

# Dr Stephen Lawrence

## Quality Report

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Stephen Lawrence on 23, 26 and 29 September 2016. Overall the practice is rated as good. This inspection was a follow-up of our previous comprehensive inspection which took place in December 2015 when we rated the practice as inadequate overall. In particular the practice was rated as inadequate for providing safe and well-led services and requires improvement for providing effective, caring and responsive services. The practice was placed in special measures for six months.

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

The inspection carried out on 23, 26 and 29 September 2016 found that the practice had responded to the concerns raised at the December 2015 inspection and was complying with the requirement notices issued.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Significant improvements to risk management had been made and risks to patients were now being assessed and well managed.
- The practice was now able to demonstrate they were following national guidance on infection prevention and control.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice had introduced a system to help ensure governance documents were now kept up to date.
- There was evidence of clinical audits driving quality improvement.
- Staff training had been revised and records demonstrated that 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.

# Summary of findings

- Vaccines were being managed in line with national guidance and there was now a system that stored blank prescription forms securely as well as keep a record of their serial numbers.
- Relevant equipment had been PAT tested (portable appliance tested) to help ensure it was safe to use.
- Records showed that staff were working with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Results from the latest national GP patient survey had improved but some were below local and national averages. However, the practice was in the process of implementing their action plan to improve patient satisfaction as a direct result of analysing these results.
- 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 we spoke with and some comment cards indicated that patients found it difficult to book an appointment with a named GP. However, patients were able to book an appointment with another GP or receive a telephone consultation that suited their needs and the practice was in the process of implementing an action plan to improve patient access.

- 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 gathered feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are;

- Continue to identify registered patients who are also carers to help ensure they have access and are signposted to relevant support services.
- Continue to implement their action plan to improve patient satisfaction results as well as access to services, and monitor the results of this activity.

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

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as 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 help prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to help 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. Where national GP patient survey results were below average, the practice had an action plan to address the findings and improve patient satisfaction.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care.
- Patients said they did not always find it easy to make an appointment with a named GP. However, pre-bookable and on the day appointments were available with regular locum GPs and a nurse practitioner. Home visits were available and a telephone consultation service was provided. Urgent appointments for those with enhanced needs were also available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Most 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 GP encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to help ensure appropriate action was taken.

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients over the age of 75 years had been allocated to a designated GP to oversee their care and treatment requirements.

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.
- Performance for diabetes related indicators was comparable to the local clinical commissioning group (CCG) average and national average. For example, 83% of the practice's patients with diabetes, on the register, whose last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less compared with the local CCG average of 77% and national average of 78%. Ninety one percent of the practice's patients with diabetes, on the register, had a record of a foot examination and risk classification within the preceding 12 months compared with the local CCG average of 86% and national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicine needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances.
- Childhood immunisation rates for the vaccinations given were comparable to the clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 88% to 94% compared to the local CCG averages which ranged from 84% to 95%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the local CCG average of 83% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice worked with local schools to help promote healthy lifestyles for children.

## **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 help ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Good



# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice offered a 'carers' clinic' to patients who were also carers which was run by one of the reception staff.

## 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).

- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the local clinical commissioning group (CCG) average of 82% and national average of 84%.
- Performance for mental health related indicators was comparable to the local CCG average and national average. For example, 90% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the local CCG average of 87% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 showed practice actions had resulted in an improvement to most patient satisfaction scores. Results demonstrated that the practice was performing in line with or slightly below local CCG and national averages. Three hundred and four survey forms were distributed and 97 were returned. This represents 3% of the practice's patient list.

- 71% of respondents found it easy to get through to this practice by telephone which was comparable to the local CCG average of 63% and national average of 73%. This was an improvement over the last result of 59% in the previous GP patient survey published in July 2015.
  - 88% of respondents found the receptionists at this surgery helpful (CCG average 85%, national average 87%). This was an improvement over the last result of 75% in the previous GP patient survey published in July 2015.
  - 70% of respondents were able to obtain an appointment to see or speak with someone the last time they tried (CCG average 81%, national average 85%). This was comparable with the last result of 74% in the previous GP patient survey published in July 2015.
  - 87% of respondents said the last appointment they obtained was convenient (CCG average 91%, national average 92%). This was an improvement over the last result of 78% in the previous GP patient survey published in July 2015.
- 58% of respondents described their experience of making an appointment was good which was comparable to the local CCG average of 66% and national average of 73%. This was an improvement over the last result of 53% in the previous GP patient survey published in July 2015.
  - 55% of respondents usually waited 15 minutes or less after their appointment time to be seen (CCG average 63%, national average 65%). This was an improvement over the last result of 45% in the previous GP patient survey published in July 2015.

