

Headcorn Surgery

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 Headcorn Surgery on 10 May 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

- There were innovative approaches to providing integrated person-centred care. The practice held a monthly multi-disciplinary meeting (known as Tender Loving Care (TLC) meetings). The meetings purpose included ensuring that patients' emotional and social needs were met and given equal importance alongside their healthcare needs.

Summary of findings

Attendees included a Health and Social Care Co-ordinator, a district nurse, social services, an admiral nurse (admiral nurses local hospice staff, a continence nurse and long term conditions nurse.

- The practice had developed an innovative recording tool (called Headcorn Educational Learning Points (HELP) for non-clinical incidents that was understood, regularly used and valued by all staff.

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 improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

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 at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- 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.

Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- There were innovative approaches to providing integrated person-centred care. The practice held a monthly multi-disciplinary meeting (known as Tender Loving Care (TLC) meetings). The meetings purpose included ensuring that patients' emotional and social needs were met and given equal importance alongside their healthcare needs.
- The practice worked regularly to accommodate allied health professionals such as a counsellor to be able to provide reviews of patients. The practice was also able to offer the services of a Health and Social Care Co-ordinator who was available on Wednesday morning's between 9.30am and 12.30pm.
- There was a process for travellers/homeless patients to register at the practice. Clear and detailed care plans were maintained, which documented how and when the patient could be contacted.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

Are services well-led?

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

Good



- 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.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- There was a strong 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.

Summary of findings

- 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.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice took into account other events which were not required to be reported as significant events, and used these to promote learning. For example, the practice had devised and implemented a new incident reporting tool for non-clinical incidents, called Headcorn Educational Learning Points (HELP).

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.

Good



- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice provided care and treatment for 51 patients who lived in a residential and nursing home, who often had complex needs, dementia and were vulnerable. The practice offered a weekly ward round to the care home and unlimited telephone consultations. This involved registering all the patients (with their consent) with one of two lead GPs who looked after that home. Weekly and as required visits to the residential and nursing home were conducted.
- The practice held a monthly multi-disciplinary meeting (known as Tender Loving Care (TLC) meetings). The majority of these patients were elderly. The meetings purpose included ensuring that patients' emotional and social needs were met and given equal importance alongside their healthcare needs.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. For example, asthma, diabetes, insulin Initiation, (COPD).
- Performance for diabetes related indicators were above the local and national average. For example, 85% of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol (a blood test to check blood sugar levels) or less in the preceding 12 months (local average 80% and national average 78%).
- 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.

Summary of findings

Families, children and young people

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

Good



- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG and national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Additionally, appointments were available for young people aged 18 and under to offer free confidential advice concerning relationships, how to stop smoking, safer sex and contraceptive advice from the nursing team. They were encouraged to bring along a friend, partner or parents if they wished to.
- 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).

Good



- 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 open Monday to Friday 8am to 6pm. Saturday 9am to 1pm by appointment only (alternate weeks). 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.

People whose circumstances may make them vulnerable

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

Good



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

Summary of findings

- 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.
- The practice worked regularly to accommodate allied health professionals such as a counsellor to be able to provide reviews of patients. The practice was also able to offer the services of a Health and Social Care Co-ordinator who was available on Wednesday morning's between 9.30am and 12.30pm.
- 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.

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).

- 82% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to other practices and the national average of 84%.
- Performance for mental health related indicators were above the national average. For example, 96% 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 (national average 89%), which is comparable to other practices.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Advance care planning for patients with dementia was carried out.
- 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 July 2016. The results showed the practice was performing higher than the national averages. Two hundred and seventeen survey forms were distributed and 121 were returned. This represented 1.6% of the practice's patient list of 7,500.

- 92% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. General themes that ran through the comments included the very caring attitude of all staff, the availability of appointments and the efficiency with which the service was run.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They also commented that the standard of care did not decline during the recent personal and professional issues that the practice had experienced.

The practice had a Friends and Family Questionnaire which asked 'Are you sufficiently happy with our service that you would recommend Headcorn Surgery to other local people?' The score was based on the last 12 months; the practice scored 82% in response to the questionnaire.

