

Len Valley Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

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 Len Valley Practice on 20 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients were assessed and well managed. However, the practice was unable to demonstrate that the volunteer drivers who delivered medicines to patients at home had received a Disclosure and Barring Service (DBS) check. The practice was aware of this before the inspection and was in the process of ensuring all volunteer drivers had appropriate DBS checks.
- Medicines and Healthcare products Regulatory Agency (MHRA) alerts were noted and acted upon in the dispensary. However, there was not an effective

practice wide system to receive and act on MHRA Drug Safety Update alerts. Once the practice was aware of this, immediate action was taken to implement a practice wide system.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice maintained a register of military veterans and was in the process of auditing this patient group to help ensure they were receiving appropriate and timely care and support. The practice was encouraging these patients to identify themselves through signage at the practice and questions on the 'new patient' forms.

Summary of findings

- 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.
- Some patients said it was difficult to get through to the practice by telephone during peak times and that there was sometimes a wait for an appointment with a GP. However, there was continuity of care and urgent appointments were available the same day.
- The practice maintained registers for patients who might benefit from extra support (% of the practice list).
- The practice was engaging in clinical commissioning group (CCG) 'Transforming Outpatients Project' which had resulted in 113 patients not having to travel to secondary care for treatment.
- 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 sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw an area of outstanding practice:

- Patients were empowered to have a voice within the practice through a collaborative partnership between the patient participation group (PPG) and the practice. The practice and PPG had a strong focus on working together on a multitude of projects, both in the practice and the wider community to promote healthy living and help ensure patients'

emotional and social requirements were given equal consideration as their physical needs. There was a commitment to promoting healthy living both in the practice and in the wider community. Staff from the practice had delivered health education talks in a variety of forums and there was a 'Health Promotion' room for patients to use at Lenham Surgery.

The areas where the provider should improve are:

- Review staff and patient awareness of the availability of translation services.
- Continue to oversee the implementation of Disclosure and Barring Service (DBS) checks or carry out a risk assessment in order to demonstrate that volunteer staff are safe to undertake this role.
- Review the process for delivering medicines to patients in their home to help ensure that the cold chain is maintained.
- Continue, with the support of the patient participation group (PPG), to review and improve patients' experience of the service, including in areas such as telephone access and access to GP appointments.
- Continue to receive and act on Medicines and Healthcare products Regulatory Agency (MHRA) alerts in all areas of the practice.

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.

Good



- 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 help improve processes to reduce the chance of same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse. Disclosure and Barring Service (DBS) or risk assessment to demonstrate they were safe to carry out this role
- Risks to patients were assessed and well managed.
- Medicines and Healthcare products Regulatory Agency (MHRA) alerts were noted and acted upon in the dispensary. However, there was not an effective practice wide system to receive and act on MHRA alerts. Once the practice was aware of this, immediate action was taken to implement a practice wide system.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to local and national averages.
- The practice had 5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This was below the clinical commissioning group (CCG) and national average of 9%.
- 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.

Summary of findings

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

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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.
- The practice maintained registers for patients who might benefit from extra support and had identified 366 patients as carers (4% of the practice list).

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was engaging in the CCGs 'Transforming Outpatients Project' which had resulted in 113 patients not having to travel to secondary care for treatment.
- Some patients said it was difficult to get through to the practice by telephone during peak times and that there was sometimes a wait for an appointment with a GP. However, there was continuity of care and urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The PPG was active and patients were empowered to have a voice within the practice. For example the practice and the PPG worked together to design and deliver healthy living projects such as the 'Your Health Saturday' event, the walking group, a health promotion room at the practice. There was a commitment to prompting healthy living both in the practice

Good



Summary of findings

and in the wider community. Staff from the practice had delivered health education talks in a variety of forums and there was a 'Health Promotion' room for patients to use at Lenham Surgery.

