

# The Cedars 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?	Outstanding	
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 The Cedars Surgery on 19 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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.
- The practice was a training practice and provided mentoring for trainee GPs and paramedic practitioners. The practice also provided placements for apprentice non-clinical staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- There was an active patient participation group (PPG) which worked with the practice to provide several support groups for patients and carers.
- 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 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 several areas of outstanding practice:

# Summary of findings

- The practice had developed an extensive resource folder for patients with a learning disability. This could be used to assist communication during consultations and reduce barriers for patients who found it hard to use or access services.
- The practice was empowering patients by engaging with the patient participation group (PPG) and working in partnership with them to improve services and outcomes for patients and patients who were also carers.
- The PPG and the practice were working together to provide a support group for patients with type two diabetes to provide a forum for patients to share their experiences and explore alternative avenues for support and resources.
- The practice was working with the PPG to provide a support group for patients who were also carers for people with dementia.
- There was an active patient participation group that conducted bi-monthly 'walk about' sessions.

**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 outstanding for providing caring services.

Outstanding



- 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.
- Patient information had been organised into designated areas in the waiting room to highlight services and support groups.

# Summary of findings

- There was patient resource folder in the waiting room which provided extensive information about services available at the practice, signposting to other local services and providing general healthcare related information.
- The practice had developed an extensive resource folder for patients with a learning disability. This could be used to assist communication during consultations and reduce barriers for patients find it hard to use or access services.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The patient participation group (PPG) and the practice were working together to provide a support group for patients with type two diabetes to provide a forum for patients to share their experiences and explore alternative avenues for support and resources.
- The practice referred eight patients with type two diabetes to a local charitable scheme that provided a 12 week cooking course aimed at healthy eating.
- There was an active support group for patients who were also carers for people with dementia.
- A healthcare assistant had been trained to undertake diabetic foot checks and there were plans to extend this service to housebound patients who were unable attend diabetes clinics.
- The practice was aware of their local demographics and ensured that holiday makers could access services as temporary residents.
- There was a care coordinator who supported vulnerable patients to ensure that they received timely and effective care.

## 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.
- 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.

**Good**



# Summary of findings

- There was an active patient participation group that conducted bi-monthly 'walk about' sessions.
- The practice collected, analysed and responded to patient feedback through ongoing surveys on the auto check in screen in the patient waiting room.
- Following a critical incident the practice introduced protocols to ensure there were always two nurses present during child immunisation clinics.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice gathered feedback from patients using new technology, and it had a very engaged patient participation group which influenced practice development.
- There was a strong focus on continuous learning and improvement at all levels. The practice was a training practice and all the staff were to some degree involved in the training of future GPs, paramedic practitioners and apprentice reception and administration staff.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- 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.
- The practice had collaborated with three neighbouring GPs to provide access to a paramedic practitioner for patients who were unable to attend the practice.
- Patients over 75 had a named GP and were supported by a care co-ordinator. Patients in this population group were flagged on the computer system and offered a same day appointment if required.

### 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.
- Performance for diabetes related indicators was better to the national average. For example, 93% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (national average 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.
- The patient participation group (PPG) and the practice were working together to provide a support group for patients with type two diabetes to provide a forum for patients to share their experiences and explore alternative avenues for support and resources.
- The practice referred eight patients with type two diabetes to a local charitable scheme that provided a 12 week cooking course aimed at healthy eating.

# Summary of findings

- A healthcare assistant had been trained to undertake diabetic foot checks and there were plans to extend this service to housebound patients who were unable attend diabetes clinics.

## 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 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.
- The practice's uptake for the cervical screening programme was 84%, which was better than the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had reviewed protocols for childhood vaccines following a significant event and subsequent protocols required that two nurses were present to deliver childhood vaccines.

Good



## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice recognised their geographical position meant their patient demographics included higher than average amount of holiday makers and they had a policy to provide care to the patients as temporary residents.

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.

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had developed an extensive resource folder for patients with a learning disability. This could be used to assist communication during consultations and reduce barriers for patients find it hard to use or access services.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## 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).

- 73% of patients diagnosed with dementia had received a their care review in a face to face meeting in the last 12 months, which was worse than the national average of 84%. The practice showed us more recent data (not validated) that showed a 5% increase. The practice was aware of these figures were below the national average and were reviewing how these consultations were being coded and recorded.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice was supporting a program of dementia drop in clinics planned to run from April 2016 to January 2017.