Outstanding practice

- There were innovative approaches to providing integrated person-centred care. The practice held a monthly multi-disciplinary meeting (known as Tender Loving Care (TLC) meetings). The meetings purpose included ensuring that patients' emotional and social needs were met and given equal importance alongside their healthcare needs.
- The practice had developed an innovative recording tool (called Headcorn Educational Learning Points (HELP) for non-clinical incidents that was understood, regularly used and valued by all staff.

Headcorn Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a Practice Manager specialist adviser.

Background to Headcorn Surgery

Headcorn Surgery's original premises in Clerks Field closed in January 2014 and the practice moved to purpose built premises in Grigg Lane. Ferris Chemist also re-located to Grigg Lane. The practice is a semi-rural practice and covers the areas of Headcorn, Biddenden, Bethersden, Egerton, Pluckley, parts of High Halden, Frittenden, Smarden, Boughton Malherbe, Ulcombe, St Michaels and parts of Staplehurst. The practice has a catchment area of 7,500 patients and provides a wide range of medical support services for all the family, with easy parking and full disabled access. The practice building is arranged over two storeys, with all the patient areas being accessible via a lift to the upper floor.

The practice is on the eighth centile deprivation indices, meaning this practice is in the least in terms of deprivation in Kent and has a white British population, with some pockets of deprivation.

The practice is similar to the national averages for each population group. For example, 5% of patients are aged 0-4 years of age compared to the clinical commissioning group (CCG) average of 6% and the national average of 6% and 30% are 5 to 18 years of age compared to the CCG average of 34% and the national average of 32%. Scores were similar for patients aged 65, 75 and 85 years and over.

The practice holds a General Medical Service contract and consists of three GP partners (two female and one male) and one practice manager/managing partner. The primary care team are supported by two specialist nurse practitioners (female), two practice nurses (female), two healthcare assistants (female), administration/clerical and reception staff which includes one reception supervisor.

The practice is in the process of changing its registration in accordance with the CQC (Registration) Regulations 2009. At the time of our visit, the practice were applying to remove Dr Clive Thorpe as a registered partner and as registered manager. Applications were also pending to register a new partner and registered manager.

A wide range of services and clinics are offered by the practice including:

- Minor Surgery,
- Joint injections,
- Vascular, diabetes, chronic obstructive pulmonary disease (COPD) and asthma,
- Counselling.

The practice worked regularly to accommodate allied health professionals such as a counsellor to be able to provide reviews of patients. The practice was also able to offer the services of a Health and Social Care Co-ordinator who was available on Wednesday morning's between 9.30am and 12.30pm.

The practice is a training practice which takes foundation year three registrar GPs, there were no GP registrars working at the practice at the time of our visit.

The practice is open Monday to Friday 8am to 6pm. Saturday 9am to 1pm by appointment only (alternate weeks). A GP is available on the telephone from 6pm to 6.30pm.

Detailed findings

The out of hour's service is provided by Integrated Care 24 (which patients accessed via NHS 111), available 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 their website.

Services are provided from:

Headcorn Surgery, Grigg Lane, Headcorn, Kent TN29 9AATN27 9AALaneHeadcornKent

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 May 2017.

During our visit we:

- Spoke with a range of staff (three GPs, the practice manager/managing partner, two specialist nurse practitioners, two practice nurses, a healthcare assistant, administrative and reception staff) and spoke with five patients who used the service.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 33 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. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that significant events were discussed at the practice's bi-weekly Cabinet Meetings. We looked at several events in detail. One concerned an incident of a missed diagnosis. We saw that protocols had been updated and all clinicians had been requested to use a template for assessment and screening of certain conditions. The practice implemented systems to help ensure that such situations were managed appropriately, in order to reduce such incidents in the future.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns

about a patient's welfare. There was a lead member of staff 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 3 and all other staff had the appropriate level of training.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- 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. Following the recent retirement of one of the senior partners, the practice were actively recruiting for another GP with the potential for a partnership. We saw that the practice had produced a leaflet entitled "Would you like to be a GP at Headcorn Surgery? This outlined information about Headcorn Surgery and the package that they could offer. We spoke with one of the partners who told us that on the day of our visit they were going to attend an open day for doctors at one of the NHS Trusts in Kent to hand out leaflets, and that they had

also contacted the Royal College of GPs and Local Medical Council (LMCs are local representative committees of NHS GPs and represent their interests in their localities to the NHS health authorities).

