

Red Suite

Quality Report

Healthy Living Centre Balmoral Gardens
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Date of inspection visit: 3 May 2016
Date of publication: 11/08/2016

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



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 Red Suite on 3 May 2016. Overall the practice is rated as requires improvement. This inspection was a follow-up of our previous comprehensive inspection which took place in June 2015 when we rated the practice as inadequate overall. In particular the practice was rated as good for providing caring services, inadequate for providing effective and well-led services and requires improvement for providing safe and responsive services. The practice was placed in special measures for six months.

After the inspection in June 2015 the practice wrote to us with an action plan outlining how they would make the necessary improvements to comply with the regulations.

We carried out an announced focussed inspection in February 2016 to check that the practice had followed their plan and confirmed that they had complied with the enforcement action taken.

The inspection carried out on 3 May 2016 reflected that the practice had maintained the improvements found at the focussed inspection in February 2016. The practice

had responded to the concerns raised at the June 2015 inspection and was continuing to implement their action plan in order to comply with the requirement notice issued.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Blank prescription forms and pads were securely stored. However, the practice was unable to demonstrate there were systems to monitor their use.
- 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.
- Data showed patient outcomes were low compared to the local clinical commissioning group (CCG) average and national average. However, the practice had an ongoing action plan to address this and continue to maintain and improve patient care.

Summary of findings

- 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.
- 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.
- Practice specific policies were implemented and were available to all staff. However, the practice was unable to demonstrate they had an effective system to help ensure all governance documents were kept up to date.

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure there is a system to monitor blank prescription forms.
- Continue to implement and monitor the effectiveness of the action plan to ensure improvement to the quality of care provided for all patient population groups continues.

In addition the provider should:

- Revise governance processes and ensure that all documents used to govern activity are up to date.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

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

Requires improvement



Are services effective?

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

- Data showed patient outcomes were low compared to the national average. For example, 46% of the practice's patients with diabetes, on the register, whose last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less compared with the local CCG average of 77% and the national average of 78%. 40% of the practice's patients with diabetes, on the register, had a record of a foot examination and risk classification within the preceding 12 months compared with the local CCG average of 86% and the national average of 88%.
- 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.

Requires improvement



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed the practice was comparable to and slightly below average for its satisfaction scores on consultations with GPs and nurses.
- 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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. All staff we spoke with 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. However, the practice was unable to demonstrate they had an effective system to help ensure all governance documents were kept up to date.
- 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.

Good



Summary of findings

- 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 help ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.
- 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 requires improvement for the care of older people. The provider is rated as requires improvement for providing safe and effective services and good for providing caring, responsive and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its patient population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients over the age of 75 years had been allocated a designated GP to oversee their care and treatment requirements.
- Records showed the practice had systems that identified older people at high risk of admission to hospital and implemented care plans to reduce the risk and where possible avoid unplanned admissions to hospital.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider is rated as requires improvement for providing safe and effective services and good for providing caring, responsive and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- 46% of the practice's patients with diabetes, on the register, whose last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less compared with the local CCG average of 77% and the national average of 78%. 40% of the practice's patients with diabetes, on the register, had a record of a foot examination and risk classification within the preceding 12 months compared with the local CCG average of 86% and the national average of 88%.
- Longer appointments and home visits were available when needed. Not all these patients had received a structured annual review to check that their health and care needs were being met. However, the practice was in the process of implementing their action plan to address this situation.

Requires improvement



Summary of findings

- The practice employed specialist staff qualified in the management of patients with long-term conditions such as asthma, coronary obstructive pulmonary disease (COPD) and diabetes.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider is rated as requires improvement for providing safe and effective services and good for providing caring, responsive and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Immunisation rates for the standard childhood immunisations were mixed. For example, immunisation rates for the vaccinations given to children up to the age of 24 months ranged from 66% to 96% compared to the local CCG average of 67% to 94%. Rates for the vaccinations given to 5 year old children ranged from 59% to 96%. Local CCG averages for this age group ranged from 84% to 95%. Records showed that the practice had plans to address the shortfalls in some childhood immunisation rates.
- Appointments were available outside of school hours and the premises were suitable for families, children and young people.
- The practice's uptake for the cervical screening programme was 64%, which was lower than the CCG average of 76% and the national average of 74%. However, the practice had recently increased the availability of appointments where patients could attend for cervical smear tests and planned to make further increases in nursing time to help address the shortfall in uptake of these tests by patients.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider is rated as requires improvement for providing safe and effective services and good for providing caring, responsive and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to help ensure these were accessible, flexible and offered continuity of care.