- The practice maintained a register of military veterans and was in the process of auditing this patient group to help ensure they were receiving appropriate and timely care and support. The practice was encouraging these patients to identify themselves through signage at the practice and questions on the 'new patient' forms.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active and worked in partnership with the practice to improve patient outcomes.
- There were high levels of staff satisfaction. Staff we spoke with were proud of the organisation as a place to work and spoke enthusiastically about the open culture and opportunities for career progression. There was a constructive approach to staff engagement which was maintained through multiple forums. For example, the staff communication board and staff survey.
- Alongside their clinical roles the GPs provided support for trainee GPs and there was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Volunteer drivers provided a twice weekly medicines delivery service for patients who were unable to attend the surgery.
- The practice participated in two local volunteer schemes that provided transport assistance for patient who would otherwise find it difficult to access services.
- The practice provided clinical space so that patients had access to 'foot care for the elderly' clinics twice a month.

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 were comparable with local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice worked closely with other organisations and with the local community to raise awareness about long-term conditions; including a presentation to the Women's Institute and an educational diabetes presentation to a local residential home.
- Staff held regular 'diabetes' meetings to help ensure patients' needs were being met.

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 A&E attendances. Immunisation rates were comparable with local and national averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 81%, which was similar to the 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.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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

Good



Summary of findings

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).

- 77% of patients diagnosed with dementia had received a face to face care review meeting in the last 12 months, which was comparable to the local average of 85% and the national average of 84%.
- Performance for mental health related indicators were comparable with local and national averages.
- 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 were published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and forty one survey forms were distributed and 138 were returned. This represented 2% of the practice's patient list.

- 76% of respondents found it easy to get through to this practice by phone which was the same as the clinical commissioning group (CCG), and comparable to the national average of 73%.
- 74% of respondents were able to get an appointment to see or speak to someone the last time they tried which was comparable to the CCG average of 81% and the national average of 76%.
- 89% of respondents described the overall experience of this GP practice as good which was comparable to the CCG average of 87% and the national average of 85%.
- 89% of respondents said they would recommend this GP practice to someone who has just moved to the local area, which was comparable to the CCG average of 82% and the national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection.

We received 48 comment cards, all contained positive comments about the service provided at the practice. Patients commented positively about the supportive, efficient and caring attitude provided by all members of staff. 'Excellent service' was a common theme. However, seven of the comment cards also contained some negative points. The negative comments were about challenges in getting through to the practice by telephone during peak times and that there was sometimes a wait for an appointment with a GP.

We spoke with ten patients, including three members of the PPG. Their views aligned with the comment cards and they talked positively about the personalised and responsive care provided by the practice, but also commented that getting through on the phone and accessing GP appointments could be difficult. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected. The PPG members we spoke with told us they worked in partnership with the practice as a 'critical friend'. The practice and PPG had a strong focus on working together on a multitude of projects, both in the practice and the wider community to promote healthy living and help ensure patients' emotional and social requirements were given equal importance as their physical needs.

Areas for improvement

Action the service SHOULD take to improve

- Review staff and patient awareness of the availability of translation services.
- Continue to oversee the implementation of Disclosure and Barring Service (DBS) checks or carry out a risk assessment in order to demonstrate that volunteer staff are safe to undertake this role.
- Review the process for delivering medicines to patients in their home to help ensure that the cold chain is maintained.

- Continue, with the support of the patient participation group (PPG), to review and improve patients' experience of the service, including in areas such as telephone access and access to GP appointments.

Continue to receive and act on Medicines and Healthcare products Regulatory Agency (MHRA) alerts in all areas of the practice.

Summary of findings

Outstanding practice

- Patients were empowered to have a voice within the practice through a collaborative partnership between the patient participation group (PPG) and the practice. The practice and PPG had a strong focus on working together on a multitude of projects, both in the practice and the wider community to promote healthy living and help ensure patients'

emotional and social requirements were given equal consideration as their physical needs. There was a commitment to promoting healthy living both in the practice and in the wider community. Staff from the practice had delivered health education talks in a variety of forums and there was a 'Health Promotion' room for patients to use at Lenham Surgery.

Len Valley Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, an assistant CQC inspector, a practice manager specialist adviser and a pharmacist specialist adviser. We visited the main site at Groom Way, Maidstone, Kent ME17 2QF and the branch surgery; Harrietsham Surgery, The Glebe Medical Centre, Harrietsham, Maidstone, Kent, ME17 1AP.

