

St John's Medical Practice

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St John's Medical Practice on 23 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system for reporting and recording significant events.
- Risks to patients were not always assessed and well managed. In that not all staff had received the appropriate training in safeguarding vulnerable adults and recruitment checks prior to employment had not been carried out.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. The majority of staff had received relevant training 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 GP and there were routine and 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.

Summary of findings

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

We saw one area of outstanding practice:

- The practice proactively called extraordinary multiagency professionals meetings at any time that it was considered necessary to discuss any patient requiring urgent or prompt review and/or additional care planning, risk management or support in relation to that patient or his or her family. Such meetings were called as and when required and were not subject to regular scheduling.

The areas where the provider must make improvement are:

- Ensure that all appropriate recruitment checks are undertaken prior to employment of staff.
- Ensure that staff receive adult safeguarding training and/or updates that are appropriate to their role.

In addition the provider should:

- Revise the system for significant event reporting, in order to ensure that the Duty of Candour is automatically considered as part of the incident record.
- Revise significant event and complaints investigation process, in order to ensure there is a fully recorded audit trail in relation to the actions taken and the outcomes of such investigations.
- Revise the process for recording minutes of routinely held meetings at the practice, in order to ensure they are auditable.
- Revise the stock control systems, in order to ensure they incorporate the checking of stock expiry dates.

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 a 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.
- Risks to patients were not always assessed and well managed. For example, due to the identified lack of training for some staff, patients were not always safeguarded from abuse. Additionally, the practice was unable to demonstrate that all appropriate recruitment checks had been carried out prior to the employment of staff.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

- 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.

- 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. For example; regular review and engagement with the medicines optimisation team.
- Patients said they found it easy to make an appointment with a GP. However, they were not always able to see the GP they preferred. Urgent and routine appointments were 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. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The 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. The practice offered proactive, personalised care to meet the needs of the older people in its population.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was working alongside other local practices and care homes to establish responsibility for specific residential facilities, incorporating weekly ward rounds and promoting improved continuity of care and greater time management efficiency.
- The practice offered shingles and pneumococcal immunisations for patients aged 65 years and over.
- The practice offered flu immunisation clinics on Saturday mornings during the month of October and wrote to invite all eligible patients.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had a policy and register to facilitate the monitoring of those patients who were prescribed high risk medications.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90% compared to the Clinical Commissioning Group (CCG) average of 88% and the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

Families, children and young people

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

- 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 high for all standard childhood immunisations.
- The practice offered the full range of contraception advice including Intrauterine Devices and contraceptive implants. Emergency contraception was also available.
- The practice nurse offered an evening clinic on Wednesdays to support women unable to attend during the day for cervical screening.
- The Quality of Outcomes Framework data showed that the percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 82% compared to the Clinical Commissioning Group (CCG) average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Appointments were also available in the afternoons to enable parents to attend before collecting children from school.
- We saw positive examples of joint working with midwives, health visitors and school nurses, particularly in relation to child safeguarding.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered early morning appointments, one evening clinic per week and telephone consultations for those patients who were unable to attend during the usual practice hours.
- On-line facilities enable patients to book/cancel appointments, order repeat prescriptions and access medical records.

Good



Summary of findings

- Electronic prescribing systems facilitated the sending of prescriptions to a pharmacy close to a patient's place of work.

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 is rated as requires improvement for providing safe services and rated as good for providing effective, caring, responsive and well-led services.

- The practice held a register of patients living in vulnerable circumstances including homeless people, residential care homes and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability or other complex needs.
- 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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice is rated as requires improvement for providing safe services and rated as good for providing effective, caring, responsive and well-led services.

- 86% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the Clinical Commissioning Group (CCG) average of 85% and the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 95% compared to the CCG average of 89% and the national average of 90%.
- There was a notice board in the waiting area dedicated to information for patients and carers of patients experiencing poor mental health.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



Summary of findings

- The practice carried out advance care planning for patients with dementia and had held a Dementia awareness workshop for patients and carers. The event was co-ordinated by the Patient Participation Group (PPG), the practice dementia lead and a representative from a local charity spoke about the condition, aspects of care and locally available support and resources.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place 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 were published in January 2016. The results showed the practice was performing in line with Clinical Commissioning Group (CCG) and national averages. 250 survey forms were distributed and 110 were returned. This represented 1% of the practice's patient list.

- 85% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and 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 46 comment cards, 42 of which were positive about the standard of care received, three were mixed in their review and one was negative. There was no common theme to any of the mixed or negative responses, which related to the practice being too busy, some difficulty in obtaining an appointment and staff not always being helpful. In the positive comment cards, patients described staff as caring, polite and professional, taking time to listen. Patients also stated that they were very happy with and had full confidence in the care being delivered.

