Care Quality Commission

Inspection Evidence Table

Malling Health @ Blue Suite (1-498169858)

Inspection date: 12 March 2019

Date of data download: 20 February 2019

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Rating: Good

At our previous comprehensive inspection on 24 July 2018 we rated the practice as Inadequate for providing safe services because:

- The practice's system for reporting and recording significant events was not always effective.
- The practice was unable to demonstrate that all relevant staff were covered by medical indemnity insurance.
- The practice was unable to demonstrate that all clinical equipment was checked and / or calibrated to ensure it was safe to use.
- The practice's system for managing infection prevention and control was not always effective.
- Not all substances hazardous to health were being stored securely and safely.
- Staff did not always follow the practice's systems for the safe prescribing of high risk medicines.
- Medicines requiring refrigeration were not always stored in line with national guidance.
- The practice did not always learn and share lessons, identify themes and take action to improve safety.
- The practice was unable to demonstrate that they acted on and learned from national patient safety alerts.

At our comprehensive inspection on 12 March 2019 we found the following:

Safety systems and processes

The practice's systems, practices and processes helped keep people safe and safeguarded from abuse.

Safeguarding	
There was a lead member of staff for safeguarding processes and procedures.	Yes
Policies and other documents covering adult and child safeguarding were accessible to all staff. They clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs) and knew how to identify and report concerns.	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
Notices in the practice advised patients that chaperones were available if required.	Yes
Additional evidence or comments	
The practice's computer system alerted staff to children that were on the risk register but did not alert staff to family and other household members of such children. After our inspection the practice sent us evidence to show they had developed an action plan to address this by the end of March 2019. For example, by identifying all children on the risk register who were patients and updating all relevant household / relatives' medical records with read codes and pop-up alerts.	

Recruitment systems	
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England guidance and if relevant to role.	Yes
There were systems to help ensure the registration of clinical staff was checked and regularly monitored.	Yes
Relevant staff had medical indemnity insurance.	Yes

Safety Records	
There were up to date fire risk assessments that incorporated an action plan to address issues identified.	Yes
The practice had a fire evacuation plan.	Yes
Records showed fire extinguishers were maintained in working order.	Yes
Records showed that the practice carried out fire drills.	Yes
Records showed that the fire alarm system was tested regularly.	Yes
The practice had designated fire marshals.	Yes
Staff were up to date with fire safety training.	Yes
All electrical equipment was checked to help ensure it was safe to use.	Yes

All clinical equipment was checked and where necessary calibrated to help ensure it was working properly.	Yes

Infection prevention and control	
We observed the premises to be clean and all areas accessible to patients were tidy.	Yes
There was a lead member of staff for infection prevention and control who liaised with the local infection prevention teams to keep up to date with best practice.	Yes
There was an up to date infection prevention and control policy.	Yes
There were up to date infection prevention and control audits that incorporated an action plan to address issues identified.	Yes
Relevant staff were up to date with infection prevention and control training.	Yes
The arrangements for managing waste kept people safe.	Yes

Risks to patients, staff and visitors

Risks to patients, staff and visitors were assessed, monitored or managed in an effective manner.

The provider had systems to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Staff knew how to respond to emergency situations.	Yes
All staff were up to date with basic life support training.	Yes
Emergency equipment and emergency medicines were available in the practice and branch surgery including medical oxygen and an automated external defibrillator (AED).	Yes
Records showed that emergency equipment and emergency medicines were checked regularly.	Yes
Emergency equipment and emergency medicines that we checked were within their expiry date.	Yes
There was up to date written guidance for staff to follow in the event of major incidents that contained emergency contact telephone numbers.	Yes
There was written guidance for staff to follow to help them identify and manage patients with severe infections. For example, sepsis.	Yes
Staff were up to date with training in how to identify and manage patients with severe infections. For example, sepsis.	Yes
The practice had systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
There were a variety of health and safety risk assessments that incorporated action plans to address issues identified.	Yes

There was an up to date health and safety policy available with a poster in the practice and branch surgery which identified local health and safety representatives.	Yes
There were up to date legionella risk assessments and an action plan to address issues identified.	Yes

Information to deliver safe care and treatment
Staff had the information they needed to deliver safe care and treatment.

Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients used multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

Appropriate and safe use of medicines
The arrangements for managing medicines helped keep patients safe.

Medicine Management				
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
Number of antibacterial prescription items prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	0.67	0.86	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	8.7%	10.2%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	4.79	5.94	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	2.50	2.59	2.22	No statistical variation

There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Blank prescription forms and pads were securely stored and there were systems to monitor their use.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with Public Health England guidance to ensure they remained safe and effective in use.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Up to date local prescribing guidelines were in use.	Yes

Lesson learned and improvements made
The practice learned and made improvements when things went wrong.

Significant events	
There was up to date written guidance available for staff to follow to help them identify, report and manage any significant events.	Yes
Staff told us they would inform the practice manager of any incidents and there was a recording form available that supported the recording of notifiable incidents under the duty of candour.	Yes
Number of recorded significant events in the last 12 months.	19
Records showed that the practice had carried out a thorough analysis of reported significant events.	Yes
There was evidence of learning and dissemination of information from significant events	Yes

Safety Alerts	
The practice had systems for notifiable safety incidents.	Yes
The practice's systems for notifiable safety incidents ensured this information was shared with staff	Yes
Staff were aware of how to deal with notifiable safety incidents.	Yes
The practice acted on and learned from national patient safety alerts.	Yes
The practice kept records of action taken (or if no action was necessary) in response to receipt of all national patient safety alerts.	Yes

Effective

Rating: Requires Improvement

At our previous comprehensive inspection on 24 July 2018 we rated the practice as Inadequate for providing effective services because:

- Staff did not always follow national guidelines to deliver care and treatment to meet patients' needs.
- Uptake rates for childhood immunisations were below the 90% target in three out of the four indicators.
- Not all staff were up to date with essential training.
- Multidisciplinary meetings were no longer taking place on a regular basis.

At our comprehensive inspection on 12 March 2019 we found the following:

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools. However, improvements to performance remained ongoing whilst new systems and processes embedded.

The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Staff had access to guidance from NICE and used this information to deliver care and treatment that met patients' needs.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	0.97	0.87	0.81	No statistical variation

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	511.3	540.2	537.5
Overall QOF exception reporting (all domains)	9.0%	6.3%	5.8%

Additional evidence or comments

The practice used information about care and treatment to make improvements.

Older people

Population group rating: Good

Findings

The practice offered proactive, personalised care to meet the needs of the older people in its population.

The practice employed a pharmacist who followed up on older patients discharged from hospital and ensured that their prescriptions were updated to reflect any extra or changed needs. There were systems to help ensure care plans were also updated accordingly.

In January 2019 the practice started providing regular services at a local nursing home where patients were residents. GPs and one advanced nurse practitioner were carrying out weekly wards rounds at the nursing home to help ensure the needs of these patients were being met.

People with long-term conditions

Population group rating: Requires Improvement

Findings

Patients with long-term conditions were offered a structured annual review to check their health and medicine needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

Specific staff had lead roles in chronic disease management. For example, nursing staff were leads in the care of patients with asthma and diabetes.

Patients at risk of hospital admission were identified as a priority.

Performance for asthma and one diabetes related indicators was below local and national averages. During our inspection the practice provided unverified data that showed performance to date in the current period being measured (2018 / 2019) had been maintained similarly to performance for 2017 / 2018. However, improvements were still required. For example;

The percentage of patients with asthma, on the register, who have had an asthma review that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 was to date 63% (previously 64%).

Exception reporting for one diabetes related indicator and one COPD related indicator was higher than local and national averages. During our inspection the practice provided unverified data that showed that this exception reporting to date in the current period being measured (2018 / 2019) had been greatly reduced. However, improvements were still required. For example;

The exception rate for the percentage of patients with COPD who had had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale was to date 20.3% (previously 36.8%).