Background to Len Valley Practice

Len Valley Practice delivers services from two sites, Lenham Surgery and Harrietsham surgery. Both are located in residential areas in Maidstone, Kent. All patient areas, at both sites, are on the ground floor and are accessible to patients with mobility issues, as well as parents with children and babies. There are approximately 8300 patients on the practice list. The practice has slightly more patients aged over 74 years. However, there are also more patients in paid work or full time education than national and local averages (practice average 67%, national and local average 62%).

The practice holds General Medical Service contract and consists of four GP partners (male) and two salaried GPs (female). Together the GPs provide 38 sessions per week. Len Valley Practice is a training practice meaning, alongside their clinical roles, the GPs provide training and mentorship for trainee GPs. There is currently one GP registrar working

at the practice (female). There are two nurse practitioners (female), two nurses (female), one healthcare assistant (female) and a phlebotomist (phlebotomists take blood samples) providing services to patients.

The Len Valley Practice is able to provide dispensary services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy premises. There are currently approximately 4000 dispensing patients registered to use this service. This service is delivered by a dispensary manager and six dispensers. The GPs, nurses and dispensers are supported by a practice manager and a team of administration and reception staff. A wide range of services and clinics are offered by the practice including: asthma, diabetes, minor surgery and antenatal clinics.

The practice is open from 8am to 6.30pm. Morning appointments are from 9am to 11.30am and afternoon appointments are from 3pm to 5.40pm.

An out of hour's service is provided by Integrated Care 24, outside of the practices open hours and there is information available to patients on how to access this at the practice, in the practice information leaflet and on the website.

Services are delivered from:

- Lenham Surgery, Groom Way, Maidstone, Kent ME17 2QF and
- Harrietsham Surgery, The Glebe Medical Centre, Harrietsham, Maidstone, Kent, ME17 1AP.

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit 20 September 2016. During our visit we:

- Spoke with a range of clinical staff including three GPs, two practice nurses, one healthcare assistant and a phlebotomist. We also talked with the practice manager, dispensary manager and team, receptionists, administrators and patients who used the service.
- Observed how reception staff talked with patients, carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. There were seven significant events recorded since October 2015, the practice had analysed and learnt from these events in order to help improve safety in the practice. For example, an incident involving a needle stick injury resulted in staff being reminded about safe disposal protocols.

Overview of safety systems and processes

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

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP partner was the lead for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated

they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- There were notices in clinical rooms advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, the practice was unable to demonstrate that the drivers who delivered medicines to patients at home had received a DBS check. The practice was aware of this before the inspection and was in the process of ensuring all volunteer drivers had appropriate DBS checks.
- Staff told us that the delivery drivers took medicines requiring refrigeration in the morning and had a process to ensure these were delivered first. However, the practice did not use a cool box with a thermometer to help ensure that medicines were kept below eight degrees, nor was there a risk assessment to explain why this was not necessary.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. For example, the practice had undertaken an audit on a medicine for which people need blood test monitoring. This helped to provide a check that patients were receiving this medicine in a timely manner. Blank prescription forms and pads were securely stored and there were systems

Are services safe?

to monitor their use. Two of the nurses had qualified as an Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. GPs provided mentorship and support for the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also appropriate arrangements for the destruction of controlled drugs.
- Medicines and Healthcare products Regulatory Agency (MHRA) alerts were noted and acted upon in the dispensary. However, there was not an effective practice wide system to receive and act on MHRA alerts. For example, the GPs we spoke with were not able to demonstrate receiving safety updates for: Ibuprofen, Sodium Valproate, Spironolactone, Nicorandil. We made the practice aware of this and we saw evidence by the end of the inspection that the practice had adopted a system to receive and act on MHRA alerts.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, with 5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This was below the clinical commissioning group (CCG) and national average of 9%. The practice told us they had an effective recall system for patients with long-term conditions, which may explain the low exception reporting. Data from 01/04/2014 to 31/03/2015 showed:

- Performance for diabetes related indicators was comparable to the national average. For example, 96% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months which was significantly better than the CCG national average of 88%.
- Performance for mental health related indicators was comparable to the national average. For example 77% of patients diagnosed with dementia had received a face to face care review meeting in the last 12 months, which was below the local average of 85% and the national average of 84%. The practice conducted an

audit of dementia patients and identified some incorrect coding in this patient group. The practice concluded this may have negatively impacted these QOF figures.