We received 35 patient comment cards all of which were positive about the service patients experienced at Dr Stephen Lawrence. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy. Five comment cards also contained negative comments. All of these related to difficulty obtaining an appointment with a named GP.

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. All three patients stated they found it difficult to book an appointment that suited their needs.

# Dr Stephen Lawrence

## 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 Stephen Lawrence

Dr Stephen Lawrence (also known as St Mary's Island Surgery) is situated in Chatham, Kent and has a registered patient population of approximately 3,273. There are more patients registered between the ages of 0 and 14 years as well as 35 and 49 years than the national average. The practice is not in an area of deprivation.

The practice staff consists of one GP (male), one practice manager, one nurse practitioner (female), one healthcare assistant (female) as well as administration and reception staff. The practice also employs locum GPs and practice nurses via an agency. There is a reception and waiting area on the ground floor. All patient areas are accessible to patients with mobility issues, as well as parents with children and babies.

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

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

The practice is open Monday to Thursday between the hours of 8.30am to 1pm and 2pm to 6pm and Friday 8.30am to 1pm. The practice's telephone lines remain open

between the hours of 1pm to 2pm. Extended hours surgeries are offered Friday 6.30am to 8am. Primary medical services are available to patients registered at Dr Stephen Lawrence via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with another provider (Medway On Call Care) to deliver services to patients outside of the practice's working hours.

Services are provided from St Mary's Island Surgery, Edgeway, St Mary's Island, Chatham, Kent, ME4 3EP, only.

## 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.

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out announced visits on 23, 26 and 29 September 2016.

During our visit we:

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

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

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

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

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

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

# Are services safe?

## Our findings

At our previous comprehensive inspection on 1 December 2015 the practice had been rated as Inadequate for providing safe services.

- The practice did not have reliable systems, processes and practices to help keep patients safe and safeguard them from abuse.
- Not all staff were up to date with attending mandatory courses such as safeguarding training, infection control training and fire safety training.
- Risks to patients, staff and visitors were not consistently assessed and well managed.
- The practice was unable to demonstrate they were following national guidance on infection prevention and control.
- Vaccines were not managed in accordance with Department of Health guidance.
- Blank prescription forms were not always stored securely and the practice was unable to demonstrate they had a system to keep a record of prescription serial numbers.
- The practice was unable to demonstrate they had a system to help ensure all relevant equipment was PAT tested (portable appliance tested) on a regular basis.
- Appropriate recruitment checks had not always been undertaken prior to the employment of staff by the practice.

At our comprehensive inspection on 23, 26 and 29 September 2016 we found the following:

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident,

received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports 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, the practice had introduced the use of a second thermometer to monitor the temperature of the vaccines refrigerator following an incident when vaccines had been stored outside of the recommended temperature range.

### Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Practice staff attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- 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 or risk assessment of using staff in this role without DBS clearance. (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).
- We observed the premises to be clean and tidy. There was a lead member of staff for infection control who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection

## Are services safe?

control protocol and staff had received up to date training. Infection control audits were undertaken and there was an action plan to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency medicines and vaccines in the practice helped keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Vaccines were now being managed in line with national guidance. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Significant improvements to risk management had been made and risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All

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

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

### Arrangements to deal with emergencies and major incidents

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

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

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous comprehensive inspection on 1 December 2015 the practice had been rated as requires improvement for providing effective services.

- The practice was unable to demonstrate that improvements to patient care were driven by the completion of clinical audit cycles.

At our comprehensive inspection on 23, 26 and 29 September 2016 we found the following:

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92% of the total number of points available.

Data from 2014/2015 showed:

- Performance for diabetes related indicators was comparable to the local clinical commissioning group (CCG) average and national average. For example, 83% of the practice's patients with diabetes, on the register, whose last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less compared with the local CCG average of 77% and national average of 78%. Ninety one percent of the practice's patients with diabetes, on the register, had a record of a foot examination and risk classification within the preceding 12 months compared with the local CCG average of 86% and national average of 88%.

- Performance for mental health related indicators was comparable to the local CCG average and national average. For example, 90% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the local CCG average of 87% and national average of 88%.