Requires improvement



Summary of findings

- 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.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider is rated as requires improvement for providing safe and effective services and good for providing caring, responsive and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

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

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider is rated as requires improvement for providing safe and effective services and good for providing caring, responsive and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- 21% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is worse than the local clinical commissioning group (CCG) average of 82% and the national average of 84%.
- 7% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the local CCG average of 87% and the national average of 88%. 39% of patients with

Requires improvement



Summary of findings

schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months compared to the local CCG average of 90% and the national average of 90%.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing below local and national averages. 304 survey forms were distributed and 110 were returned. This represented 2% of the practice's patient list.

- 53% of respondents found it easy to get through to this practice by telephone compared to the local clinical commissioning group (CCG) average of 64% and the national average of 73%.
- 63% of respondents were able to get an appointment to see or speak with someone the last time they tried compared to the local CCG average of 67% and the national average of 76%.
- 72% of patients described the overall experience of this GP practice as good compared to the local CCG average of 76% and the national average of 85%.

- 58% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 69% and the national average of 79%.

We received six patient comment cards. Four comments were positive about the service patients experienced at Red Suite. Two comment cards contained both positive and negative comments about the service patients experienced at the practice but there were no common themes. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy.

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

Red Suite

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 Red Suite

Red Suite is situated in Gillingham, Kent and has a registered patient population of approximately 4,961. The practice has more patients registered under the age of four years than both the local and national averages. There are more patients registered between the ages of 20 and 30 years than the national average. The number of patients recognised as suffering from deprivation for this practice, including income deprivation, is higher than the local and national averages.

Following our inspection in June 2015 the practice has gone into partnership with Malling Health (UK) Limited, which was agreed by NHS England at the end of December 2015. Changes to the registered manager are also due to occur. The provider is taking appropriate steps to obtain the required documentation in order to make the necessary changes to their CQC registration.

The practice staff consists of three GP partners (male), one practice manager, one specialist nurse practitioner, one practice nurse, one healthcare assistant as well as administration and reception staff. The practice is supported by lead staff from Malling Health (UK) Limited who work in a number of their practices. There are reception and waiting areas on the first floor. The practice

also employs locum GPs via an agency. The practice has a lift and all patient areas on the first floor are accessible to patients with mobility issues, as well as parents with children and babies.

The practice is not a teaching or training practice (teaching practices have medical students and training practices have GP trainees and FY2 doctors).

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

Services are provided from Healthy Living Centre, Balmoral Gardens, Gillingham, Kent, ME7 4PN only.

Red Suite is open Monday to Friday between the hours of 8.30am to 6pm. Primary medical services are available to patients via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with other providers (Medway On Call Care) to deliver services to patients outside of the practice's working hours.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

We inspected this service to check if the practice had made improvements from the last inspection in June 2015. That inspection had rated the practice as inadequate and the practice was placed in special measures for a period of six months.

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 3 May 2016. During our visit we:

- Spoke with a range of staff (one GP partner, the practice manager, one specialist nurse practitioner, one practice nurse, one receptionist and the practice secretary) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was 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.

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, records showed staff responded appropriately when a vaccines refrigerator failed recently.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices to help 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 member of staff for safeguarding. Practice staff attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.

