service. Patients with drug and alcohol problems benefitted from GP continuity and there was a system to make referrals to a local drug and alcohol service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone and written reminders for patients who did

not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice achieved comparable results in relation to its patients attending national screening programmes for bowel and breast cancer screening. For example, 61% of eligible patients had been screened for bowel cancer, which was in line with the CCG average of 61% and the national average of 58%. Sixty eight percent of eligible patients had been screened for breast cancer, which was comparable to the CCG average of 74% and the national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 66% to 96% and five year olds from 68% to 91%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

There was a strong, person-centred culture at the practice. Staff were highly motivated to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff were strong, caring and supportive. These relationships were highly valued by all staff and promoted by leaders.

- 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.

All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients we spoke with told us that the care they received exceeded their expectations.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 87%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 94% and the national average of 92%.

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 94% and 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 92% and the national average of 90%.
- 93% 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 14 comment cards we received was also positive and aligned with these views. We reviewed a sample of patients care plans and found these were extensive in content and where appropriate, included do not resuscitate orders as well as advanced directives. Where patients had attended appointments and there had been significant changes to their care, we saw that care plans were updated as a matter of course.

Staff helped patients and those close to them to cope emotionally with their care and treatment. Patient's social needs were also understood. Patients we spoke with told us they were enabled to manage their own health and care when they can, and to maintain independence.

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:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.

Are services caring?

- 93% 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 the national average of 82%.
- 86% 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 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. We saw notices in the reception areas informing patients this service was available.
- To support patients who communicated using sign language, the practice used the services of 'sign translator' (a system which uses a webcam for patients to access sign language services during consultations).

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 31 patients as carers (0.2% of the practice list). There was a section on the practice's new patient registration forms where patients record whether they were or have a carer. Written information was available to direct carers to the various avenues of support available to them, in the form of a poster in the waiting room and forms to submit to the practice.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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 practice recognised that involvement of other organisations was often integral to care.

- There were longer appointments available for patients with a learning disability and long term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. Patients were referred to a clinic, based at the Warders Medical Centre site, for vaccines available privately.
- There were disabled facilities and translation services available.
- Telephone consultations were available.
- The practice was proactive in offering online services and were in the early stages of piloting email and online video based consultations, in order to meet the needs of working age patients.
- The practice did not discriminate against age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation and people with complex needs. For example, those living with mental health illnesses, dementia or those with a learning disability. Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, the use of sign translator to support patients who communicated using sign language.
- The practice had undertaken a review of the number of appointments where patients did not attend (DNA). The review resulted in an improvement of the recording and follow up of patients experiencing mental health problems. We saw examples of the practice having reviewed patients' notes following a DNA and where

there was cause for concern (indicated in previous consultations), the practice contacted the patient. If contact had not been made, there was a protocol for informing other agencies.

Access to the service

Warders Medical Centre was open 8.00am to 6.30pm Monday to Friday and Penshurst Surgery was open 8.10am to 12.30 pm and 4.00pm to 6.30pm Monday to Friday. In addition, appointments could be booked up to four weeks in advance; urgent appointments were also available for people that needed them.

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

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 90% of patients said they could get through easily to the practice by phone compared 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 and that reception staff went the extra mile to ensure this.

The practice had a system to assess whether a home visit was clinically necessary; as well as the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

It was easy for people to complain or raise a concern and they were treated compassionately when they did so. There was openness and transparency in how complaints were dealt with. The practice took complaints and concerns seriously and responded to them in a timely way. Improvements were made to the quality of care as a result of 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.

Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. For example, posters displayed in the waiting room, summary leaflets available and through the practices website.

We looked at 18 complaints received in the last 12 months. There was a record maintained of all verbal complaints received. Records demonstrated that the complaints were investigated, the complainants had received a response,

the practice had learned from the complaints and had implemented appropriate changes. For example, improving the system for receiving urgent referrals/faxes from other healthcare providers. The practice had ensured that there was a clear differentiation between urgent and routine faxes and had changed their systems and processes, in order to ensure that urgent faxes were reviewed and responded to in a timely manner.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- There were annual forward planning meetings which reviewed performance in areas such information technology (IT), the increased demands on the practice associated with the rise and fall in patient demand, lead roles of GPs and contingency planning for the future.

Governance arrangements

Governance and performance management arrangements were proactively reviewed and reflected best practice.

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. We raised this with the practice manager, who subsequently sent us evidence to show that systems for policies would be streamlined in order to achieve a consistent approach.
- 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. However, these had not identified the issues relating to infection control and prevention, checks for the safe storage of medicines and recruitment checks.

Leadership and culture

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

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). 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 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 management structure which included lead roles for the whole staff team (GPs, nursing team staff, dispensers and administrative staff) and staff felt supported by management.

- Staff told us the practice held regular team meetings. We looked at the minutes of a number of meetings and saw that they were effective.
- 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.
- 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.

Are services well-led?

Good 

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through in-house surveys and complaints received. The PPG met regularly, supported in-house patient surveys and submitted proposals for improvements to the practice management team. For example, holding themed health promotion sessions in order to promote patient education and self-help, as well as being involved with the recent modernisation of the practice's website to ensure it was user/patient friendly.

The practice had recognised the terms of reference for the PPG had become out of date and that there was a need to review these, in order to ensure that the PPG represented the patients of the practice and work alongside the partnership and practice staff to improve services for patients. The practice were in the process of making arrangements to ensure this was addressed.

There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive staff engagement. Staff at all levels were actively encouraged to raise concerns. The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff we spoke with told us they felt involved and engaged to improve how the practice was

run. There was a very low staff turnover at the practice. Staff told us they came to the practice and have stayed because they felt included and integral in the running of the practice.

Continuous improvement

The leadership drove continuous improvement and staff were accountable for delivering change. There was a focus on continuous learning and improvement at all levels within the practice. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.

The practice was a training practice and all the staff were, to some degree, involved in the training of future GPs, reception and administration staff.

The practice had exceptional IT systems and protocols to ensure patients were safeguarded against risks. Computer system work streams had been incorporated into the software package used by the practice, which followed a review of significant events, complaints and safety alerts received by the practice. For example, where referrals were made to other healthcare professionals the computer system had a work stream for the GP to write the referral and send it on to the administrative staff with a 'task' that informed them when the referral should be sent by and how to monitor and verify that the referral had been received correctly. We saw a number of other work streams that had been implemented.