Good



# Summary of findings

- The PPG and practice were working together to provide a support group for patients who were also carers for people with dementia.
- The practice had collaborated with the local clinical commissioning group on a pilot scheme to improve the quality of consent under the Mental Capacity Act 2005 and Deprivation of Liberty Act 2009.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred forty two survey forms were distributed and 124 were returned. This represented 1.3% of the practice's patient list.

- 96% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 90% 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%.
- 98% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 95% 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 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards 35 were positive about the service provided at the practice. Patients commented very positively about the clinical expertise of the GPs and nurses, but also appreciated the friendly, knowledgeable and caring support provided by all members of the practice team. One comment card contained mixed comments; the negative aspect highlighted that online services were complicated to use.

We spoke with six patients, including two members of the patient participation group (PPG). They all talked positively about the personalised and responsive care provided by the practice. Patients told us they appreciated the professional but friendly staff and the organised reception area where information for patients was clearly displayed and easily accessible. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected.

## Outstanding practice

We saw several areas of outstanding practice:

- The practice had developed an extensive resource folder for patients with a learning disability. This could be used to assist communication during consultations and reduce barriers for patients who found it hard to use or access services.
- The practice was empowering patients by engaging with the patient participation group (PPG) and working in partnership with them to improve services and outcomes for patients and their carers.
- The PPG and the practice were working together to provide a support group for patients with type two diabetes to provide a forum for patients to share their experiences and explore alternative avenues for support and resources.
- The practice was working with the PPG to provide a support group for patients who were also carers for people with dementia.
- There was an active patient participation group that conducted bi-monthly 'walk about' sessions.

# The Cedars 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 The Cedars Surgery

The Cedars Surgery delivers services from purpose built premises in Walmer, Deal, Kent. There are approximately 10,200 patients on the practice list. The practice has more patients aged over 64 years and fewer patients aged 39 and under than national averages.

The practice holds a General Medical Service contract and consists of seven GPs (4 female and 3 male). The Cedars Surgery is training practice so, alongside their clinical roles, the GPs provide training and mentorship opportunities for trainee GPs and paramedic practitioners. There are four practice nurses (female) and two healthcare assistants (female). The GPs and nurses are supported by a practice manager and a team of administration and reception staff. A wide range of services and clinics are offered by the practice including asthma, diabetes, weight management and minor surgery.

The practice is open from 8am to 6.30pm. Morning appointments are from 8.20am to 11.30am and afternoon appointments are from 2pm to 6pm. There is an early morning clinic every Wednesday and one Thursday a month from 7am to 8am. In addition to this there is a weekend clinic on alternate Saturdays from 8am to 10.30am.

The practice were collaborating with three local GP practices (The Deal Collaboration) to provide a paramedic practitioner to visit patient at home that were unable to attend the practice.

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

Services are delivered from:

24 Marine Road, Deal, Kent, CT14 7DN.

## 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 19 April 2016. During our visit we:

- Spoke with a range of staff, including GPs, a trainee GP, nurses, healthcare assistants, a paramedic practitioner, the practice manager, receptionists, administrators and patients who used the service.

# Detailed findings

- Observed how reception staff talked with patients, carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 36 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 and incident reports. There were 39 significant events recorded in the last 14 months, these had been analysed and learnt from in order to improve safety in the practice. For example, the practice had noted a large number of significant events were due to 'managed prescribing' which involved the local pharmacy requesting medicines for patients. After informing the local commissioning group (CCG), to share learning and obtain guidance, the practice made changes to reduce the chance of these errors happening again.

### 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 that reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details for the practice safeguarding lead and external agencies were available and staff we spoke with told us how these had been used to raise safeguarding concerns in the past. 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 relevant to their role. GPs were trained to child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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. A GP partner 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. The practice had reviewed protocols for childhood vaccines following a significant event and new protocols required that two nurses were present when delivering childhood vaccines.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to

## Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had 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, this was reviewed at the weekly practice meetings.

### 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 98% of the total number of points available, with 9% 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). Data from 01/04/2016 to 31/03/2016 showed;

- Performance for diabetes related indicators was similar to the national average. For example, 93% of patients on the diabetes register, had a record of a foot examination and risk classification within the preceding 12 months (national average 88%).
- Performance for mental health related indicators was similar to the national average. For example, 95% of patients with schizophrenia, bipolar affective disorder and

other psychoses had received a comprehensive, agreed care plan documented in

- the record, in the preceding 12 months (national average 88%)

There was evidence of quality improvement including clinical audit.

- The practice kept a rolling program of audits detailing how many cycles had been completed and what action was needed. There were several completed audits and others in progress. Areas audited included: prescribing and minor surgery.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services when necessary. For example, the first cycle of an audit recording body mass index (BMI) for patients receiving the combined oral contraceptive (COCP) showed only 54% of patients had their BMI recorded in their notes. National guidance indicates all women taking COCP should have their BMI checked, recorded and reviewed. The practice made changes and the second stage of the cycle recorded a 35% improvement.