- 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. There was a lead member of staff for infection control who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Regular infection control audits were undertaken and we saw evidence 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). There were processes for handling repeat prescriptions. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. However, the practice was unable to demonstrate there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the 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

Are services safe?

electrical equipment was checked to help ensure the equipment was safe to use and clinical equipment was checked to help ensure it was working properly. The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Arrangements to deal with emergencies and major incidents

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

- Staff had received annual basic life support training.
- Emergency equipment and emergency medicines were available in the practice. The practice had access to medical oxygen and an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency).
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- Staff told us emergency equipment and emergency medicines were checked regularly and records confirmed this. Emergency equipment and emergency medicines that we checked were within their expiry date.
- The practice had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to help keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 60% of the total number of points available. Although these results were poor when compared to the local clinical commissioning group (CCG) average of 94% and the national average of 95%, they demonstrated a significant improvement over the results of 40% published at the time of our last inspection in June 2015. Exception reporting was significantly lower than the local CCG and national averages for all clinical domains. (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).

Data from 2014 / 2015 showed:

- Performance for diabetes related indicators was lower than local CCG and national averages. For example, 46% of the practice's patients with diabetes, on the register, whose last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less compared with the local CCG average of 77% and the national average of 78%. 40% of the practice's patients with diabetes, on the register, had a record of a foot examination and risk classification within the preceding 12 months compared with the local CCG average of 86% and the national average of 88%.
- Performance for mental health related indicators was lower than local CCG and national average. For example,

7% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the local CCG average of 87% and the national average of 88%. 39% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months compared to the local CCG average of 90% and the national average of 90%.

The practice had an ongoing action plan to address the QOF results and improve patient care. For example, staff told us and records confirmed that the practice had already identified patients with diabetes who were due or overdue a physical health assessment and medicine review. The practice was in the process of inviting these patients to attend for a blood test in advance of receiving an appointment for a physical health assessment and medicine review. Additional staff had been recruited to carry out the blood tests and records showed that a designated nurse with specialised training in diabetes management was due to commence employment at Red Suite in June 2016. Staff told us that although they were already carrying out the assessments and reviews, the employment of a designated nurse would improve the practice's ability to see these patients more quickly and meet their individual needs.

There was evidence of quality improvement including clinical audit.

- Staff told us the practice had a system for completing clinical audits. For example, a medicine audit. Records demonstrated analysis of its results and an action plan to address its findings. There were also records to demonstrate the audit had been repeated to complete the cycle of clinical audit.
- Other clinical audits had been carried out. For example, an audit of inadequate (cervical) smears. The practice had analysed the results and produced an action plan to address its findings. Records showed this audit had been repeated to complete the cycle of clinical audit.
- The practice also participated in local audits.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigations and test results.
- The practice shared relevant information with other services in a timely way. For example, when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan 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 regular 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.
- 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.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 64%, which was lower than the CCG average of 76% and the national average of 74%. The practice demonstrated how they encouraged uptake of the screening programme by using information in easy to read format and they ensured a female sample taker was available. The practice had recently increased the availability of appointments where patients could attend for cervical smear tests and planned to make further increases in nursing time to help address the shortfall in uptake of these tests by patients. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems to help 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.

Most childhood immunisation rates for the vaccinations given were comparable to local CCG averages for children up to the age of 24 months. Rates for the vaccinations given to this age group ranged from 66% to 96% compared to the local CCG average of 67% to 94%. Rates for the vaccinations given to 5 year old children ranged from 59% to 96%. Local

Are services effective?

(for example, treatment is effective)

CCG averages for this age group ranged from 84% to 95%. Records showed that the practice had met with the local CCG to discuss and had plans to address the shortfalls in some childhood immunisation rates.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Private conversations between patients and staff at the reception desk could be overheard by others. However, when discussing patients' treatment staff were careful to keep confidential information private. Staff told us that a private room was available near the reception desk should a patient wish a more private area in which to discuss any issues.

We received six patient comment cards. Four comments were positive about the service patients experienced at Red Suite. Two comment cards contained both positive and negative comments about the service patients experienced at the practice but there were no common themes. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy.

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

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

- 71% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 82% and national average of 89%.
- 92% of respondents said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.