We spoke with four patients during the inspection. Three out of four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient stated that they didn't always receive sufficient information about their treatment.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- Ensure that all appropriate recruitment checks are undertaken prior to employment of staff.
- Ensure that staff receive adult safeguarding training and/or updates that are appropriate to their role.

Action the service **SHOULD** take to improve

In addition the provider should:

- Revise the system for significant event reporting, in order to ensure that the Duty of Candour is automatically considered as part of the incident record.

- Revise significant event and complaints investigation process, in order to ensure there is a fully recorded audit trail in relation to the actions taken and the outcomes of such investigations.
- Revise the process for recording minutes of routinely held meetings at the practice, in order to ensure they are auditable.
- Revise the stock control systems, in order to ensure they incorporate the checking of stock expiry dates.

Outstanding practice

We saw one area of outstanding practice:

- The practice proactively called extraordinary multiagency professionals meetings at any time that

Summary of findings

it was considered necessary to discuss any patient requiring urgent or prompt review and/or additional

care planning, risk management or support in relation to that patient or his or her family. Such meetings were called as and when required and were not subject to regular scheduling.

St John's Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to St John's Medical Practice

St Johns Medical Practice is situated in St Johns Hill, Sevenoaks, Kent, TN13 3NT. There are 10001 patients registered with the practice.

Sevenoaks is a commuter town and 64% of patients are either working or in full-time education. Fourteen percent of patients are aged 65 years and over, which is lower than the national average at 17%. 200 patients are over the age of 75 and 331 patients registered with the practice are living with long-term conditions. There are 1966 patients between the ages of 20 and 74.

The practice is on two levels and accessible for those patients using a wheelchair. There is a lift from the ground floor to the first floor. There is a car park at the premises, which is available for patients to use.

The practice holds a General Medical Services contract and consists of five GP Partners (all female) and one salaried GP (male). The GPs are supported by two practice nurses, a health care assistance, a practice manager and an administrative team. A wide range of services and clinics are offered by the practice including asthma and diabetes.

The practice is open from 8.00am to 6.30pm Mondays, Tuesdays, Thursdays and Fridays and from 8.15am to 8.30pm on Wednesdays. The practice closes between 1.00pm to 2.00pm on Mondays and Fridays for staff meetings.

Appointments are offered between the hours of 8.30 to 11.30am and 2.30pm to 5.30pm on Mondays, Tuesdays, Thursdays and Fridays and 8.30am to 11.30am and 2.30pm to 8.00pm on Wednesdays.

The practice telephones are answered between the hours of 8.00am and 6.30pm on Mondays, Tuesdays, Thursdays and Fridays and between 8.00am to 8.30pm on Wednesdays. There are arrangements with other providers, Integrated Care 24, to deliver services to patients outside of the practice's working hours. Patients requiring care between 6.30pm and 8am and when the practice is closed at weekends are asked to call the NHS 111 service to access that care.

The practice is not a teaching practice.

Services are delivered from:

St Johns Medical Practice, 39 St John's Hill, Sevenoaks, Kent, TN13 3NT

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 August 2016

During our visit we:

- Spoke with a range of staff (including three GPs, the practice manager, a practice nurse, a health care assistant and several administrative staff) and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 46 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form did not specifically identify the recording of notifiable incidents under the duty of candour as a consideration. However, the practice policy recognised the need to consider those responsibilities. (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 an analysis of the significant events. However, the written audit trail of investigations, actions taken and outcomes was not sufficiently thorough. Records showed an overview of investigative activity, learning identified, action taken and potential outcomes. However, they did not contain a unique identifier for each event or identify the dates of actions taken, method, by whom and when those actions were completed.

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, a patient received an immunisation in error. The investigation identified a failure to follow the correct process, as well as a training need. Records showed that further training to be provided to relevant staff, the patient was advised of the error and given an apology. The duty of candour was fully complied with and no actual harm to the patient was caused.

Overview of safety systems and processes

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

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. However, not all clinical staff had received training on safeguarding vulnerable adults which was relevant to their role. The practice had identified the need to improve staff training in safeguarding and highlighted this to the inspection team during the inspection. However, the practice did not provide evidence that this had been managed and training arranged at the time of the inspection.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Clinical staff were responsible for cleaning the clinical equipment that they used. There was no system for ensuring that expiry dates of single use items were being monitored. 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 which included the review of high risk medicines. The practice had a policy and a register to effect the monitoring of those patients prescribed high risk medications. One of the nurses had

Are services safe?

qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role.

- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and 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. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed seven personnel files and found that not all appropriate recruitment checks had been undertaken prior to employment. For example: Not all contained photographic proof of identification or residence, satisfactory evidence of previous employment/full employment history or proof of professional qualifications.
-

Monitoring risks to patients

Risks to patients were not always 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 in place 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 the number of staff and mix of staff needed to meet patients' needs.