The practice was aware of these results and had developed an action plan to improve performance and reduce exception reporting. For example, the practice had increased the number of clinical hours carried out by nurses and healthcare assistants devoted to QOF activities as well as planned improvements to the system that recalled patients with long-term conditions for review. They were in the process of implementing these improvement activities and were monitoring their efficacy.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	75.3%	79.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	20.4% (84)	16.3%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	58.4%	78.8%	77.7%	Variation (negative)
Exception rate (number of exceptions).	13.6% (56)	10.6%	9.8%	N/A
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	71.5%	78.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	12.4% (51)	14.7%	13.5%	N/A
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	64.1%	74.5%	76.0%	Variation (negative)
Exception rate (number of exceptions).	11.3% (48)	12.0%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.0%	89.9%	89.7%	No statistical variation
Exception rate (number of exceptions).	36.8% (49)	14.9%	11.5%	N/A
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is	76.4%	82.2%	82.6%	No statistical variation

150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	8.9% (93)	5.5%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	87.4%	91.0%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.0% (5)	5.6%	6.7%	N/A

Families, children and young people

Population group rating: **Requires Improvement**

Findings
Childhood immunisation uptake rates were carried out in line with the national childhood vaccination programme. NHS England published results showed that uptake rates for the vaccines given were lower than the target percentage of 90% or above in three out of the four indicators. The practice was aware of these results and had developed an action plan to improve performance. For example, the practice had appointed a designated member of administration staff to help ensure childhood immunisation data was submitted in time to be included in future NHS England published results. Additional nursing hours had also been identified, improving clinical time available to administer all vaccines. The practice was in the process of implementing these improvement activities and were monitoring their efficacy. Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	93	99	93.9%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	102	127	80.3%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	96	127	75.6%	Below 80% (Significant variation negative)

The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	110	127	86.6%	Below 90% minimum (variation negative)

Working age people (including those recently retired and students)

Population group rating: Good

Findings
The practice's uptake for cervical screening in 2017 / 2018 was below the 80% coverage target for the national screening programme. Unverified data showed that the practice achievement rate for eligible patients who had attended for cervical screening had increased by 8% to date (now 86%).
The practice's uptake for breast and bowel cancer screening was in line with local and national averages.
The percentage of patients with cancer, diagnosed within the preceding 15 months, who had a patient review recorded as occurring within six months of the date of diagnosis was significantly below local and national averages. During our inspection the practice provided unverified data that showed performance to date in the current period being measured (2018 / 2019) had improved to 92% (previously 31%).
The number of new cancer cases treated which resulted from a two week wait referral was in line with local and national averages.
The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs for this age group.
Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	78.1%	74.7%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) **(PHE)**	65.0%	71.7%	70.5%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(01/04/2017 to 31/03/2018) **(PHE)**	54.9%	55.4%	55.1%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) **(PHE)**	30.8%	76.4%	70.5%	N/A

Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	46.2%	50.6%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings
The practice held registers of patients living in vulnerable circumstances including homeless people and those with a learning disability to help ensure they received the care they needed. The practice regularly worked with other health care professionals in the case management of vulnerable patients. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings
Performance for mental health related indicators was below local and national averages. During our inspection the practice provided unverified data that showed performance to date in the current period being measured (2018 / 2019) had already demonstrated an improvement over data from 2017 / 2018. For example; The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded was to date 91% (previously 62%). Exception reporting for mental health related indicators was higher than local and national averages. During our inspection the practice provided unverified data that showed exception reporting for mental health related indicators to date in the current period being measured (2018 / 2019) had been greatly reduced and was now more in line with local and national averages. For example; The exception rate for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record was to date 16.7% (previously 25%). Performance for dementia related indicators was in line 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.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	76.9%	82.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	25.0% (13)	15.9%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	61.5%	86.0%	90.0%	Variation (negative)
Exception rate (number of exceptions).	25.0% (13)	13.5%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	75.9%	80.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	19.4% (7)	7.9%	6.6%	N/A

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

The practice had an induction programme for all newly appointed staff.	Yes
The learning and development needs of staff were assessed.	Yes
All staff were up to date with essential training.	Yes
Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.	Yes
Staff had relevant access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation.	Yes
Clinical staff were supported to meet the requirements of professional revalidation.	Yes
There was a clear approach for supporting and managing staff when their performance was poor or variable.	Yes

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assist as well as plan ongoing care and treatment.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

Helping patients to live healthier lives
Staff were consistent and proactive in helping patients to live healthier lives.