### Effective staffing

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

- The practice had an induction programme which was adapted to reflect the individual learning needs of newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety awareness, health and safety and confidentiality. We spoke with several members of staff who had recently joined the practice and they told us they had found the induction process both useful and supportive.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, both clinical and non-clinical. For example, members of staff from the administration and reception teams had completed training courses in medical record keeping and customer service. Clinical staff had received training in areas such as diabetes, wound care, asthma and managing chronic kidney disease.
- 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. All staff had received an appraisal within the last 12 months. All the staff we spoke with about their appraisal said that they had found the process useful. It had helped to identify training needs and provided an opportunity for staff to discuss problems with their manager.

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

### Coordinating patient care and information sharing

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

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

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 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.
- The practice was conducting a project, with the support of the local clinical commissioning group, to raise the standard of managing consent and Deprivation of Liberty Safeguards. We saw the project had already instigated improvements. For example, the introduction of templates on the computer system prompting staff to consider consent and a review of the MCA consent forms to make the process less complex for doctors and nurses.

### 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 and alcohol cessation. Patients were signposted to the relevant service.
- A counsellor was available on the premises and the practice had trained one of the healthcare assistants in the role of Stop Smoking Advisor. There was a stop smoking clinic one afternoon a week where patients could receive one to one stop smoking advice. Figures demonstrated this program had a positive impact for patients. For example, 15 patients using the program had stopped smoking between April and September 2015.

The practice's uptake for the cervical screening programme was 84%, which was better than 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 providing information for those with a learning disability and they ensured a female sample taker was available. There were 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 patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were similar to the national averages. For example, childhood immunisation rates for the vaccinations given to

## Are services effective?

(for example, treatment is effective)

infants 12 months and under ranged from 96% to 97% (national average 90% to 94%) and five year olds from 87% to 98% (national average 80% to 96%). The practice had reviewed protocols for childhood vaccines following a significant event and subsequent protocols required that two nurses were present to deliver childhood vaccines.

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 were able to offer patients who wanted to discuss sensitive issues or appeared distressed a private room to discuss their needs.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards 35 were positive about the service provided at the practice. Patients commented very positively about the clinical expertise of the GPs and nurses, but also appreciated the friendly, knowledgeable and caring support provided by all members of the team. One comment card contained mixed comments; the negative aspect highlighted that online services were complicated to use.

We spoke with six patients, including two members of the patient participation group (PPG). They all talked positively about the personalised and responsive care provided by the practice. Patients told us they appreciated the professional but friendly staff and the organised reception area, where information for patients was clearly displayed and easily accessible. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected.

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:

- 97% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 98% of respondents said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.

- 99% of respondents said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 94% 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%.
- 97% 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%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. The practice had developed an extensive resource folder for patients with a learning disability. This could be used to assist communication during consultations and reduce barriers for patients find it hard to use or access services.

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 consistently better than local and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 94% 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%.
- 92% 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:



## Are services caring?

- 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.
- There was patient resource folder in the waiting room which provided extensive information about services at available at the practice, signposting to other local services and providing general healthcare related information.

### Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were easily accessible. Patient information had been organised into designated areas in the waiting room to highlight services and support groups. For example, there were notice boards for carers, the patient participation group, dementia and health promotion. Information about support groups was also available on the practice website.

- The practice had developed an extensive resource folder for patients with a learning disability. This could be used to assist communication during consultations and reduce barriers for patients find it hard to use or access services.
- The practice was empowering patients by engaging with the patient participation group (PPG) and working in partnership with them to improve services and outcomes for patients and their carers.
- There was a care coordinator who supported vulnerable patients to ensure that they received timely and effective care, including support to access other healthcare providers. The practice had produced a resource folder to assist these patients and their carers.

- The patient participation group (PPG) and the practice were working together to provide a support group for patients with type two diabetes to provide a forum for patients to share their experiences and explore alternative avenues for support and resources.
- The practice referred eight patients with type two diabetes to a local charitable scheme that provided a 12 week cooking course aimed at healthy eating.
- A healthcare assistant had been trained to undertake diabetic foot checks and there were plans to extend this service to housebound patients, who were unable attend diabetes clinics.
- The coastal location of the practice resulted in lots of visitors during holiday season and the practice ensured that holiday makers could access services as temporary residents.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 150 patients as carers (1.5% of the practice list). The practice offered health checks and half an hour appointments for patients who were also carers to ensure their emotional and social needs were being met alongside their physical needs. There was a carer's notice board and the practice had developed a carer's pack to direct carers to the various avenues of support available to them. The practice was working with the PPG to provide a support group for patients who were also carers for people with dementia.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a consultation at a flexible time and location to meet the family's needs and/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 had been involved in several pilots with the CCG including iPlato and Word 10.