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 practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan 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 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 100% of the total number of points available with 12% 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).

There were several areas where the exception rate was higher than Clinical Commissioning Group (CCG) and national averages.

- The exception rate for Atrial Fibrillation (an irregular heart rhythm) was shown as 14% compared to the CCG average of 10% and the national average of 11%. The practice had identified that they currently had seven patients excepted, five of those patients had declined medication and two were contraindicated due to their clinical history.
- The exception rate for Chronic Obstructive Pulmonary Disease (COPD – a long term respiratory condition) was 16% compared to the CCG average of 13% and the national average of 12%. The practice had identified 22 patients. Three were housebound and a further five were unable to perform spirometry (a breathing test)

due to other significant illnesses. Four patients had declined, two had had recent COPD exacerbations and were therefore unsuitable and one patient had been incorrectly coded.

- The exception rate for patients with poor mental health in receipt of a care plan was 21% compared to the CCG average of 13% and the national average of 13%. The practice had identified 14 patients and that the high rate was due to poor coding on the system. Several patients were diagnosed many years ago and had been well with no symptoms for many years, six patients were in remission, three patients had an incorrect original diagnosis, one patient disputed the diagnosis and along with the remaining patients, was non-compliant with management.
- The exception rate for hypertension (high blood pressure) was 8% compared to the CCG average of 4% and the national average of 4%. This amounted to 74 patients. The practice reviewed these figures and identified that at the time of our inspection, there were 44 relevant patients. That equated to a rate of 5% which was comparable to the CCG and national averages.
- The exception rate for the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was 16% compared to the CCG average of 105% and the national average of 9%. This amounted to 54 patients. The practice was able to demonstrate that the numbers had been reduced to 48 patients. Nine patients were in the process of being actively managed at the point of data collection and eight patients did not respond to requests to attend. All remaining patients had been exempted either for clinical reasons or declining additional treatment.
- The exception rate for the percentage of diabetic patients on the register in whom the last

IFCC-HbA1c was 64 mmol/mol or less was 17% compared to the CCG average of 10% and a national average of 12%. This amounted to 57 patients in total. The practice demonstrated that 21 patients were being actively managed at the time of data collection, seven patients were non-compliant with management, five patients were coded incorrectly and three patients had declined further treatment. All other patients had been excepted for clinical reasons i.e. terminal illness.

Are services effective?

(for example, treatment is effective)

The practice was aware of areas where improvements could be made and had initiated more frequent reviews for diabetic patients. All patients with long-term conditions were invited for an annual review on three separate occasions to actively encourage them to attend.

This practice was not an outlier for other areas of QOF (or other national) clinical targets. Data from 2014/2015 showed:

Performance for diabetes related indicators was similar to the clinical commissioning group (CCG) and national averages.

- The percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 98% compared to the CCG average of 93% and the national average of 94%
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90% compared to the CCG average of 88% and the national average of 88%.

Performance for mental health related indicators was similar to the CCG and national averages.

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 86% compared to the CCG average of 85% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, recent action taken as a result included an audit into the effectiveness of the system of monitoring patients who were prescribed antipsychotic medicines (psychiatric medicines used to manage symptoms of schizophrenia and bi-polar disorder). In the first data collection it was identified that 74% of relevant patients had received recommended blood tests although only 2% had included a test for the level of prolactin; 10% of relevant patients had

received an Electrocardiogram (ECG). All GPs were made aware of the guidelines and a further data collection was undertaken one year later. The second collection demonstrated that improvements had been made and the practice also recognised that there was more opportunity for further improvement in this area. The second data collection showed that 83% of relevant patients had had blood tests completed (an improvement of 9%) and 33% of those had also had their prolactin levels checked (an improvement of 31%). Seventeen percent of relevant patients had had an ECG conducted (an improvement of 10%). This resulted in the practice identifying a number of patients with a raised prolactin level which was referred to the mental health team for further consideration and review of treatment. The results of the reaudit were scheduled to be discussed at the next clinical meeting.