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	88.4%	93.6%	95.1%	Variation (negative)
Exception rate (number of exceptions).	2.5% (40)	1.0%	0.8%	N/A

Additional evidence or comments
The practice was aware of these results and had developed an action plan to improve performance. For example, all clinicians had been reminded to record patients' smoking status in their records and offer smoking cessation advice, if appropriate, opportunistically during consultations. The practice was in the process of implementing these improvement activities and planned to monitor their efficacy.

Consent to care and treatment
The practice obtained consent to care and treatment in line with legislation and guidance.

Clinicians understood the requirements of legislation and guidance when considering consent and decision making.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes

Caring

Rating: Requires Improvement

At our previous comprehensive inspection on 24 July 2018 we rated the practice as Requires Improvement for providing caring services because:

- Results from the national GP patient survey published in July 2018 were mixed for the practice's satisfaction scores on consultations with healthcare professionals.

At our comprehensive inspection on 12 March 2019 we found the following:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

CQC comments cards	
Total comments cards received	0
Number of CQC comments received which were positive about the service	0
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received	Source
Patients were satisfied with the care they received and thought staff were helpful and caring.	Patient interviews.

National GP Patient Survey Results published in July 2018

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7495	290	106	36.6%	1.41%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	74.9%	84.5%	89.0%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	73.0%	83.3%	87.4%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	87.6%	93.6%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	62.6%	74.2%	83.8%	Variation (negative)

Additional evidence or comments

Since these results were published in July 2018 the practice had established more consistency in the GPs (salaried and regular locums) they employed. The practice had also employed a new lead salaried GP. All GPs at the practice had been made aware of the national GP patient survey results and the importance of working to improve patient satisfaction levels. The practice was in the process of monitoring the outcome of these actions.

The practice had conducted their own satisfaction survey of 58 patients in February 2019. Whilst all results from this survey were positive, they were not directly comparable to the national GP patient survey results published in July 2018.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

Facilities to help patients be involved in decisions about their care	
Interpretation services were available for patients who did not have English as a first language.	Yes
A hearing loop was available for patients who had a hearing impairment.	Yes
Patient information leaflets and notices were available in the patient waiting areas which told patients how to access support groups and organisations.	Yes
Information about support groups was available on the practice website.	Yes

Examples of feedback received	Source

Patients stated that clinical staff were good at explaining tests and treatments as well as listening to them.	Patient interviews.

National GP Patient Survey Results published in July 2018				
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	88.0%	90.9%	93.5%	No statistical variation

Carers	Narrative
Number and percentage of carers identified	Records showed that the practice had identified 114 patients on the practice list who were carers (1.5% of the practice list).
How the practice supports carers	The practice had a system that formally identified patients who were also carers and written information was available to direct carers to the various avenues of support available to them. The practice's computer system alerted staff if a patient was also known to be a carer.

Privacy and dignity
The practice respected patients' privacy and dignity.

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues	Yes
Written guidance was available for staff to follow that helped to maintain patient confidentiality.	Yes

Responsive

Rating: Requires Improvement

At our previous comprehensive inspection on 24 July 2018 we rated the practice as Inadequate for providing responsive services because:

- Patients were not able to book appointments or order repeat prescriptions on line.
- Chronic disease reviews for housebound patients were not currently being provided as a result of staff shortages.
- The practice's complaints system was not effective.

At our comprehensive inspection on 12 March 2019 we found the following:

Responsive to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

The practice understood the needs of its patients and tailored services in response to those needs.	Yes
Telephone consultations and home visits were available for patients from all population groups who were not able to visit the practice.	Yes
Urgent appointments were available for children and those patients with serious medical conditions.	Yes
The practice had a website and patients were able to book appointments or order repeat prescriptions on line.	Yes
The facilities and premises were appropriate for the services delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There was a system for flagging vulnerability in individual patient records.	Yes
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 admission to hospital.	Yes
There was a range of clinics for all age groups as well as the availability of specialist nursing treatment.	Yes
All patients had been allocated to a designated GP to oversee their care and treatment.	Yes

Older people

Population group rating: Requires Improvement

Findings
The provider has been rated as requires improvement for providing responsive services. The areas that require improvement impacted all patient population groups, so we have rated them all as requires improvement. The practice was responsive to the needs of older people in its population and offered longer appointments and urgent appointments for those with enhanced needs. All patients were allocated a named GP to oversee their care to help ensure their needs were being met. Designated seating was available in the practice's waiting area for older people.

