

Care Quality Commission

Inspection Evidence Table

Staplehurst Health Centre (1-498169906)

Inspection date: 1 August 2018

Date of data download: 23 July 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There were lead members of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Partial
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Partial
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers: As there are no full time GP partners at the practice, a part time salaried GP could not be deemed as the lead for safeguarding. The practice had therefore made all four salaried GPs have safeguarding as a lead role (for the times that they were working). We found records to show that all the GPs had received level 3 safeguarding training. There were concerns that despite all four GPs being the lead, in the absence of discussion about this in GP meeting minutes, we could not determine how the overall ownership of safeguarding matters were being maintained. Additionally, hard copies of the safeguarding children and adult's policy had not been updated since July 2017. Although the policy on the shared computer drive had been.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes May 2017
There was a record of equipment calibration Date of last calibration:	Yes May 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes June 2016
Actions were identified and completed.	Yes
Additional observations: We saw records to show that a date had been arranged for the fire risk assessment to be updated, in line with the two-year schedule.	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 23/02/18
Health and safety risk assessment and actions Date of last assessment:	Yes 23/02/18

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>The practice were now able to demonstrate that they always followed national guidance on infection prevention and control. We found that infection control and prevention audits had been conducted in July 2018. We saw that areas noted for action to comply with infection control guidelines had been actioned or a plan put in place to address these. Additionally, the practice had implemented a system for stock checking of single use items and ensuring these were sterile and fit for purpose. In particular; single use items for use in an emergency.</p>	<p>Yes</p> <p>July 2018</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHS Business Service Authority - NHSBSA)	1.12	1.05	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	10.2%	9.4%	8.9%	Comparable to other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	NA
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	NA
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	NA
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes

Explanation of any answers:

The practice had significantly improved the way in which vaccines and equipment for use in an emergency were monitored. A systematic approach for monitoring the storage vaccines and medicines had been implemented and there was now a consistent approach to medicine inventories. Records viewed confirmed this.

We found that there was a monthly system for checking uncollected repeat prescriptions. However, these were not always effective as there was a prescription for a medicine used to treat high blood pressure, as well as one for insulin, that had not been collected since April 2018. The practice was however, able to demonstrate that the patients had received the prescribed medicines but not why the prescription had not been collected / left in the repeat prescription storage box. Additionally, we found that a patient had been prescribed a medicine that required an annual review. The review had not been conducted and the patients medicine had been stopped, despite the patients attempts to book an appointment for the review.

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Partial
Number of events recorded in last 12 months.	27
Explanation of any answers:	
<p>The system and procedure for monitoring and recording significant events had been improved. However, the process had not been established effectively to ensure there was an end to end method in use. For example, we looked at three significant events in detail and found that not all event forms had been completed according to the policy, as there were tick box areas of the form which had not been completed. Additionally, we found that sections of the form had been completed but with minimal detail. For example, in the outcome section of the form, brief details were recorded of events having been discussed at clinical meetings. However, minutes of clinical meetings showed that entries did not reflect which incidents were discussed nor what the learning outcomes were.</p>	

Example of significant events recorded and actions by the practice;

Event	Specific action taken
Adverse weather conditions preventing the practice to function as was usual.	The investigation was undertaken to see if the practices business continuity plan was effective and if it had worked in principal. The investigation concluded that appropriate steps had been taken by the practice. It did however highlight that the plan did not include reference to the adverse weather policy. The plan had therefore been updated to include this.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes

Effective

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.81	0.96	0.90	Comparable to other practices

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	91.2%	79.1%	79.5%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions) 18.9% (58)	CCG Exception rate 12.5%	England Exception rate 12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	78.9%	77.7%	78.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.0% (46)	10.4%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) <small>(QOF)</small>	85.5%	79.8%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.2% (59)	15.0%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QOF)	78.3%	76.5%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.9% (35)	12.1%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	91.4%	91.9%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.1% (12)	15.1%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	82.7%	83.1%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.4% (48)	3.8%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	83.9%	89.3%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0% (0)	6.6%	8.2%	

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	58	61	95.1%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	53	56	94.6%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	53	56	94.6%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	51	56	91.1%	Met 90% Minimum (no variation)
Any additional evidence or comments				
<p>The practice held new baby checks at eight weeks (as opposed to six weeks). They had changed the system to ensure that babies who were eight weeks old received their first vaccines during this check. This resulted in new mothers only having to visit the practice once, rather than twice in a matter of weeks. The practice contributed this to their significant (positive) variation for the percentage of children aged 1 with completed primary course of 5:1 vaccine.</p>				

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	74.5%	77.2%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	75.1%			N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	60.8%			N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	76.9%			N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	55.6%	56.8%	51.6%	Comparable to other practices

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	90.9%	92.8%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.4% (2)	13.1%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.3%	91.4%	90.7%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	10.9%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	82.1%	83.7%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.3% (2)	5.9%	6.8%	
Any additional evidence or comments				
We looked at care plans for patients with dementia. We found that significant improvements had been made to ensure these were complete, personalised to the individual and were no longer generic in content.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	554		
Overall QOF exception reporting	7.6%		

Any additional evidence
Where results were below the average, the practice had acted to address these. For example, by having staff dedicated to monitoring QOF routinely and ensuring systems and processes were effective.

