

Dr Ravi Kumar

Quality Report

The Surgery
London Road
Teynham,
Sittingbourne, Kent
ME9 9QL
Tel: 01795 521205
Website: www.thesurgeryteynham.co.uk

Date of inspection visit: 16 August 2016
Date of publication: 13/10/2016

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	10
Areas for improvement	10
Outstanding practice	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr Ravi Kumar	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Ravi Kumar on 16 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 an effective system for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with the 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.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw two areas of outstanding practice:

- Practice meetings were held on a monthly basis and all staff were invited to be present. This resulted in business matters, significant events, complaints and

Summary of findings

clinical concerns being discussed with all staff present, promoting contributions and suggestions from all staff and a thorough understanding of practice business.

- An audit of patients with diabetes mellitus led to a full review of 13 patients. Following the review, eight of those patients showed substantial improvement and a reduction of HbA1C (blood sugar) levels to 64 or less within two months of the audit. This resulted in the practice achieving the best performance in this area within the CCG.

The areas where the provider should make improvement are:

- Ensure that all records held in relation to significant event investigations are robustly auditable and identify exactly who took action and when.
- Continue to ensure that immunisation refresher training is completed, as per the scheduled date.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system 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.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were 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 we spoke to 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



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice actively engaged with the CCG in relation to the Medicines Optimisation Program and a Chronic Obstructive Pulmonary Disease project.

- Patients said they found it easy to make an appointment with the GP. Most patients were seen on the day with urgent appointments given priority.
- There was good continuity of care.
- 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 for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong desire to continue to learn and improve, particularly in relation to customer satisfaction.

Good



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, telephone consultations and same day access to the GP.
- The practice was proactive in its promotion of flu and shingles immunisation. Telephone calls were made to eligible patients and good use was made of local media to advertise the service.
- The practice engaged with community health care teams to support and enhance care for older patients.
- The practice offered routine health checks to patients aged over 75.

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.
- For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice engaged in particular with community specialist nurses responsible for respiratory and diabetic management and held multidisciplinary meetings to discuss on-going management of these conditions.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 93% compared to the Clinical Commissioning Group (CCG) average of 88% and the national average of 88%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 80% compared to the CCG average of 77% and the national average of 78%.
- Where relevant, patients suffering from long-term conditions were placed on the admissions avoidance register to facilitate closer monitoring.

Good



Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients received a structured annual review to check their health and medicines needs were being met.

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.
- We saw positive examples of joint working with midwives and health visitors. The practice referred all pregnant patients, following an initial consultation, to the community midwife for on-going care throughout the pregnancy.
- The practice provided maternal post-natal checks.
- The practice engaged with other statutory agencies regarding safeguarding enquires.
- The practice offered child immunisation and also the ACWY meningitis immunisation for students.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 78% compared to the Clinical Commissioning Group (CCG) average of 82% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Consulting rooms were offered when required to change babies.

Good



Working age people (including those recently retired and students)

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

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

Good



Summary of findings

- Early evening appointments were offered every Tuesday until 7.15pm.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer and flexible appointments and annual health checks for patients with a learning disability.
- The practice engaged and worked with local learning disability residential care homes.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. It was proactive in contacting patients for chronic disease and medication reviews and following up on results and notifications of a failure to attend appointments.
- 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 offered dementia screening and onward referral to the memory clinic.
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months was 92% compared to the Clinical Commissioning Group (CCG) average of 83% 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 100% compared to the CCG average of 89% 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.

Good



Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice was proactive in contacting patients for chronic disease and medication reviews, as well as following up on results and notifications of a failure to attend appointments.
- 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 were published in July 2016. The results showed the practice was performing in line with local and national averages. 256 survey forms were distributed and 103 were returned. This represented 5% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 82% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area which was comparable to the CCG average of 73% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all very positive about the standard of care received. Patients commented that staff were polite, caring and respectful and that they were listened to and received good care.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice had received a total of 17 Friends and Family comment cards between March and June 2016. All 17 commented that they were either highly likely or likely to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Ensure that all records held in relation to significant event investigations are robustly auditable and identify exactly who took action and when.
- Continue to ensure that immunisation refresher training is completed, as per the scheduled date.

Outstanding practice

We saw two areas of outstanding practice:

- Practice meetings were held on a monthly basis and all staff were invited to be present. This resulted in business matters, significant events, complaints and clinical concerns being discussed with all staff present, promoting contributions and suggestions from all staff and a thorough understanding of practice business.
- An audit of patients with diabetes mellitus led to a full review 13 patients. Following the review, eight of those patients showed substantial improvement and a reduction of HbA1C (blood sugar) levels to 64 or less within two months of the audit. This resulted in the practice achieving the best performance in this area within the CCG.

Dr Ravi Kumar

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 Dr Ravi Kumar

Dr Ravi Kumar is a single handed GP practice based at Teynham, Sittingbourne in Kent. There are 2215 patients registered with the practice. 200 patients are over the age of 75 and 331 patients registered are living with long-term condition. 1966 patients are between the ages of 20 and 74.