Data from the electronic Prescribing and Costs System 2014/15 (ePACT- is a system used to monitor prescription data) showed the practice was prescribing a higher percentage of some antibiotic medicines than local or national averages (practice average 11%, clinical commissioning group (CCG) average 8%, national average 5%). The practice was aware of this and had successfully worked with the CCG to reduce the prescribing of these medicines.

There was evidence of quality improvement including clinical audit.

- There was a range of audits in areas such as wound care, scans, prescribing and dementia. Thirteen clinical audits had been undertaken in the last two years; three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to monitor and where necessary improve services. For example, a two cycle respiratory audit reduced prescribing errors and continuing audit cycles demonstrated these improvements were maintained.
- There was a range of audits in progress or being planned in areas such as diabetes, military veteran health and prescribing.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We spoke with members of staff who had recently joined the practice and they told us they had found the induction process both useful and supportive.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions had received training in areas such as diabetes, wound care and respiratory conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and support for revalidating GPs. Staff we spoke with told us they had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 81%, which was similar to the CCG average of 84% and the national average of 82%. There was a policy to telephone patients who failed to attend their cervical screening test to remind them of the test. A female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems to help ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates were similar to local averages. For example, data from 2015/16 showed vaccines given to infants aged 12 months and under, ranged from 95% to 96% (CCG average 89% to 92%), five year olds ranged from 95% to 100% (CCG average 86% to 96%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Conversations between receptionists and patients could be overheard in the patient waiting areas. There was background music playing to help reduce the likelihood of being overheard. The receptionists were aware of patient confidentiality and we saw that they took account of this in their dealings with patients. There was access to a private area if patients wished to discuss sensitive issues or appeared distressed.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards, all contained positive comments about the service provided at the practice. Patients commented positively about the supportive, efficient and caring attitude provided by all members of staff. 'Excellent service' was a common theme. However, seven of the comment cards also contained some negative points. The negative comments were about challenges in getting through to the practice by telephone during peak times and that there was sometimes a wait for an appointment with a GP. The practice was aware of these issues and had undertaken their own survey to obtain further feedback from their patients. In addition the practice had consulted with the CCG and the patient participation group to formulate an action plan which was aimed at improving patient access to services including via the telephone.

We spoke with ten patients, including three members of the PPG. Their views aligned with the comment cards and they talked positively about the personalised and responsive care provided by the practice, but also commented that getting through on the phone and accessing GP appointments could be difficult. Patients we

spoke with told us their dignity, privacy and preferences were always considered and respected. The PPG members we spoke with told us they worked in partnership with the practice as a 'critical friend'. The practice and PPG had a strong focus on working together on a multitude of projects, both in the practice and the wider community to promote healthy living and help ensure patients' emotional and social requirements were given equal importance as their physical needs.

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

- 96% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 98% of respondents said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 100% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 92% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 88% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 94% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed

Are services caring?

decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 89% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 88% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 81% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 86%.

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

- There was a translation service available for patients who did not have English as a first language. However, not all staff we spoke with knew how to access this service.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice maintained a register of carers and had identified 366 patients as carers (4.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service. The practice maintained a confidential notice board in the main staff area to help ensure staff were aware about recently deceased patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was engaging in the local CCGs 'Transforming Outpatients Project' aimed at reducing referrals for outpatient care by facilitating access to consultant advice and guidance for GPs. The practice had accessed support in areas such as rheumatology, pain management and orthopaedics. Len Valley Practice had made 209 telephone referrals of which 113 (54%) resulted in a saved referral to secondary care. This meant that these patients were able to access care locally rather than travel to secondary care.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice had identified that there were a number of military veterans in their patient population and had taken action to help ensure this group of patients received suitable support in line with the government's armed forces covenant. Trainee GPs had attended a course on military veteran care and were in the process of auditing the care this patient group received in the practice. The practice was encouraging these patients to identify themselves through signage at the practice and via questions on the 'new patient' form. There were 20 patients on the military veteran register.
- The practice worked with local volunteers to assist patients who would otherwise find it difficult to access services. For example, volunteer drivers provided a twice weekly medicines delivery service and two local volunteer schemes provided transport assistance for patients who were unable to get to the practice without assistance.