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) <small>(QOF)</small>	Yes
Any additional evidence or comments The practice reported that these meetings had been held via video conference calls. However, these had been difficult due to the video link up not always working appropriately. It had been determined that face to face meetings would be re-established as a consequence of this.	

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QOF)</small>	93.7%	93.8%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.2% (29)	0.9%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. The practice had consent forms to implant and remove contraceptive devices, as well as for joint injections.

Any additional evidence
<p>The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.</p> <p>Staff encouraged and supported patients to be involved in monitoring and managing their health.</p> <p>Staff discussed changes to care or treatment with patients and their carers as necessary.</p> <p>The practice supported national priorities and initiatives to improve the population's health. For example, stop smoking campaigns and tackling obesity.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	5
Number of CQC comments received which were positive about the service	2
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
Comments cards	<p>Patients commented on the professionalism and friendliness of staff.</p> <p>Mixed comments received related to patients stating that getting through to the practice by telephone could sometimes be difficult. They said that it was difficult to see a named GP but appreciated being able to see other practitioners.</p> <p>Negative comments related to not being able to see a GP and the check in machine not always working effectively.</p>
NHS Choices	<p>Comments related to the high standard of care received from staff, helpful receptionists and the quality of clinical care provided. Some negative comments related to accessing the service via the telephone, appointment availability, repeat prescription issues and GPs bedside manner.</p>

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,437	233	100	42.92%	2%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	52.8%	82.1%	78.9%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	80.5%	89.9%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	91.4%	96.8%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	76.3%	86.7%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	86.6%	92.5%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	86.9%	92.0%	90.7%	Comparable to other practices

Any additional evidence or comments

The practice had developed and implemented an action plan to address the findings and improve patient satisfaction. For example, a review of responses (made through the Friends and Family Test) regarding recommending the practice to others showed that in March 2017 there had been 29 questionnaires completed. The results showed mixed feedback. For example, four patients responded that they would be extremely unlikely to recommend the practice, other responses were as follows: one unlikely, 14 neither likely or unlikely, eight likely and two extremely likely. Results for June 2018 showed improvements from the 53 responses received; with 44 respondents (83%) stating they would either be likely or extremely likely to recommend the practice to others.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes

Date of exercise	Summary of results
January to March 2018	The patient participation group (PPG) conducted a survey similar to the national patient GP survey. A total of 250 surveys were sent out anonymously (to 50 patients of each of the four GPs and 50 to patients of the practice nurses and health care assistants, selected at random). The results of the survey were positive in the majority in response to questions about access to the service, appointment booking and their experience of the practice as being good.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with seven patients	We asked patients whether they felt they were involved in decisions about their care and treatment. We were told they found the information in the patient waiting area useful. Patients told us they felt involved and that their personal decisions were considered.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	77.0%	88.3%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	75.8%	83.7%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	82.8%	90.7%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	83.1%	86.6%	85.4%	Comparable to other practices

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	The practice had identified 84 patients who were carers (1.5% of the practice list).
How the practice supports carers	<p>There was a dedicated noticeboard in the waiting area that indicated support available to carers and encouraged patients to identify whether they were carers.</p> <p>The practice offered carers an annual flu vaccination and an annual health check.</p>
How the practice supports recently bereaved patients	The practice contacted families who had been recently bereaved and offered them an appointment, if required, at a time to suit them. The GP would visit the next of kin or family if appropriate. The practice also provided help with forms or other arrangements and signposted relatives to other support services where appropriate.

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	There was a separate private room available at the practice, where patients could have privacy if this was required. The reception staff were aware of the need for confidentiality and all staff had signed confidentiality agreement forms.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes

Examples of specific feedback received:

Source	Feedback
Patient interviews	Patients told us they felt their privacy was respected and if they needed to discuss something privately with reception staff, they could.
Staff interviews	Staff told us patients who were made anxious by waiting in a busy waiting area, or were distressed, could wait in the private room. Staff told us they would offer the patient support and would call them when it was time for their appointment.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00 – 18:30
Tuesday	08:00 – 18:30
Wednesday	08:00 – 18:30
Thursday	08:00 – 18:30
Friday	08:00 – 18:30

Appointments available	
Monday to Friday	08:00 – 18:00
Extended hours opening	
Tuesday (GP and health care assistant appointments)	07:30 – 08:30
Wednesday (GP and practice nurse appointments)	18:30 – 19:30

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
All home visits were triaged by the duty GP and, if clinically appropriate, a visit was completed a GP.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,437	233	100	42.92%	1.8%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	59.0%	77.5%	80.0%	Variation (negative)
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	60.4%	73.9%	70.9%	Comparable to other practices
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 (01/01/2017 to 31/03/2017)	68.2%	80.1%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	55.1%	77.3%	72.7%	Comparable to other practices

Any additional evidence or comments

The practices GP patient survey results were below local and national averages for questions relating to access to care and treatment, with 60% of patients who responded said they could get through easily to the practice by phone; CCG – 74%; national average - 71%. This aligned with views of patient we spoke with on, CQC comment cards and recent feedback on NHS choices.