- There were extended hours every Wednesday and one Thursday a month from 7am to 8am. In addition to this there was a weekend clinic on alternate Saturdays from 8am to 10.30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- The practice collaborated with three local GP practices (The Deal Collaboration) to provide a paramedic practitioner to visit patients at home that were unable to attend the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open from 8am to 6.30pm. Morning appointments are from 8.20am to 11.30am and afternoon appointments are from 2pm to 6pm. There was an early morning clinic every Wednesday and one Thursday a month from 7am to 8am. In addition to this there was a weekend clinic on alternate Saturdays from 8am to 10.30am. Appointments with GPs, nurses and healthcare assistants could be pre-booked up to six weeks in advance and urgent appointments were available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was consistently and significantly better than national averages.

- 89% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 96% 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. The practice carried out ongoing surveys via the auto check in screen in the waiting room to gain feedback from their patients. When patients were asked if opening times were convenient 93% of 250 respondents (which represented 2% of their patient list) answered positively. Feedback from surveys was discussed with the PPG and findings and action plans were shared with patients at the practice and in the waiting room.

### 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 for GPs in England.
- The practice manager and assistant practice manager handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system; there was a complaints policy which included timescales by which a complainant could expect to receive a reply. Information was available to help patients understand the complaints system in the form of leaflets, notices and material on the practices website.

There had been nine complaints received in the last 12 months and we reviewed six of these and found that they had been dealt with in a timely, open and transparent way which reflected the practice's policy. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, after a patient was incorrectly sent a 'did not attend' (DNA) letter, protocols at reception were changed to reduce the chance of the error reoccurring.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice values were to provide high quality, effective, treatment and advice in safe surroundings whilst respecting and encouraging the right of independence of all patients. Staff we spoke talked positively about how they were able to use the practice values to improve quality and outcomes for patients,
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. This included collaboration with neighbouring practices to share resources and educational opportunities to improve patient outcomes. There were regular five year forward planning meetings which reviewed performance in areas such information technology (IT).

### 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners and the practice management team 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 and the practice management team 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 and the practice management team 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 we spoke with told us the practice held regular team meetings and we saw minutes from clinical, administrative and whole practice meeting to support this
- There was an open culture within the practice and staff said they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. Staff we spoke with were proud of how members of the team supported each other and had taken part in staff team building events throughout the year.
- 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 and management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- There was a culture to mentor, train and develop both clinical and non-clinical staff within the practice. For example, the practice took part in non-clinical apprenticeship programs and several members of staff had completed this scheme and subsequently joined the practice as members of staff. The practice was providing mentorship for a paramedic practitioner and trainee GPs.



# Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and conducted bi-monthly 'walk around' sessions to speak with patients and hear their views. The PPG submitted proposals for improvements to the practice management team and the PPG members we spoke with told us the practice responded positively to their proposals. For example, providing the PPG with a designated notice board in a prominent position.
- The practice conducted ongoing patient consultation via the auto check in screen in the waiting room. Members from the PPG told us these were changed regularly and feedback was shared with the PPG and patients.
- 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. Staff we spoke with told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice, clinical and non-clinical. The practice was a training practice and all the staff were to some degree involved in the training of future GPs, paramedic practitioners, reception and administration staff. The quality of GP registrar (GPs in training) decisions was under near constant review by their trainers. The practice was subject to scrutiny by the Health Education Kent, Surrey and Sussex (called the Deanery) as the supervisor of training. Registrars were encouraged to provide feedback on the quality of their placement to the Deanery and this in turn was passed to the GP practice. Therefore GPs' communication and clinical skills were regularly under review.

The practice team was forward thinking and had developed some innovative practice to improve outcomes for patients in the area. For example, the practice had pooled resources with neighbouring GPs, known as the Deal Collaboration, to provide access to a paramedic practitioner for patients who were unable to attend the practice. The practice had collaborated with the local CCG in a pilot scheme to improve the quality of consent under the Mental Capacity Act 2005 and Deprivation of Liberty Act 2009 for vulnerable patients to ensure their rights and preferences were respected. The PPG and the practice were working in partnership to provide support groups for patients to ensure their emotional and social needs were given as much consideration as their physical needs.