

William Street Surgery

Quality Report

Kingstone Cottage

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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?		Requires improvement	
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 William Street Surgery on 16 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety. However not all safety incidents were reported and not all staff understood what might constitute a significant event.
- Most risks to patients were assessed and well managed, with the exception of those relating to recruitment checks and fire safety management.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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- Information about services was available and easy to understand although some information about how to complain was out of date.
- Patients said they found it easy to make an appointment with a named GP and that 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 provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- The provider should ensure that the material available on the practice website is current.
- Seek to identify patients who are carers so as to be able to offer them support.

The areas where the provider must make improvement are:

Summary of findings

The provider must ensure that systems to assess, monitor and improve the quality and safety of the services are operated effectively.

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 requires improvement for providing safe services.

Requires improvement



- Some staff understood their responsibilities to raise concerns, and to report incidents and near misses. However not all safety incidents were reported and not all staff understood what might constitute a significant event..
- The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients and other people using the premises were kept safe, for example in addressing fire risks.
- Appropriate recruitment checks had been not always been undertaken prior to employment of all relevant staff.
- There had been no recent fire evacuation drills. Weekly tests of the fire alarm system, as required by the practice, were not taking place.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were generally better than average for the locality and 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 some staff. However other staff had not had a recent appraisal.
- Staff worked with multidisciplinary teams 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.

Summary of findings

- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice implemented NICE guidance by using ambulatory blood pressure monitoring for patients with suspected hypertension (raised blood pressure).
- 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 though some of it, for example that on the practice's website, was out of date. The practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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

Good



Summary of findings

openness and honesty. The practice had systems that identified notifiable safety incidents, though not all safety incidents had been formally recorded. Learning from incidents was shared with staff to help to ensure appropriate action was taken

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators, for example for patients with a record of a foot examination within the preceding 12 months, was 93% which was better than the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and 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.

Good



Families, children and young people

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

- 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 (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Performance for asthma related indicators, for example patients who have had an asthma review in the preceding 12 months, was 84% which was better than the national average of 75%.

Good



Summary of findings

- 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 97%, which was better than the national average of 82%. The practice had consistently outperformed the national average by between 3% and 13% since 2010.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

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

Good



People whose circumstances may make them vulnerable

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

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

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Ninety three per cent of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- Performance for mental health related indicators, for example patients with an agreed care plan was, 92% which was better than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results, published on 7 January 2016 showed the practice was performing in line with local and national averages. Two hundred and seventy seven survey forms were distributed and 113 were returned. This represented about 2% of the practice's patient list.

- 73% found it easy to get through to the practice by phone compared with the clinical commissioning group (CCG) average of 80% and the national average of 73%.
- 84% were able to get an appointment to see or speak with someone the last time they tried compared with the CCG average of 88% and the national average of 85%.
- 66% described their overall experience of the practice as good compared to the CCG average of 78% and the national average of 73%.

- 80% said they would recommend the practice to someone new to the area compared to the CCG average of 83% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards which were all positive about the standard of care received. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. Themes that stood out were that staff listened to their patients and that patients had treatment options explained to them.

We spoke with three patients during the inspection. They said they were happy with the care they received and thought staff were always helpful and treated patients with compassion. Data from the NHS Friends and Family Test showed that 82% of patients who responded would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

The provider must ensure that systems to assess, monitor and improve the quality and safety of the services are operated effectively.

Action the service **SHOULD** take to improve

- The provider should ensure that the material available on the practice website is current.
- Seek to identify patients who are carers so as to be able to offer them support.

William Street 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 William Street Surgery

William Street Surgery is a GP practice in Herne Bay Kent and has a registered patient population of approximately 4,700.

The practice staff comprises four GPs, two female and two male. There are two practice nurses both female, one healthcare assistant (female), a practice manager as well as administration and reception staff. There is a reception and waiting area on the ground floor. There are consulting and treatment rooms on the ground floor and a consulting room on the first floor. All the ground floor patient areas are accessible to patients with mobility issues, as well as parents with children and babies.

The age of the population the practice serves is close to the national averages. There are marginally less infants (aged less than 5 years) and slightly more older people (aged over 64 years). Income deprivation and unemployment are close to the national average.

The practice is not a teaching or a training practice (teaching practices take medical students and training practices have GP trainees and foundation year two doctors).

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

The practice is open Monday to Friday between the hours of 8.30am to 6.30pm, though the telephone lines open at 8am. Extended hours surgeries are offered on Tuesdays and Thursdays from 6.30pm to 8pm. Primary medical services are available to registered patients, appointments can be by telephone, in person at reception or on line. There is a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.

There are arrangements with other providers (Medway On Call Care) to deliver services to patients outside of the practice's working hours.

Services are provided from:

William Street Surgery,

Kingstone Cottage

Herne Bay

CT6 5NX

and

The Surgery

St Alban's Road

Hersden

Canterbury

Kent

CT3 4EX.

