Saddleton Road 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

We carried out an announced comprehensive inspection at Saddleton Road 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice had held educational events for carers attended by about 125 people, areas covered included long term conditions and end of life care.

Professor Steve Field CBE FRCP FFPH FRCGPChief 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?

Good

The practice is rated as good for providing safe services.

- 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?

Good

The practice is rated as good for providing effective services.

- 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?

Outstanding

The practice is rated as outstanding for providing caring services.

- Data showed that patients rated the practice higher than others for all aspects of care. In the most recent national GP patient survey the practice results for all questions relating to caring were substantially better than the local and national results.
- Feedback from patients about their care and treatment was consistently and strongly positive. Nearly half of the comments cards we received specifically mentioned the caring attitude of staff.

Summary of findings

- There was a strong patient-centred culture. Receptionists knew the patients well. Patients told us there was a homely feel to the practice.
- Staff were motivated and inspired to offer kind and compassionate care, for example reception staff told us they would ring patients with memory problems close to the time of their appointment so that their chances of attending were increased.
- The practice had run carer events, to inform patients and carers, of the services that were available, to support their emotional and social needs, as well as their healthcare needs.
- 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?

Good

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 audiology and physiotherapy.
- 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.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly better than local and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- To help satisfy the needs of their elderly population, and in the light of poor public transport links, the practice had extended their building to house a small community pharmacy.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

Summary of findings

- 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 monitoring notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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

Good

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. The practice participated in a paramedic home visiting service, which afforded assistance, mostly to this population group, when a GP was unavailable.
- The practice had been effective in reducing the number of unplanned admissions to hospital for patients over 74 years. There was evidence to support that this was linked to the practice's paramedic practitioner home visit service.
- In an area with an elderly population and poor public transport links, the practice had extended their building to house a small community pharmacy.

People with long term conditions

Good

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 was better than the national average
- 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.

Families, children and young people

Good

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

Summary of findings

example, children and young people who had a high number of A&E attendances. Immunisation rates for all standard childhood immunisations were comparable with local and national standards.
- 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 comparable to the CCG and national averages.
- 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)

Good

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.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Visited at their home if this supported their emotional needs.
- 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 and had held educational events to support this. The events had been attended by about 125 people and were highly regarded by those who attended them

Summary of findings

- 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)

Good

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

- The practice had worked hard to improve its diagnosis of dementia. Eighty four per cent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Performance for mental health related indicators showed that 14 out of 15 patients on the register had received an annual review of their mental health plan.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results showed the practice was performing significantly better than local and national averages. Two hundred and fifty three survey forms were distributed and 116 were returned. This represented 4% of the practice's patient list.

- 99% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 92% 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 85%.
- 98% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 88% 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 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received. General themes that ran through the comments included the very caring attitude of all staff, the availability of appointments and the efficiency with which the service was run.

We spoke with eight patients during the inspection. All said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice took part in the NHS friends and family test and 100% of those taking part would recommend the practice.

Outstanding practice

- The practice had held educational events for carers attended by about 125 people, areas covered included long term conditions and end of life care.

Saddleton Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector and included a GP specialist adviser and a practice manager specialist adviser.

Background to Saddleton Road Surgery

Saddleton Road Surgery is a GP practice in Whitstable Kent and has a registered patient population of approximately 2,800.

The practice staff includes four GPs, two female and two male. There are two practice nurses both female, one healthcare assistant (female), there are three managers who are responsible for different aspects of the practice for example, finances or information technology. There are other administration and reception staff. The practice building is a bungalow and all the 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 other than the national averages. For example the number of patients over 75 years is about a third more than that nationally and this also applies to the number of patients over 85 years. This trend is particularly marked in the Seasalter area of the town where the practice has a branch surgery.

The practice is training practice which takes foundation year two doctors.