There is a car park at the rear of the premises, accessed via a side road, which allows up to two hours free parking.

The practice is on one level and accessible for those patients using a wheelchair.

The practice holds a General Medical Service contract and consists of a principal GP (male). The GP is supported by a part time practice nurse, a part-time practice manager, a phlebotomist (blood sample taker) 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 8.30am to 1.00pm and 2.00pm to 7.00pm on Mondays, Thursdays and Fridays. 8.30am to 1.00pm and 2.00pm to 7.15pm on Tuesdays and 8.30am to 1.00pm on Wednesdays.

Appointments are offered between the hours of 9.10am to 12.00pm and 4.30pm to 6.00pm on Mondays, Thursdays and Fridays, 9.10am to 12.00pm and 4.30pm to 7.15pm on Tuesdays and 9.10am to 12.00pm on Wednesdays.

There are arrangements with other providers to deliver services to patients outside of the practice's working hours.

Patients requiring care when the practice is closed are asked to call Medway On Call Care (known as MedOCC) during weekdays between the hours of 1.00pm to 2.00pm and 8.00am to 8.30am. Patients should also call MedOCC on Wednesday afternoons from 1.00pm to 6.30pm.

Patients requiring care between the hours of 6.30pm to 8.00am weekdays and from Friday 6.30pm to Monday 8.00am should call NHS 111.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 August 2016.

During our visit we:

- Spoke with a range of staff (the GP, the practice manager, the practice nurse and members of the reception team).

Detailed findings

- Spoke with three patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed six 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. They were the subject of discussion at the monthly meeting with all staff present. Staff were actively encouraged to contribute to the process and fully aware of the learning outcomes, action taken and any changes in policy or protocol. However, records were not always sufficiently detailed and auditable. For example, it was not always clear who took the required action and when.

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 formally complained after contacting the practice to seek advice. The request was not passed correctly to the GP leaving the patient without care and potentially at risk of harm. The matter was discussed with all staff at the monthly practice meeting and a detailed protocol implemented to ensure all communications were dealt with correctly in future. The matter was reviewed again six months after the event and there had been no reoccurrence.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the lead for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GP was 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. 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.
- 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 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.
- We saw evidence that the practice was the second best performer in the CCG area, in relation to the efficient and relevant prescribing of high risk antibiotics.

Are services safe?

- 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 nurse to administer medicines in line with legislation.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.
- We reviewed three 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
- There were arrangements for the planning and the monitoring of the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty. Staff were willing to work additional hours during periods of staff leave and /or sickness.
- There was a contingency plan to provide care at any time that the GP was unable to do so.

Arrangements to deal with emergencies and major incidents

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

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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was a computer based emergency alarm, as well as panic buttons with an audible alarm, in both 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 was 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.
- We saw evidence that NICE guidelines were used on a regular basis.
- 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 99% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 to 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 was 98% compared to the CCG average of 95% and the national average of 94%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 82% compared to the CCG average of 80% and the national average of 81%.

Performance for mental health related indicators was better than CCG and national averages.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in their record, was 100% compared to the CCG average of 85% and the national average of 88%.
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded was 100% compared to CCG average of 89% and the national average of 90%.
 - The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 92% compared to the CCG average of 83% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last two years, three 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. An audit of performance data identified that 20 patients with diabetes mellitus had a raised HbA1C (blood sugar level) at 75 or over, indicating poor control of the condition. All of these patients were invited for an in-depth review. Four patients were excepted from the review for clinical reasons and three patients failed to engage in the process. Education, lifestyle and dietary advice was given and patients medications were reviewed. Of the 13 patients that participated in the full review, eight showed substantial improvement and a reduction of HbA1C levels to 64 or less within two months of the audit. This resulted in the practice achieving the best performance in this area within the CCG.

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.

Are services effective?

(for example, treatment is effective)

- 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 who administered vaccines and took 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, professional publications. The practice had encountered some challenges in securing refresher training for the practice nurse; however we noted that a date in October 2016 had been secured for attendance at refresher training.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support coaching and mentoring. All staff had received an appraisal within the last 12 months.
- 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 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.

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 were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 78% compared to the Clinical Commissioning Group (CCG) average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice achieved comparable results in relation to its patients attending national screening programmes for bowel and breast cancer screening. For example, 55% of eligible patients had been screened for bowel cancer, which was in line with the CCG average of 57% and the

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

national average of 58%. Seventy Three 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 lower than the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 67% to 85 compared to the CCG average of 87% to 97% and for five year olds from 70% to 90% compared to the CCG average of 84% to 94%. The practice was aware that these rates were low and had identified that many patients were receiving vaccinations

at a locally based baby and child clinic managed by the health visiting team. Enquiries were in hand to establish a process for transferring immunisation data between the two providers and improve the accuracy of the practices records.

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

All of the six patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was below average for some of its satisfaction scores on consultations with GPs. For example:

- 72% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to CCG average of 83% and the national average of 85%.