There was evidence of clinical audits driving quality improvement.

- Staff told us the practice had a system for completing clinical audits. For example, a urinary tract infection audit. The practice had analysed the results and implemented an action plan to address its findings. Records showed the audit had been repeated and results demonstrated an improvement in patient care. The practice had an action plan to repeat the audit to continue to monitor and improve patient care.
- Other clinical audits had been carried out. For example, an audit of inadequate (cervical) smears. The practice had analysed the results and produced an action plan to address the findings. Records showed this audit was due to be repeated to complete the cycle of clinical audit.

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

# Are services effective?

(for example, treatment is effective)

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

## Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Staff told us that multidisciplinary team meetings took place via telephone conference facilities on a regular basis and that care plans were routinely reviewed and updated.

## 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 assessed the patient's capacity and, recorded the outcome of the assessment.

## Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 79%, which was comparable to the local CCG average of 83% and national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems to help ensure results were received for all samples sent for the cervical screening programme and that the practice had followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to the clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 88% to 94% compared to the local CCG averages which ranged from 84% to 95%.

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

At our previous comprehensive inspection on 1 December 2015 the practice had been rated as requires improvement for providing caring services.

- The practice was below average for its satisfaction scores on consultations with doctors and nurses.

At our comprehensive inspection on 23, 26 and 29 September 2016 we found the following:

### 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.
- Incoming telephone calls and private conversations between patients and staff at the reception desk could be overheard by others. However, when discussing patients' treatment staff were careful to keep confidential information private. Staff told us that a private room was available near the reception desk should a patient wish a more private area in which to discuss any issues.

We received 35 patient comment cards all of which were positive about the service patients experienced at Dr Stephen Lawrence. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy.

We spoke with 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 analysed the results from the GP patient survey published in January 2016 and developed an action plan to improve patient satisfaction. For example, the practice planned to recruit a full time female GP to replace the sessional locum GPs to offer patients the choice of

seeing a female GP and access to a second named GP as well as improving continuity of patient care. There were also plans to advertise the practice's current extended opening hours to improve patient awareness of the availability of appointments during these times.

The national GP patient survey results published in July 2016 showed practice actions had resulted in an improvement to most patient satisfaction scores. Patients felt they were treated with compassion, dignity and respect. Results demonstrated that the practice was performing in line with or slightly below local CCG and national averages.

- 75% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and national average of 89%. This was an improvement over the last result of 68% in the previous GP patient survey published in July 2015.
- 78% of respondents said the GP gave them enough time (CCG average 82%, national average 87%). This was comparable with the last result of 78% in the previous GP patient survey published in July 2015.
- 86% of respondents said the nurse gave them enough time (CCG average 91%, national average 92%). This was a deterioration over the last result of 93% in the previous GP patient survey published in July 2015.
- 75% of respondents said the last GP they saw or spoke with was good at treating them with care and concern (CCG average 79%, national average 85%). This was an improvement over the last result of 63% in the previous GP patient survey published in July 2015.
- 84% of respondents said the last nurse they saw or spoke with was good at treating them with care and concern (CCG average 90%, national average 91%). This was an improvement over the last result of 78% in the previous GP patient survey published in July 2015.

There were plans to encourage all GPs and nursing staff to attend training to help improve their communication skills and address issues identified by the GP patient survey results analysis.

### Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received indicated they felt involved in decision making about the care and treatment they received. They also felt listened to

## Are services caring?

and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised.

The national GP patient survey results published in July 2016 showed practice actions had resulted in an improvement to most patient satisfaction scores. Results demonstrated that the practice was performing in line with or slightly below local CCG and national averages.

- 72% of respondents said the last GP they saw or spoke with was good at explaining tests and treatments compared to the CCG average of 79% and national average of 86%. This was an improvement over the last result of 67% in the previous GP patient survey published in July 2015.
- 78% of respondents said the last nurse they saw or spoke with was good at explaining tests and treatments compared to the CCG average of 88% and national average of 90%. This was an improvement over the last result of 76% in the previous GP patient survey published in July 2015.
- 59% of respondents said the last GP they saw or spoke with was good at involving them in decisions about their care (CCG average 74%, national average 82%). This was an improvement over the last result of 54% in the previous GP patient survey published in July 2015.
- 74% of respondents said the last nurse they saw or spoke with was good at involving them in decisions about their care (CCG average 84%, national average 85%). This was an improvement over the last result of 65% in the previous GP patient survey published in July 2015.