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

In March 2015 Saddleton Road Surgery was one of three local founding practices to become a Vanguard site. Vanguard sites are being developed as part of implementing the NHS Five Year Forward View. Part of the objective is to support improvement and integration of services. Saddleton Road's particular Vanguard site is called Encompass. On its launch it covered a practice population of some 53,000 patients but has since expanded to cover about 170,000 patients. It is a partnership with local health, care and support organisations including Canterbury & Coastal CCG, Kent County Council, East Kent Hospital University Foundation Trust, Kent Community Health NHS Foundation Trust, Kent Partnership Trust and AgeUK. However this report deals with the services provided by the Saddleton Road Surgery in its own right.

The practice is open at Saddleton Road Monday to Friday between the hours of 8.00am to 6.30pm. Extended hours surgeries are offered on Tuesdays to 8pm. The practice is open at Seasalter between the hours of 9am and 2pm Monday to Friday with the exception of Thursday when Seasalter is open to 6.30pm. 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:

Saddleton Road Surgery

32 Saddleton Rd,

Whitstable

CT5 4JQand

Detailed findings

28 Faversham Road

Seasalter

Whitstable

Kent

CT5 4AR

We visited both surgeries as part of the inspection.

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 three GPs, the practice nurse and members of the administration team. We spoke with eight patients who used the service.
- We talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 40 comment cards where patients and shared their views and experiences of the service.
- We talked to the manager of a local Learning Disability home where the residents were patients of the practice.

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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- One of the practice management team was designated responsibility for managing significant events. Staff said they would inform this person of any incidents and there was a recording form available on the practice's computer system.
- 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. These were discussed at specific significant event review meetings which were held quarterly. We saw evidence that lessons were shared and action was taken to improve safety in the practice. In particular we saw that the learning was implemented immediately and not delayed until the time of a formal review. For example following an incident where a patient was taken ill at one of the practice sites (which had medical oxygen) oxygen was installed at both sites

Overview of safety systems and processes

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

- There were systems to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. There were flow charts on display for staff which showed clearly who to contact for further guidance if there were concerns about a patient's welfare. There was a lead member of staff for safeguarding and staff we spoke with knew who this was. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child 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. The premises were clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example the practice had identified that some sinks needed upgrading and this was included in the planning.
- 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). Processes for handling repeat prescriptions 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.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff know their local health and safety representatives. The practice had up to date

fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. Emergency medicines were secure but easily accessible to staff who knew their location. All the medicines we checked were in date and stored securely.
- The practice had defibrillators and medical oxygen available on both of its sites. There was a first aid kit and an accident report book.
- 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.

Good

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) and local clinical commissioning group best practice guidelines. For example the practice used 24 hour blood pressure monitoring to diagnose hypertension as recommended by NICE.

- 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 95% of the total number of points available. There was a clinical exception reporting rate of 5%.

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

- Performance for diabetes related indicators was 94% which was better than the national average, 89%.
- Performance for mental health related indicators showed that 14 out of 15 patients on the register had received an annual review of their mental health plan.
- The practice had worked hard to improve its diagnosis of dementia. It had moved from being in the bottom quarter of practices diagnosing dementia in England to the top quarter over the last 8 years.

There was evidence of quality improvement including clinical audit.

- The practice had seen an increase in the prescribing of certain antibiotics. It had investigated the reasons and found that trainee GPs were prescribing more than was expected. The practice have included new guidance for trainees, in their induction pack, on how to manage such prescribing. As a result the practice use of these medicines had fallen, to such a degree that they have been cited in the local CCG newsletter as an example of best practice.
- There had been three clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring regular reviews for patients on a particular medicine, the inclusion of computer generated reminders to doctors and nurses concerning certain treatments and improving information/education of patients taking particular 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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, for example one of the practice's nurses had qualifications in Diabetes management, Asthma care, and the prevention of chronic heart disease as well as other specialities.
- 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 annual training events.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support,

Good

Are services effective?

(for example, treatment is effective)

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.

- 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 on-going 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 three monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. The practice cared for patients at a learning disability home. We spoke with the manager. We were told that the GPs contributed to best interest meetings and that their contribution was particularly valuable as the GPs knew the patients individually.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice offered smoking cessation services. Over the last two years the practice had offered these services to 90% of its patients aged 15 or over. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to telephone patients who failed to attend their cervical screening test to remind them of its importance. 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. A female sample taker was available.