We visited both surgeries as part of the inspection. The Hersden surgery is able to provide pharmaceutical services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 16 February 2016.
During our visit

During our visit we:

- Spoke with a range of staff including three GPs, a practice nurse, the practice manager, receptionists and administrators.

- Spoke with patients who used the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences.

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 are provided for specific groups of people and what good care looks 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, such as any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the Care Quality Commission at that time.

Are services safe?

Our findings

Safe track record and learning

There was a 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 practice carried out some analysis of the significant events. However this was restricted because of the limited data that was recorded in the significant events' log.
- The practice staff told us of significant events that they had discussed but these were not formally recorded. Some staff did not understand what might constitute a significant event.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an information governance incident, the practice had brought in a system to help ensure that out of date information was shredded when new information was received.

Overview of safety systems and processes

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

- There were arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies, which were accessible to staff, 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 provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Staff told us of examples where matters had been reported to and investigated by the appropriate authorities. GPs were trained to child safeguarding level three.
- There were notices in the waiting and consulting rooms that 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 check (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 healthcare assistant was the infection control clinical lead, they 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. There had been reviews of infection control and we saw that these had led to changes such as a change to the type of hand washing soaps and dispenser used at the practice.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to help to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice recognised that its prescribing of certain antibiotics was greater than that for other practices in the CCG. However it was similar to surrounding practices within the town. The prescribing had been discussed amongst the GPs and as a result the prescribing of those antibiotics had been reduced.
- Prescription 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. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed three personnel files. In most cases the appropriate recruitment checks had been undertaken prior to employment. However some files lack some of these checks. For example some files lacked references and others some qualifications. In one case the proof of

Are services safe?

registration with the applicants' professional body was out of date. None of the staff files contained evidence that there had been a check on the applicants' health. The practice policy was that references would be taken up and candidates for employment would have medical check before employment. There were appropriate checks through the Disclosure and Barring Service.

- There were systems to help ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy. The practice had up to date fire risk assessments for both surgery buildings and there had been recent fire safety training. However there had been no fire evacuation drills. There should have been a weekly test of the fire alarm system at the William Street building but this had lapsed.
- 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. There was test due for legionella on 1st March (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 help to ensure that enough staff were on duty. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Arrangements to deal with emergencies and major incidents

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

- 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date and fit for use. There was an accident book available.
- 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 and other local clinical commissioning group (CCG) practice such as local referral pathways.

- 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. For example, the practice implemented NICE guidance by using ambulatory blood pressure monitoring for patients with suspected hypertension (raised blood pressure).
- 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 99.7% of the total number of points available, with 7.8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF showed;

- Performance for diabetes related indicators, for example for patients with a record of a foot examination and risk classification within the preceding 12 months was 93% which was better than the national average of 88%.
- Performance for mental health related indicators for example for patients with an agreed care plan was 92% which was better than the national average of 88%.
- Performance for asthma related indicators for example patients who have had an asthma review in the preceding 12 months was 84% which was better than the national average of 75%.

- Performance for chronic obstructive pulmonary disease related indicators for example patients who had had a review undertaken including an assessment of breathlessness months was 98% which was better than the national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years, these were completed audits where the improvements made were implemented and monitored. There had a number of other medicines reviews including some in conjunction with the CCG medicines optimisation team. These had resulted in patients attending to discuss their medicines and, in some cases, in changes to patients' medicines.
- The practice participated in local audits, national benchmarking, accreditation and peer review. For example there had been peer reviews of referrals to orthopaedic and dermatology services.
- Information about patients' outcomes was used to make improvements such as changes to the prescribing of some diabetic medicines and non steroidal anti-inflammatory medicines.

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. It 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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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

Are services effective?

(for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. Not all the staff had had an appraisal within the last 12 months. In one case there had been no appraisal during the last four years.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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 as well as investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff from the practice attended a locality meeting together with other practice from the town. It was also attended by the representatives from the CCG. Local initiatives, such as an initiative concerning management of certain drugs of misuse within the town, were discussed. This information was shared with staff at practice meetings or by e-mail.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. We looked at the work coming into the practice such as test results and other notifications and saw that it was dealt with efficiently. There was no significant backlog of work.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and 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
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff were able to provide examples of where assessments had been carried out correctly.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. For example as part of a national initiative to prevent unplanned admissions to hospital, the practice had identified the two per cent of patients who were most vulnerable. Each of these had an individual care plan and a GP allocated to their care

The practice's uptake for the cervical screening programme was 97%, which was better than the national average of 82%. The practice had consistently outperformed the national average by between 3% and 13% since 2010.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were significantly better than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 100 %, CCG averages were from 80% to 94% and for infants of up to 12 months from 97% to 100 %, CCG averages were from 89% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for people 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.
- Patient confidentiality was respected. There was a private area where patients could talk with staff if they wished and there were notices telling patients about this facility.