The practice had developed and implemented an action plan to address the findings and improve patient satisfaction regarding opening times. More extended hour appointments had been implemented as a result of this.

The practice had also implemented the use of an app designed by a third party, to assist patients with making appointments using a mobile device. Additionally, a review of the practices telephone systems had been undertaken and funding was being sought to address the issue with the current system.

Examples of feedback received from patients:

Source	Feedback
NHS Choices	Patients had rated the practice two stars out of a possible five on the NHS Choices website regarding availability of appointments. The practice had replied and responded to all comments made.
Patient interviews	We spoke with seven patients and received mixed feedback. Some patients were complimentary about staff and booking appointments and the care and treatment they received. However, negative feedback was also received relating to the difficulty of accessing appointments and repeat prescription issues.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	13
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>Significant improvements had been made to ensure that the practices complaint policy and procedures were in line with recognised guidance. Information about how to make a complaint or raise concerns was available in the form of a leaflet and on the practices website.</p> <p>Staff treated patients who made complaints compassionately. The practice learned lessons from individual concerns and complaints and from analysis of trends.</p>	

Example of how quality has improved in response to complaints
<p>Following the receipt of a complaint relating to a dementia care plan being sent to a patient's carer (when a dementia diagnosis had not been made), the practice had implemented a new system for checking that dementia care plans were appropriate to the patient in question. A review of all patients diagnosed with dementia was also conducted to ensure the diagnosis was correct and there were no further errors identified.</p>

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice

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

The practice was continuously reviewing their staffing numbers and skill mix to ensure they provided services to meet patient's needs.

Vision and strategy

Practice Vision and values

The practice had a mission statement to improve the health, well-being and lives of those that they care for.

There were a clear set of practice objectives, which focused on working in partnership with patients and stakeholders.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care

Staff we spoke with told us that the whole practice worked as a team and that all the GPs and management were very approachable. Staff told us they found it was a supportive environment both clinically and non-clinically. They told us there was a positive team spirit for improving the practice.

Examples of feedback from staff or other evidence about working at the practice

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

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had systems that helped to keep the majority governance documents up to date.
Other examples	<p>Governance documents that we looked at on the computer were up to date and contained a review date. However, hard copies available to staff in other areas of the practice had not been. For example, whistleblowing and safeguarding adults and children. Additionally, not all GPs were aware of how they could access policies and procedures on the computer system.</p> <p>Structures, processes and systems to support good governance and management were not always clearly set out, understood and effective. For example, the system for safeguarding adults and children had not been embedded and leadership and accountability for lead roles were unclear.</p> <p>The practice was unable to demonstrate there was an effective system to ensure the governance arrangements of significant event reporting.</p>
	Y/N
Staff were able to describe the governance arrangements	Partial
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Incorrect blood result issue relating to medicines taken for blood thinning.	Following a patient receiving an incorrect blood test response, the practice had completed a significant event investigation. The investigation concluded that the test result was incorrect according to the patient's diagnosis. In response, the practice had issued guidelines for staff to show which result was appropriate to all conditions diagnosed.

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
There was ongoing assessment of services and discussion of any suggested improvements. For example, the patient participation group (PPG) survey was used to assess the availability of appointments and telephone access to the practice. The practice took the results positively and were addressing any other areas of concern identified.

Any additional evidence
The practice utilised their website to improve the flow of information to and from the practice. The practice gathered feedback from patients through analysis of the results of the NHS Friends and Family Test, as well as comments made on NHS Choices, the national GP survey and a comments and suggestions box in the waiting area.

Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past two years

Audit area	Improvement
Urinary tract infection audit to determine if Staplehurst Health Centre were following National and West Kent Clinical Commissioning Group guidance & pathways and to ensure they were helping to protect against development of antimicrobial resistance.	The audit showed there were issues identified with a lack of data being collected from patients who had telephone consultations regarding their symptoms, as well as leaving a sample at the practice for testing. As a result, the practice had implemented a new data collection form for patients leaving urine samples at the practice. For example, data pertaining to whether the patient had been seen or spoken with a nurse or GP, symptom checker and reason for the sample being required.

Any additional evidence
Practice managers were focused on driving continuous improvement and staff were accountable for delivering change. However, there was a lack of oversight of the governance arrangements by the provider, to ensure that improvements made by the practice were supported. There was a clear approach to seeking out and embedding new ways of providing care and treatment. For example, employing staff relevant to the changing needs of their patient list.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a z-score, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

- Significant variation (positive)
- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ([See NHS Choices for more details](#)).