The practice encouraged its patients to participate in national screening programmes for bowel and breast cancer screening. However the uptake rates for the screening programmes were slightly lower than the national averages. For bowel cancer screening the practice rate was 50% and for breast screening the rate was 70%, this compared with the national rates of 55% and 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73 % to 96% (national average 81% to 97%), five year olds ranged from 84% to 96% (national average 79% to 96%).

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

Good

Are services effective?

(for example, treatment is effective)

The practice had staffed a stall at a social event, a community fete, to offer a fun “tea and blood pressure testing”. As a result people, who would not otherwise have been aware, had been diagnosed with abnormal blood pressure.

Outstanding ☆

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.

The waiting room and reception desk area was open plan and very welcoming. There was a notice asking patients not to approach the reception desk until staff were free, in this way patient confidentiality was enhanced. There was a garden area where patients and/or children of patients could wait when the weather was fair.

Patients were kept informed by staff if any of the GP consultations were running late. Staff told us they knew patients well and for elderly, vulnerable or patients bringing children to the practice, they would telephone them at home when GPs were delayed so that the patients would not have to wait so long to be seen. Staff were also aware that patients with memory problems or those with a chaotic lifestyle were more likely to miss their appointments. We saw staff making entries in the computer record to call these patients close to the time of their appointment so that their chances of attending were increased.

All of the 40 patient Care Quality Commission comment cards we received were positive about the service experienced. Eighteen cards specifically mentioned the care and compassion with which staff treated them. Patients said the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. There were no negative comments.

We spoke with seven members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They felt the practice was committed to the emotional and social needs of its patients as strongly as it was to their health needs. We were told of specific instances where the care exceeded their expectations, these included caring for patients' pets when the patients had, unexpectedly, had to go to hospital and were worried about the pets, delivering medicines to a patients' homes when there had been delays and patients' carers were not available and arranging a tea party for a patient's 100th birthday. The practice encouraged a local charity to knit blankets for elderly patients which it then distributed.

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. The results showed:

- 96% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.When asked the same question about nursing staff 94% said the nurses were good at listening to them compared to the CCG average of 94% and national average of 91%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%. When asked the same question about nursing staff 96% said the nurses gave them enough time compared to the CCG average of 94% and national average of 91%.
- 99% 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 96% and national average of 97%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.When asked the same question about nursing staff 95% said the last nurse they saw treated them with care and concern compared to the CCG average of 93% and national average of 91%.
- 99% said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us in interview and on comment cards that they felt involved in decision making about the care and

treatment they received. They 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.

The patient survey information showed patients responded positively to questions about their involvement in planning and making decisions about their care as well as treatment. The practice results were better than those nationally. Data from the national patient survey showed that:

- 93% 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 92% were positive about the nursing staff compared to the CCG average of 92% and national average of 90%.
- 90% 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 94% were positive compared to the CCG average of 87% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The practice cared for patients at a local learning disability home and ensured that information leaflets were available to patients in a suitable format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

There was a strong community focus within the practice. The practice was involved in a number of community events, these ran from local fetes, through open days to fundraising events for a local charity working to support people with autism.

The practice had held two events to help carers understand what support was available locally. The first in November 2014 had attracted about 24 participants but the second in June 2015 had been attended by over a hundred people. There were talks about support services from national and local charities. There had been a presentation on end of life care and on the management of long term conditions. The practice had received very positive feedback on the event. The theme that ran through most consistently was the value participants felt in meeting and networking with others in same position as themselves. There were plans to repeat the event in 2016.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified about 80 patients as carers this included those who were formal carers such as at the learning disability homes where the practice provided services. This was nearly 3% of the practice list. The practice used the information to help ensure that reception staff were able to offer more suitable appointments. Written information was available to direct carers to the various avenues of support available to them.