All of the 48 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. They 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.

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

- 91% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and national average of 89%. When asked the same question about nursing staff 98% said the nurses were good at listening to them compared to the CCG average of 94% and national average of 91%.
- 88% said the GP the GP gave them enough time compared to the CCG average of 90% and national average of 87%. When asked the same question about nursing staff 96% said the nurses were good at listening to them compared to the CCG average of 94% and national average of 92%.

- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%. When asked the same question about nursing staff 100% said they had confidence and trust in the last nurse they saw were good at listening to them compared to the CCG average of 98% and national average of 97%.
- 88% said they were treated with care and concern by the last GP they saw compared to the CCG average of 88% and national average of 85%. When asked the same question about nursing staff the response was 97% compared to the CCG average of 93% and national average of 91%.
- 91% found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive on these issues.

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:

- 88% said the GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%. When asked the same question about nursing staff 95% were positive about the nursing staff compared to the CCG average of 92% and national average of 90%.
- 81% said the GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%. When asked the same question about nursing staff 95% were positive about the nursing staff compared to the CCG average of 87% and national average of 85%.

There were translation services available.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

There was written information available to direct carers to the various avenues of support available to them. The practice had not formally recorded the details of patients who were carers. We were told that this was something that the practice were developing and we saw that a protocol was being drawn up to assist this.

Staff told us that if families had suffered bereavement, their usual GP contacted them. The practice offered a consultation at a flexible time and location to meet the family's needs. There was advice on how to find support services. Bereavement counselling was available at the practice in-house.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example by providing anticoagulation (warfarin) and physiotherapy clinics.

- The practice offered extended hours between 6:30pm and 8pm on Tuesday and Thursday for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.

Access to the service

The William Street Surgery was open Monday to Friday between the hours of 8.30am to 6.30pm though the telephone lines opened at 8am. Extended hours surgeries were offered on Tuesdays and Thursdays from 6.30pm to 8pm. The Hersden surgery was open 9am to 1pm Monday, Tuesday, Thursday, Friday and 2pm to 6pm Wednesday.

Appointments could be made by telephone, in person at reception or on line. There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There were pre-bookable appointments (up to four weeks in advance) and urgent, on the day, appointments.

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.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 73% patients said they could get through easily to the surgery by phone (CCG average 80%, national average 73%).
- 67% patients said they always or almost always see or speak to the GP they prefer (CCG average 65%, national average 59%).

Patients 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.

- The complaints policy and procedures were in line with recognised guidance.
- There was a designated responsible person who handled all complaints in the practice.
- There was some information was available to help patients understand the complaints system such as on the practice leaflet. However some of this was out of date such as that on the practice website.

We looked at seven complaints received in the last 12 months. They had been recorded, investigated and responded to within the timeframes demanded by the practice policies. Complainants received a written apology where appropriate.

There was some evidence that lessons were learnt from concerns and complaints. For example, one complaint had resulted in change to the system of issuing repeat prescriptions. It was not always possible to see what lessons had been learned and sometimes the detail of the complaint was lacking.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was prominent on the practice website. Staff knew and understood the values.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and helped ensure 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. There was a member of staff dedicated to checking that patients were receiving the regular interventions, such as annual reviews, that guidelines suggested were necessary for their best treatment.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing most risks, issues and implementing mitigating actions. However fire risks were not well managed.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems for knowing about notifiable safety incidents

When there were notifiable safety incidents

- The practice gave affected people reasonable support, truthful information and a verbal and written apology. However the practice was not able to produce evidence of any verbal communications with people.
- We saw that there were safety incidents which, though they had been discussed and lessons learned, were not formally recorded.

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

- There were some practice meetings. There had been one on 22 July 2015. There had been a subsequent meeting but there were no minutes available.
- 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 in doing so and felt supported if they did.

Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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.

- The practice was developing a patient participation group (PPG). We spoke with two members who told us that there had been no meetings but that they were consulted over changes that the practice proposed to make.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example the practice nurse had developed care plans to help prevent patients, most at risk, from being unexpectedly admitted to Accident and Emergency.
- Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

Are services well-led?

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team was forward thinking and was working with other practice in Herne Bay to develop a wider range of services for patients. They supported staff learning, for example the health care assistant was sponsored to attend a university course for one day each week.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider failed to establish and operate effectively systems to:</p> <p>assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services)</p> <p>assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;</p> <p>maintain securely such other records as are necessary to be kept in relation to the management of the regulated activity</p> <p>Because:</p> <ol style="list-style-type: none">1. The approach to reporting, recording and monitoring significant events, incidents and accidents was not sufficiently systematic to capture events from all areas of the practice2. There was a lack of systematic approach to governance, including fire safety and recruitment of staff. <p>Good Governance</p> <p>This was in breach of regulation 17(1)(2)(a)(b)(d)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>