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.
- 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. 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 ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: , fire safety awareness, basic life support and information governance. Not all staff had received training in relation to adult safeguarding. 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 investigation and test results.
- The practice shared relevant information with other services in a timely way. For example, when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice proactively called extraordinary multiagency professionals meetings at any time that it was considered necessary to discuss any patient requiring urgent or prompt review and/or additional care planning, risk management or support in relation to that patient or his or her family. Grounds for calling such meetings could be due to complex, extenuating or new circumstances and involved input from both health and social care providers. Such meetings were called as and when required and were not subject to regular scheduling. One example of this was a meeting which involved the attendance of several GPs from the practice, a nurse practitioner, a consultant Psychiatrist, a social worker, staff from the district nursing service and a member of the South East Coast Ambulance Service.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 82% and the national average of 82%. There were systems to ensure results were received for all samples sent for the cervical screening programme and that all abnormal results were followed up.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice achieved comparable results in relation to its patients attending national screening programmes for bowel and breast cancer screening. For example, 63% of eligible patients had been screened for bowel cancer, which was in line with the CCG average of 62% and the national average of 58%. 72% 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 averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 69% to 90% compared to the CCG averages of 69% to 91% and five year olds from 82% to 92% compared to the CCG average of 82% to 95%.

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

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

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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Forty Two of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced. Three cards were mixed in their review and stated that it was sometimes difficult to obtain an appointment. One card was negative and stated that some staff were not always helpful. The 42 positive comment cards showed that patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member 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:

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 100% 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%

- 97% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 89% 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 91%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 97% 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%.
- 95% 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%.
- 76% 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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 77 patients as carers (approximately 1% of the practice list). This alerted staff to the need to consider that patients caring responsibilities when delivering services. The practice had identified the importance of carers within their patient

population and had designated carers as a business area for further focus and development. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP initiated contact by telephone or personal visit within three working days or in accordance with the needs of the family. The practice had a protocol for managing patient records in the event of a death which included searching for and cancelling any future appointments either with the practice or other healthcare practitioners. This served to prevent unwanted letters to the deceased and additional distress for the family.

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. For example, regular review and engagement with the medicines optimisation team. In particular the practice participated in a study aimed at reducing unnecessary antibiotic prescribing. Records showed that five months' worth of data collected in relation to consultations for respiratory tract infections had been reported on to date. This evidenced that the practice had reduced the percentage of antibiotic prescribing from 42% to 36%, which was an improvement and reduction of 6%.

- The practice offered a 'Commuter's Clinic' on a Monday and Wednesday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- 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 as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There was a lift for access to the first floor.
- The practice held a Dementia awareness workshop for patients and carers. The event was co-ordinated by the Patient Participation Group (PPG), the practice dementia lead and a representative from a local charity spoke about the condition, aspects of care and locally available support and resources.

Access to the service

The practice was open from 8.00am to 6.30pm Mondays, Tuesdays, Thursdays and Fridays and between 8.15am to 8.30pm on Wednesdays. The practice closed between 1.00pm to 2.00pm on Mondays and Fridays for staff meetings.

Appointments were offered between the hours of 8.30 to 11.30am and 2.30pm to 5.30pm on Mondays, Tuesdays, Thursdays and Fridays, and 8.30am to 11.30am and 2.30pm to 8.00pm on Wednesdays. In addition, appointments that could be booked up to six 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.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 78%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and 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.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. All request for home visits and appointments were received by the reception team. Staff referred to a written protocol for medical emergencies which identified cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit or appointment.

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.

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

- We saw that information was available to help patients understand the complaints system. There was a notice in the waiting area and detail on the practice website under practice policies.

We looked at eight complaints received in the last 12 months and found that they were satisfactorily handled, dealt with in a timely way with apologies given where appropriate. However, it was unclear from the written audit

trail what actions had been taken, exactly when, by whom and full detail of the outcomes of such investigations. Lessons were learnt from individual concerns and complaints. Action was taken as a result to improve the quality of care. For example, a complaint from a patient in relation to a delay in receiving test results, led to a written apology and an improvement in the management of workload between buddy GPs.

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.

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 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. There was a robust system to ensure reviews of policies were conducted in a timely manner.
- 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 thorough arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had developed a fully auditable, thorough and detailed risk register, which incorporated risks associated with governance and management, compliance, financial and operational and clinical risks. This process had identified the level of risk that could be associated with recruitment and training of staff and the need to improve staff training in safeguarding was highlighted in the practices presentation to the inspection team. Whilst activity had been initiated to resolve this risk, at the time of the inspection, relevant adult safeguarding training had not been able to be scheduled.

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 we saw evidence of 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 leadership structure and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- The practice held and minuted regular clinical and multidisciplinary meetings. However, the minutes were not fully auditable. There was insufficient detail in the body of the minutes, dates of actions taken and decisions made and by whom, was not always recorded and there was no system to bring forward outstanding actions for review.
- 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 in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

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 surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a survey identified the need to improve the seating in the waiting area. Funding was in the process of being secured by the practice to deliver those improvements.
- The practice had gathered feedback from staff through generally 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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, a study to reduce unnecessary antibiotic prescribing.

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 Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>They had failed to ensure that all relevant recruitment checks were conducted prior to employment.</p> <p>They had failed to ensure that all staff received adult safeguarding training and/or updates that were appropriate to their role.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>