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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available with 13% exception reporting (compared to the CCG average of 11% and national average of 10%).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators were above the local and national average. For example, 85% of patients with diabetes, on the register, in whom the last IFCHbA1c is 64 mmol/mol (a blood test to check blood sugar levels) or less in the preceding 12 months (local average 80% and national average 78%).
- Performance for mental health related indicators were above the national average. For example, 96% 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 (national average 89%), which is comparable to other practices.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits 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 and accreditation.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a review of patients on the Combined Oral Contraceptive Pill (COCP) and the recording of their Body Mass Index (BMI) which had in some cases been omitted prior to audit.

Information about patients' outcomes was used to make improvements such as routinely reviewing patients on a certain medicine which had adverse cardiac (heart) side effects.

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.
- 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. Practice nurses also held training and/or diplomas in asthma, diabetes, insulin Initiation, chronic obstructive pulmonary disease (COPD), Women's Health in Primary Care and international normalised ratio (INR) management (a measure of how much longer it takes the blood to clot when oral anticoagulation (medicines that help prevent blood clots) were used).
- 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

Are services effective?

(for example, treatment is effective)

scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety, 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. Such meetings were attended by social services, hospice staff, health and social care coordinators, school nurses, mental health nurses, complex care nurses, learning disability nurses and health visitors.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Where required, patients were signposted to the relevant service. Additionally, the practice had a 'Singing for Health Scheme' which was open to all patients.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice achieved comparable results in relation to its patients attending national screening programmes for bowel and breast cancer screening. For example, 66% of eligible patients had been screened for bowel cancer, which was above the CCG average of 59% and the national average of 60%. Seventy three percent of eligible patients had been screened for breast cancer, which was comparable to the CCG and national average of 73%.

Childhood immunisation rates for the vaccinations given were comparable to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved the target in three out of four areas; in the remaining area they scored 40%. These measures can be aggregated and scored out of

Are services effective?

(for example, treatment is effective)

10, with the practice scoring 7.9 (compared to the national average of 9.1). The practice provided us with data from 2016/17 (which has not yet been verified, published and made publically available) and these showed that 82% of two year old children had received this vaccination.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They also commented that the standard of care did not decline during the recent personal and professional issues that the practice had experienced.

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 nurses. For example:

- 86% of patients 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%.

- 89% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 92%
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice had a telephone hub which was located on the ground floor away from the reception desk, which helped keep patient information private. In response to patient and staff suggestions, a system had been introduced to allow only one patient at a time to approach the reception desk. This prevented patients overhearing potentially private conversations between patients and reception staff. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained.

The practice had a Friends and Family Questionnaire which asked 'Are you sufficiently happy with our service that you would recommend Headcorn Surgery to other local people?' The score was based on the last 12 months, the practice scored 82% in response to the questionnaire.

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 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.

Are services caring?

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:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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.

In September 2016, the practice sent out 323 questionnaires along with a covering letter letting the patients' know that they now had a Carers Pack available. The aim of the questionnaire was to identify whether all those listed as carers on their system were in fact carers/ were still carers. The practice had 60 Identification of Carers Forms returned, but also received numerous calls from patient's following this. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 224 patients as carers (3% of the practice list). There was a section on the practice's new patient registration forms and on the patient self check in system where patients recorded whether they were, or had a carer. The practice had also updated their TV advert in the patient waiting area, to state that regardless of whether patients cared for a patient registered at the surgery, they would provide support to them. Written information was also available to direct carers to the various other 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 patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice was open Monday to Friday 8am to 6pm. Saturday 9am to 1pm by appointment only (alternate weeks).
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice provided care and treatment for 51 patients who lived in a residential and nursing home, who often had complex needs, dementia and were vulnerable. The practice offered a weekly ward round to the care home and unlimited telephone consultations. This involved registering all the patients (with their consent) with one of two lead GPs who looked after that home. Weekly and as required visits to the residential and nursing home were conducted.
- There was a process for travellers/homeless patients to register at the practice. The process included either using the address of the practice or their choice of day care centre for all correspondences relating to those patients. Clear and detailed care plans were maintained, which documented how and when the patient could be contacted.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice held a monthly multi-disciplinary meeting (known as Tender Loving Care (TLC) meetings). The majority of the patients discussed during these meetings were elderly. Team members included a Health and Social Care Co-ordinator, a district nurse, social services, an admiral nurse (admiral nurses), local hospice staff, a continence