- 73% of respondents said the GP gave them enough time (CCG average 81%, national average 87%).
- 91% of respondents said the nurse gave them enough time (CCG average 92%, national average 92%).
- 89% of respondents said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%).
- 91% of respondents said the last nurse they spoke with was good at treating them with care and concern (CCG average 90%, national average 91%).
- 78% of respondents said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)

Where national GP patient survey results were below average the practice had an action plan to address the findings and improve patient satisfaction. For example, the receptionists were no longer required to answer the telephone which gave them more time to help patients at the reception desk.

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 CCG and national averages. For example:

- 75% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and national average of 86%.
- 84% of respondents said the last nurse they saw or spoke with was good at explaining tests and treatment (CCG average 90%, national average 90%)
- 69% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 73%, national average 82%)

Are services caring?

- 81% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%)

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified patients on the practice list who were carers. Documents were available that guided staff in identifying patients who were also carers. For example, the carer's policy. Written information was available to direct carers to the various avenues of support available to them.

The comment cards we received were positive about the emotional support provided by the practice. For example, these highlighted that staff responded compassionately when patients needed help and provided support when required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Appointments were available outside of school hours and outside of normal working hours.
- There were longer appointments available for patients with a learning disability.
- Telephone consultations and home visits were available for patients from all population groups who were not able to visit the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice had a website and patients were able to book appointments or order repeat prescriptions online.
- The premises and services had been designed to meet the needs of patients with disabilities.
- The practice maintained registers of patients with learning disabilities, dementia and those with mental health conditions that assisted staff to identify them to help ensure their access to relevant services.
- There was a system for flagging the vulnerability of individual patients in their records.
- Records showed the practice had systems that identified patients at high risk of admission to hospital and implemented care plans to reduce the risk and where possible avoid unplanned admissions to hospital.
- There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.

Access to the service

The practice was open Monday to Friday between the hours of 8.30am to 6pm. Primary medical services were available to patients via an appointments system. There were a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There were arrangements with other providers (Medway On Call Care) to deliver services to patients outside of the practice's working hours.

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

- 65% of respondents were satisfied with the practice's opening hours compared to the local CCG average of 68% and national average of 78%.
- 53% of respondents said they could get through easily to the practice by telephone compared to the local CCG average of 64% and national average of 73%.
- 63% of respondents said they were able to see or speak with someone the last time they tried compared to the local CCG average of 67% and national average of 76%.

Where national GP patient survey results were below average the practice had an action plan to address the findings and improve patient satisfaction. For example, telephones were now answered by designated staff away from the reception desk. These staff were not required to speak with patients at reception which enabled them to answer the telephone lines without distraction.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

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

The practice had received five complaints in the last 12 months. Records demonstrated that the complaints were investigated, the complainants had received a response, the practice had learned from the complaints and had implemented appropriate changes. For example, the practice had developed an action plan to increase the number of telephone lines coming into the practice.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. However, we looked at 19 such policies and guidance documents and found that seven were not dated so it was not clear when they were written or if they were up to date. Nine documents did not contain a review date. The practice was therefore unable to demonstrate they had an effective system to help ensure all governance documents were kept up to date.
- A comprehensive understanding of the performance of the practice was maintained and there were clear plans to continue implementation of action plans to further improve services. Action plans contained clear trajectories by when the practice planned to complete all service improvements.
- 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 partner and practice manager 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 and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice partners encouraged a culture of openness and honesty. The practice had systems that identified notifiable safety incidents.

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners and the practice manager 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. They sought patients' feedback and engaged patients in the delivery of the service.

- The practice gathered feedback from patients through surveys and complaints received.
- Records demonstrated that the practice had responded to patients' suggestions put forward in the patient survey. For example, telephones were now answered away from the reception desk to improve confidentiality and free the reception staff to speak with patients waiting there.

Are services well-led?

Good 

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

- The practice was in the process of recruiting patients to form a patient participation group (PPG). Records showed the first meeting of the PPG was scheduled for 17 May 2016.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. All staff were involved in discussions

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

Continuous improvement

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Care and treatment was not always provided in a safe way for service users.
Maternity and midwifery services	The registered person was not: managing medicines safely and properly.
Surgical procedures	This was in breach of Regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	