People with long-term conditions

Population group rating: Requires Improvement

Findings
The provider has been rated as requires improvement for providing responsive services. The areas that require improvement impacted all patient population groups, so we have rated them all as requires improvement. There were longer appointments available for patients with some long-term conditions. The practice had introduced nurse led home visits where patients with long-term conditions who were housebound received structured reviews to check their health and medicine needs were being met. The practice liaised with relevant health and care professionals to deliver a multidisciplinary package of care for those patients with the most complex needs. The practice had started holding nurse led educational meetings for patients with test results indicating they were pre-diabetic.

Families, children and young people

Population group rating: Requires Improvement

Findings
The provider has been rated as requires improvement for providing responsive services. The areas that require improvement impacted all patient population groups, so we have rated them all as requires improvement. 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. Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings
The provider has been rated as requires improvement for providing responsive services. The areas that require improvement impacted all patient population groups, so we have rated them all as requires improvement. The needs of this patient population group had been identified and the practice had adjusted the services they offered to help ensure these were accessible, flexible and offered continuity of care. Appointments were available outside of normal working hours.

People whose circumstances make them vulnerable

Population group rating: Requires Improvement

Findings
The provider has been rated as requires improvement for providing responsive services. The areas that require improvement impacted all patient population groups, so we have rated them all as requires improvement. The practice offered longer appointments for patients with a learning disability. People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires Improvement

Findings
The provider has been rated as requires improvement for providing responsive services. The areas that require improvement impacted all patient population groups, so we have rated them all as requires improvement. Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. The practice informed 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. The practice had employed a mental health nurse to help ensure the needs of patients experiencing poor mental health (including dementia) were met.

Timely access to the service
People were able to access care and treatment from the practice within an acceptable timescale for their needs.

Practice Opening Times	
Malling Health @ Blue Suite	
Day	**Time**
Monday	8.30am to 6pm
Tuesday	8.30am to 8pm
Wednesday	8.30am to 6pm
Thursday	7.30 am to 6pm
Friday	8.30am to 6pm
Parkwood Surgery	
Day	**Time**
Monday	8.30am to 6pm
Tuesday	8.30am to 6pm
Wednesday	8.30am to 6pm
Thursday	8.30am to 6pm
Friday	8.30am to 6pm
There were arrangements with other providers to deliver services to patients outside of the practice's working hours.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes

Patients had timely access to initial assessment, test results, diagnosis and treatment.	Yes
Waiting times, delays and cancellations were minimal and managed appropriately.	Yes
Patients with the most urgent needs had their care and treatment prioritised.	Yes

Additional evidence or comments
The practice offered rapid access for those patients with enhanced needs. The practice operated a triage based system to help identify patients with the greatest needs and prioritise the appropriate practice response.

National GP Patient Survey Results published in July 2018				
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	90.4%	92.4%	94.8%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	42.6%	N/A	70.3%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	37.5%	57.3%	68.6%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	39.3%	55.4%	65.9%	Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	54.8%	66.2%	74.4%	No statistical variation

Additional evidence or comments

Where national GP patient survey results were below average the practice had developed and implemented an action plan to improve patient satisfaction. For example, the practice had introduced additional appointments outside of normal working hours after conducting a patient survey to establish the time of day these appointments were most likely to be taken up.

Staff told us that three receptionists were now on duty at most times and there were now three telephone lines into the practice which was helping improve patients' experience of getting through to the practice by telephone.

The practice had implemented its action plan to improve online access. Patients were now able to book appointments and order repeat prescriptions online.

The practice had carried out its own patient satisfaction survey in February 2019. Results showed that 67% of respondents stated good or excellent to the question 'Have you contacted the practice by telephone in the last three months/ If yes, how satisfied were you with the level of response?'.

Listening and learning from concerns and complaints
The practice had a system to manage complaints and used them to help improve the quality of care.