nurse and long term conditions nurse. The meetings purpose included ensuring that patients' emotional and social needs were met and given equal importance alongside their healthcare needs.

- The practice worked regularly to accommodate allied health professionals such as a counsellor to be able to provide reviews of patients. The practice was also able to offer the services of a Health and Social Care Co-ordinator who was available on Wednesday mornings between 9.30am and 12.30pm.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Health promotion events held by other services were utilised by the practice as a means of supporting patients to live healthier lives. For example, the local community health trust's 'Two Headcorn Health Walks in May' and the local council's campaign 'Lose Weight for Good'. The PPG held information evenings annually and had previously promoted Singing for Health in conjunction with the practice and senior nurse the PPG had previously promoted Singing for Health and an information session on Healthy Heart to inform patients how to deal with heart problems and how to avoid them. The PPG were in the process of arranging an information session on Mental Health in September 2017.

Access to the service

The practice was open Monday to Friday 8am to 6pm. Saturday 9am to 1pm by appointment only (alternate weeks). A GP was available on the telephone from 6pm to 6.30pm.

The out of hour's service is provided by Integrated Care 24 (accessed via patients dialling NHS 111), available outside of the practice's open hours and there is information available to patients on how to access this at the practice, in the practice information leaflet and on their website.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Are services responsive to people's needs?

(for example, to feedback?)

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.

- 86% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 92% of patients said they could get through easily to the practice by phone compared to the national average of 73%).
-

People told us on the day of the inspection that they were able to get appointments when they needed them.

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, posters displayed in the waiting room, summary leaflets available and through the practice's website.
- We looked at all four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends; action was taken as a result to improve the quality of care.

Records of complaints, minutes of meetings, NHS Choices and results of friends and family tests, showed that all negative comments received by the practice were responded to appropriately and used to improve services.

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's aim was to provide the best possible primary healthcare to all patients, to work with them to maintain or improve their state of physical and mental health.

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined 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 strong arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the 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 training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The GPs and practice management team told us that the ethos of the practice was such that they were viewed by staff as integral members of the staff team at the practice. Staff told us that the partners had been very supportive and mindful of their personal needs and wellbeing during the recent issues that the practice and staff had experience over the past few months. A newly appointed member of staff told us that her induction was one of the best they had ever had in their career.
- 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

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

Are services well-led?

Good 

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

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. We spoke with members of the PPG who told us that they had recruited a couple of young adults (teenagers) who were proactive in producing posters and leaflets. They were also keen to promote mental health in teenagers. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, suggestions received during the past 12 months included to display the practice's wifi code for patients in the waiting room to use. As well as responding to requests for hand sanitiser gel next to the self-check in screen and coat hooks in the patient toilets.
- There were high levels of staff satisfaction. Staff were proud of the practice as a place to work and spoke highly of the culture. The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.

They took into account other events which were not required to be reported as significant, and used these to promote learning. For example, in December 2015 the practice devised a new incident reporting tool for non-clinical incidents, Headcorn Educational Learning Points (HELP). The new system was launched to staff at a whole staff meeting, it was designed to simplify and replace various incident reporting processes and to improve the way that lessons learnt were shared amongst the whole team. HELP as a reporting and educational tool was reviewed in February 2017.

We spoke with staff who told us that incidents were used in team meetings and training sessions

about security and confidentiality, as using 'real life events' could be related to a lot better than imaginary events, and gave them an example of what could occur, how to respond and how to avoid them in the future.

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. One of the undertaking training as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She would receive mentorship and support from the medical staff for this extended role.