We spoke with the manager of the local disability home where the practice looked after all the residents. We were told that the GPs had been central to providing end of life care to patients at the home, indeed without the GPs assistance the home would not have considered providing this level of care. The manager told us the GPs knew the patients personally and provided individualised care. The practice had provided training to the home's staff in areas such as simple catheter care and end of life care.

The manager told us that the practice provided home visits to patients who could, physically, attend the surgery but who might feel quite traumatised by doing so.

Practice staff explained 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.

Good

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 the provision of services such as audiology, physiotherapy and INR (Regular checks and tests to review and monitor patients on Warfarin – a blood thinning medicine) clinics

- The practice offered extended hours until 8pm on Tuesday, primarily for working 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 had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The Seasalter branch had a particularly high population of older patients and public transport links, to the town, were not good. The practice had extended the surgery building so that a community pharmacy, run by a small local pharmacy provider, could be co-located with the practice. Patients living in the Seasalter area told us they particularly valued this service.

Access to the service

The practice was open at Saddleton Road Monday to Friday between the hours of 8am and 6.30pm. Extended hours surgeries were offered on Tuesdays to 8pm. The practice was open at Seasalter between the hours of 9am and 2pm Monday to Friday with the exception of Thursday when it was open to 6.30pm. Appointments could be 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, with the patients GP of choice, up to six weeks in advance There were 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 significantly better than local and national averages.

- 86% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 79% and 75% respectively.
- 99% of patients said they could get through easily to the practice by phone compared to the CCG and national averages of 80% and 73% respectively.

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

The practice had a system to assess:

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

There were telephone appointments for consultations. GPs would always ring back a patient who believed they had a pressing need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit there was a paramedic home visiting service. There was evidence that the use of the paramedic service had contributed to a reduction in the hospital admission of patients over 74 years. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Although small the practice had developed a wide range of other services for patients. Those included but were not confined to:

- Minor operation
- Joint injections
- Family planning
- Physiotherapy
- Chiropractic
- Acupuncture
- Audiology and
- INR (warfarin monitoring).

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example on the practice website, in reception and in the practice leaflet.

Two complaints had been received in the last twelve months, we looked at both of them. They had been thoroughly investigated. In one instance both GPs had met with the complainant and shared all the relevant information about the case. The complainant had been satisfied with the explanations given.

Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example GPs considering the need to order earlier investigations into patients' symptoms, especially for elderly patients.

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 displayed in the waiting areas and staff knew and understood the values. This was encapsulated in the practice statement that their main purpose was "To provide an excellent service and experience for our patients whenever they need our support".
- The practice had a robust strategy and supporting business plans. There was a five year plan, some objective of which had already been achieved such as being accepted as a Multispecialty Community Provider within the Vanguard framework. The five year plan was reviewed every six months.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. For example the practice had dispensed with the traditional role of practice manager and three staff members undertook different aspects of the former role. This worked well for the practice and staff were very aware which manager they would approach to discuss a particular issue.
- Practice specific policies were implemented and were available to all staff.
- The practice had a comprehensive understanding of their performance against benchmarks such as QOF and local data.
- 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 in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. We saw that they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- There were regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. There were regular practice events including being part of open days and community fetes.
- 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 had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of PPG suggestions' and involvement the garden at Saddleton

Are services well-led?

Good

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

Road had been refurbished. Since then it had been used for community events and children, waiting with their parents for appointments could, when the weather was fair, use it.

- The practice had gathered feedback from staff through regular team meetings and appraisals. Staff told us they would not hesitate to discuss any concerns or issues with colleagues and management. As a result of staff suggestions the some of the processes for referral to different services have been streamlined. Staff said 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. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice was an accredited training practice and regularly took in foundation year 2 doctors. As a training practice, it was subject to scrutiny and inspection by Health Education Kent, Surrey and Sussex (called the Deanery) as the supervisor of training. Therefore GPs' communication and clinical skills were regularly under review.

One of the GPs had recently completed the training to insert and remove intrauterine devices (sometimes called a coil). The practice had applied to the Care Quality Commission to upgrade its registration so that this service could be provided.