Listening and learning from complaints received	
The practice had a system for handling complaints and concerns.	Yes
The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.	Yes
Information was available to help patients understand the complaints system.	Yes
Number of complaints received in the last 12 months.	14
Records showed that complaints were satisfactorily handled in a timely manner.	Yes
Records confirmed that complaints were discussed at staff meetings.	Yes
Learning as a result of complaints received was shared appropriately with practice staff.	Yes

Well-led

Rating: Good

At our previous comprehensive inspection on 24 July 2018 we rated the practice as Inadequate for providing well-led services because:

- Not all the staff we spoke with were aware of the practice's vision or mission statement.
- The practice's processes for providing staff with the development they need did not ensure all staff were up to date with essential training.
- Not all staff had an up to date written job description to ensure they were aware of their own roles and responsibilities.
- The practice's processes and systems to support good governance and management were not always effective.
- The practice's processes for managing risks, issues and performance were not always effective.
- The systems and processes for learning, continuous improvement and innovation were not always effective.

At our comprehensive inspection on 12 March 2019 we found the following:

Leadership, capacity and capability

There was compassionate and inclusive local leadership.

Local leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
Local leaders had identified the action necessary to address challenges to quality and sustainability.	Yes
There was a clear leadership structure and staff felt supported by the lead salaried GP and practice management.	Yes

Additional evidence or comments

After our inspection on 18 September 2019 the salaried lead GP left the practice. The practice was without a lead GP and local leadership was left to the practice manager and clinical staff. A new salaried lead GP was recruited and started work at the practice in January 2019.

At the time of our inspection local leadership was led by the new salaried lead GP supported by the practice manager. Staff told us that support from the provider management team was minimal as that organisation was currently undergoing structural changes.

Local leaders told us that they were able to manage and develop services locally, to help meet the needs of the practice patient population.

Staff told us that the salaried lead GP and practice manager were approachable and always took time to listen to all members of staff.

Staff said that local leadership at the practice was open, transparent and inclusive.

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 their vision.	Yes
Most staff we spoke with were aware of the practice's vision.	Yes
The practice planned services to meet the needs of their patient population.	Yes

Culture
The practice had a culture of high-quality sustainable care.

Staff told us there was an open culture within the practice and they felt confident and supported to raise any issues.	Yes
Openness, honesty and transparency were demonstrated when responding to incidents.	Yes
The provider complied with the requirements of the duty of candour.	Yes

Additional evidence or comments
Staff told us they felt respected, valued and supported locally by the practice and by their colleagues.

Governance arrangements
There were processes and systems to support good governance and management.

There was a clear staffing structure and staff were aware of their own roles and responsibilities.	Yes
The practice had systems that helped to keep governance documents up to date.	Yes
Governance documents that we looked at were up to date.	Yes

Managing risks, issues and performance
The practice's processes for managing risks, issues and performance were effective.

The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were effective.	Yes
The practice had processes to manage current and future performance.	Yes
Clinical and internal audit was used to monitor quality and to make improvements.	Yes
Records showed that the practice had analysed all clinical audit results and implemented action plans to address findings.	Yes
Records showed that all clinical audits were had been repeated or were due to be repeated to complete the cycle of clinical audit.	Yes

The practice had written guidance for staff to follow in the event of major incidents.	Yes
Written major incident guidance contained emergency contact telephone numbers for staff.	Yes

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operation information was in the process of being used to help improve performance.	Yes
The practice submitted data or notifications to external organisations as required.	Yes
There were arrangements in line with data security standards for the integrity and confidentiality or patient identifiable data, records and data management systems.	Yes

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high-quality and sustainable care.

A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.	Yes
The practice had an active patient participation group.	Yes
The practice gathered feedback from patients through the patient participation group.	Yes
The practice gathered feedback from patients through analysis of the results of the national GP patient survey.	Yes
The practice gathered feedback from staff through staff meetings, surveys, appraisals and discussion.	Yes
The service was transparent, collaborative and open with stakeholders about performance.	Yes

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

There was a focus on continuous learning and improvement at all levels within the practice.	Yes
The practice made use of reviews of incidents and complaints.	Yes
Learning was shared and used to make improvements.	Yes

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	Z ≤-3
2	Variation (positive)	-3 < Z ≤ -2
3	No statistical variation	-2 < Z < 2
4	Variation (negative)	2 ≤ Z < 3
5	Significant variation (negative)	Z ≥3
6	No data	Null

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices

Glossary of terms used in the data.

- **COPD**: Chronic Obstructive Pulmonary Disease
- **PHE**: Public Health England

- **QOF**: Quality and Outcomes Framework
- **STAR-PU**: Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.