The practice was aware and concerned about those scores that were below average. The issue had been discussed at length and the GP was being proactive during consultations to improve the manner and method of

communication in order to increase patient confidence in these areas. CQC comment card feedback, the feedback from patients during the inspection and the trend identified following publication of the most recent survey data indicated that improvements were being achieved.

When asked the same questions about consultations with the nurse, the practice achieved above average satisfaction scores. For example:

- 93% 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%.
- 99% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke to 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 some questions about their involvement in planning and making decisions about their care and treatment. Results were varied when compared to local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 64% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.

The practice was very aware and concerned about the data. The issue had been discussed at length and the GP was being proactive during consultations to improve the manner and method of communication in order to increase patient confidence in these areas. CQC comment

Are services caring?

card feedback, the feedback from patients during the inspection and the trend identified following publication of the most recent survey data indicated that improvements were being achieved.

When asked the same questions about consultations with the nurse, the practice achieved comparable satisfaction scores. For example:

- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% 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.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 16 patients as carers (1% of the practice list). The practice provided good continuity of care and as a single GP practice, was involved in the care of the whole family and therefore had knowledge of the circumstances surrounding the caring responsibilities. This enabled a holistic approach to managing those patients with such responsibilities. 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, the GP contacted them. This contact was followed by a consultation or visit at a flexible time and location in accordance with the family's needs and/ wishes. Families were signposted to relevant support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice engaged with the CCG in relation to the medicines optimisation scheme and a Chronic Obstructive Pulmonary Disease project.

- The practice offered an early evening clinic every Tuesday evening until 7.15pm and telephone appointments 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.
- The practice saw the majority of patients on the same day and prioritised children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- The facilities were suitable for wheelchair users, with the entire practice being on one level. Whilst there wasn't a hearing loop available, staff could offer a private room to speak to patients if requested. Translation services available.

Access to the service

The practice was open from 8.30am to 1.00pm and 2.00pm to 7.00pm on Mondays, Thursdays and Fridays; 8.30 am to 1.00pm and 2.00pm to 7.15pm on Tuesdays and 8.30am to 1.00pm on Wednesdays.

Appointments were offered between the hours of 9.10am to 12.00pm and 4.30pm to 6.00pm on Mondays, Thursdays and Fridays; 9.10am to 12.00pm and 4.30pm to 7.15pm on Tuesdays and 9.10am to 12.00pm on Wednesdays.

There were arrangements with other providers to deliver services to patients outside of the practice's working hours.

Patients requiring care when the practice was closed were asked to call Medway On Call Care (known as MedOCC)

during weekdays between the hours of 1.00pm to 2.00pm and 8.00am to 8.30am. In addition patients requiring care on Wednesday afternoons were asked to call MedOCC from 1.00pm to 6.30pm.

Patients requiring care between the hours of 6.30pm to 8.00am weekdays and from Friday 6.30pm to Monday 8.00am were asked to call the NHS 111 service.

Appointments were offered on the same or following day. Patients requiring urgent access to the GP and children were given priority. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were better than local and national averages.

- The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment was 94% compared to the CCG average of 80% and the national average of 85%
- The percentage of patients that were satisfied with the practice's opening hours was 83% compared to the CCG average of 73% and the national average of 76%.
- The percentage of patients who said they could get through easily to the practice by phone was 95% compared to the CCG average of 64% 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 to assess:

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

Requests for home visits were initially managed by the reception team, who used a chest pain and emergency handling protocol to support the process. All requests were recorded on a form and submitted to the GP. Where there was any doubt as to the level of urgency, the request would be brought immediately to the GP's attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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.
- We saw that information was available to help patients understand the complaints system; there was a poster in reception and complaints leaflets available.

We looked at four complaints received in the last 12 months and found that they were managed effectively, dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and apologies were given where appropriate. For example, a formal complaint was made in relation to a prescription request. The matter was investigated, further training to staff delivered and a written apology sent to the complainant.

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.
- 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GP 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 that they found the management team to be approachable and that they always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support

training for all staff on communicating with patients about notifiable safety incidents. The GP 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 monthly meetings to which all attended and all clinical and non-clinical matters were discussed. This included significant events and complaints.
- 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 by the GP and practice manager.
- All staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

The practice had gathered feedback from patients through the Friends and Family comment card scheme, patient satisfaction websites and complaints received. The practice took time to consider all feedback, both positive and negative and recognising the benefits of responding to website feedback, had decided to respond to all future comment.

The PPG had been meeting on an annual basis. The practice was keen to develop the PPG further and we saw evidence that they were actively trying to recruit into the group. Agreement had been reached to increase the

Are services well-led?

Good 

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

frequency of meetings to twice annually. Staff told us that they had encouraged the PPG group to submit ideas and suggestions for improvements, but that the group had not been able to identify anything to date.

The practice had 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.

Continuous improvement

The practice demonstrated a keen desire to continue to learn and improve. For example, in relation to communication with patients, where performance had been recognised as needing improvement. The publication of the most recent patient survey data, demonstrated that improvements were being achieved.