- There was a commitment to promoting healthy living both in the practice and in the wider community. Staff from the practice had delivered health education talks in a variety of forums, including care homes, schools and the Women's Institute. There was a 'Health Promotion' room for patients to use at Lenham Surgery and a 'hot topic board' in patient waiting areas. Together with the patient participation group (PPG) there were healthy living events in the practice, for example the 'Your Health' event during the Saturday morning flu clinics. There were events the local community to promote services and healthy living including promoting the PPG led 'Sugar Wars' at the Lenham Family Festival. Events were reviewed and changes made to help improve future events. The PPG led a weekly walking group with different levels to match patient's needs and abilities. There were 74 patients registered with the walking group.

Access to the service

The practice was open from 8am to 6.30pm. Morning appointments were from 9am to 11.30am and afternoon appointments are from 3pm to 5.40pm.

Appointments could be booked up to six weeks in advance and urgent appointments were available for people that needed them.

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

- 70% of respondents were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) and the national average of 78%.
- 76% of respondents said they could get through easily to the practice by phone which was the same as to the CCG and better than the national average of 73%.

Some patients told us on the day of the inspection that there was sometimes a wait for an appointment with a GP and that it could be difficult to get through to the practice by telephone during peak times. The practice was aware of these issues and had undertaken their own survey to obtain further feedback from their patients. In addition the practice had consulted with the CCG and the patient participation group to formulate an action plan which was aimed at improving patient access to services including via the telephone.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the form of leaflets and material on the practice's website.

The practice had recorded 13 written and verbal complaints in the last twelve months. We reviewed these and found they were handled with openness and transparency. Records demonstrated that lessons were learnt from concerns and complaints and action was taken as a result to help improve the quality of care. For example, in response to a patient complaint, relevant alerts were placed in patients' consultation records to make them more noticeable to clinicians. Alongside complaints, the practice recorded positive feedback and kept a 'warm/fuzzy' board for staff to celebrate and share compliments from patients and other healthcare professionals.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice values centred on delivering high standards of personalised care in an educational environment, where staff promote and share learning. Staff we spoke with talked positively about how they were able to use the practice values to improve quality and outcomes for patients.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, with the exception of Medicines and Healthcare products Regulatory Agency (MHRA) alerts and Disclosure and Barring Service (DBS) checks for volunteer drivers. However, once these risks had been identified, the practice had taken immediate action to rectify them.

Leadership and culture

On the day of inspection the partners and the management team demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. For example, the staff newsletter in April 2016 reminded staff about reporting significant events. Information included a definition and examples of significant events and how staff could be report these events without fear of blame. 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 verbal interactions as well as written correspondence.

There was a clear leadership structure and lead roles across the practice were clearly defined. Staff we spoke with were aware of the management structure and felt supported by the management team.

- The practice maintained a program of practice and multidisciplinary team meetings and we saw minutes from these meetings to support this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners and the management team. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the appointment system was jointly reviewed by the practice and the PPG. Members from the PPG spent time at the practice to gain a comprehensive understanding of the issues around booking appointments. This collaborative way of working resulted in the development of a community based approach to promoting patients' health and well-being through healthy living events and activities such as the walking group.
- There was a constructive approach to staff engagement which was maintained through multiple forums. For example, meetings, appraisals and discussion. There was a staff communication board, regular staff newsletters and the practice had just undertaken its first staff survey. Staff we spoke with told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice, clinical and non-clinical. The practice was a training practice and all the staff were to some degree involved in the training of future GPs. The practice was also involved in apprenticeship programs and staff had progressed through the practice and into the wider healthcare community. For example, one member of staff had completed health care assistant training and then progressed to nurse training.

The practice and the PPG was forward thinking and were willing to work together and with other organisations to develop and implement innovative ways of working in order to help improve outcomes for patients in the area. For example, there was a focus on promoting healthy living both in the practice and the wider the community through multiple forums. The practice worked in conjunction with other healthcare professionals and organisations to provide a wide range of services and access consultant guidance in order to help reduce the necessity for patients to travel outside the practice to access health care in areas such as foot care and orthopaedics.