There were also plans to encourage GPs and nursing staff to attend training to help improve their interpersonal skills and address issues identified by the GP patient survey results analysis.

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**

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

The practice offered a 'carers' clinic' to patients who were also carers which was run by one of the reception staff. The clinic supported patients who were also carers by: providing information, local authority resources and contact points to the various avenues of support available to them; offering them flexible appointments to meet their needs; providing them with health checks, screening and advice; seeking feedback and acting on any suggestions they made. There was written guidance for staff to follow to help them identify patients who were also carers. The practice had identified 12 patients (0.4%) on the practice list who were carers.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous comprehensive inspection on 1 December 2015 the practice had been rated as requires improvement for providing responsive services.

- Although patients had access to a female nurse practitioner at times the practice did not always provide patients with the choice of seeing a female GP.
- Results from the national GP patient survey showed patients' satisfaction with how they could access care and treatment was below local and national averages.

At our comprehensive inspection on 23, 26 and 29 September 2016 we found the following:

### Responding to and meeting people's needs

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

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

- There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.
- The practice worked with local schools to help promote healthy lifestyles for children.

### Access to the service

The practice was open Monday to Thursday between the hours of 8.30am to 1pm and 2pm to 6pm and Friday 8.30am to 1pm. The practice's telephone lines remained open between the hours of 1pm to 2pm. Extended hours surgeries were offered Friday 6.30am to 8am. Primary medical services were available to patients registered at Dr Stephen Lawrence via an appointments system. There were a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There were arrangements with other providers (Medway On Call Care) to deliver services to patients outside of the practice's working hours.

The national GP patient survey results published in July 2016 showed practice actions had resulted in an improvement to most patient satisfaction scores. Results demonstrated that the practice was performing in line with or slightly below local CCG and national averages.

- 58% of respondents were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 68% and national average of 76%. This was an improvement over the last result of 43% in the previous GP patient survey published in July 2015.
- 71% of respondents said they could get through easily to the practice by telephone (CCG average 63%, national average 73%). This was an improvement over the last result of 59% in the previous GP patient survey published in July 2015.
- 58% of respondents described their experience of making an appointment as good (CCG average 66%, national average 73%). This was an improvement over the last result of 53% in the previous GP patient survey published in July 2015.
- 55% of respondents said they usually waited 15 minutes or less after their appointment time (CCG average 63%, national average 65%). This was an improvement over the last result of 52% in the previous GP patient survey published in July 2015.

# Are services responsive to people's needs?

(for example, to feedback?)

People told us on the day of the inspection that patients were not always able to get appointments with a named GP when they needed them. However, they were able to book an appointment with another GP or receive a telephone consultation that suited their needs. Five comments cards also indicated that patients were not always able to book an appointment with a named GP. However, the practice was in the process of implementing an action plan to improve patient access and planned to monitor the results of this activity.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- Information for patients was available in the practice that gave details of the practice's complaints procedure and included the names and contact details of relevant complaints bodies that patients could contact if they were unhappy with the practice's response.

The practice had received one complaint in the last 12 months. Records demonstrated that the complaint was investigated, the complainant had received a response, the practice had learned from the complaint and had implemented appropriate changes. For example, written guidance had been provided to practice nurses on the current chartered vaccination protocol for children following an omission of one component of a child's first immunisations.

# Are services well-led?

Good 

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

## Our findings

At our previous comprehensive inspection on 1 December 2015 the practice had been rated as Inadequate for providing well-led services.

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. However, most staff we spoke with were not aware of the vision or the practice's statement of purpose.
- Significant issues that threatened the delivery of safe care were not identified or adequately managed.
- Not all policies and guidance documents were dated or had a planned review date.
- The practice had an overarching governance framework, designed to support the delivery of the strategy and good quality care. However, it was not always effectively implemented.
- The practice's system of risk management had failed to identify all risks to patients, staff and visitors.

At our comprehensive inspection on 23, 26 and 29 September 2016 we found the following:

### Vision and strategy

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

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

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. The practice had introduced a system to help ensure governance documents were kept up to date.
- A comprehensive understanding of the performance of the practice was maintained.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

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

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice. 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 valued feedback from patients, the public and staff.

# Are services well-led?

Good 

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

- The practice gathered feedback from patients through the virtual patient participation group (PPG), complaints received and by carrying out analysis of the results from the GP patient survey.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. All staff were involved in discussions

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

## **Continuous improvement**

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