

# Hamstreet 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

Outstanding 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Outstanding 
Are services responsive to people's needs?	Outstanding 
Are services well-led?	Outstanding 

# Summary of findings

## Contents

### Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

### Detailed findings from this inspection

Our inspection team	12
Background to Hamstreet Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hamstreet Surgery on 21 September 2016. Overall the practice is rated as outstanding.

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 used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. There was a very wide range of services, both clinical and non-clinical. The practice was a multi-speciality community provider with an ethos to bring services to the patient rather than sending patients to the service.
- The practice was part of a vanguard site combining with other providers to deliver services across a substantial area of East Kent.
- 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.

# Summary of findings

- 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 practice had strong and visible clinical and managerial leadership and governance arrangements.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice provided access to services seven days a week through collaboration with two neighbouring surgeries. This service provided access to urgent appointments at the weekend from 9am to 12pm on Saturday at The Ivy Court Surgery (Tenterden) and Sunday at The Hamstreet Surgery for over 25,000 patients.
- The practice had recognised the needs of its local, rural community and the difficulty in collection of prescriptions and had organised a secure collection point in two local villages located more than five miles (8km) from the practice.

We saw areas of outstanding practice:

- The practice offered a community 'virtual' ward which met once a fortnight. Team members included GPs, an elderly care consultant, social care staff, community nurses and representatives from the voluntary sector. The aim of the virtual ward was to help to ensure that patients' emotional and social needs were met and given equal importance.

**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.
- The practice used every opportunity to learn from internal incidents, to support improvement. Learning was based on continual, thorough analysis and investigation.
- 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 a strong focus on continuous learning and improvement at all levels within the practice, both clinical and non-clinical.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

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.

# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as outstanding 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.

- The practice had developed a wide range of other services for patients. The practice objective was to place the patients at the heart of the services, rather than the patients being sent round the health care system to access the services.
- There were innovative approaches to providing integrated person-centred care. The practice ran a community 'virtual' ward which met once a fortnight. The ward's purpose included ensuring that patients' emotional and social needs were met
- The practice provided access to care seven days a week through collaboration with a neighbouring surgery. This service provided access to urgent appointments at the weekend from 9am to 12pm on Saturday at The Ivy Court Surgery (Tenterden) and Sunday at The Hamstreet Surgery for over 25,000 patients.
- The practice was able to provide dispensary services to those patients on the practice list who lived more than five miles (8.04 km) from the practice. A medicines collection service was available for two local villages.
- The practice offered a minor injury service to avoid the need for time consuming A&E attendance for more minor injuries. This was open to non-registered patients as well as the practice's own patients as they were 10 miles away from the local hospital.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- 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.

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.

Outstanding



# Summary of findings

## Are services well-led?

The practice is rated as outstanding 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.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- There was a strong leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

**Outstanding**



# 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 factors that led to the practice being rated as outstanding overall applied to all the population groups, therefore the practice is rated as outstanding for the care of older patients.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There was a community 'virtual' ward which met every fortnight. The majority of these patients were elderly. Team members included GPs, an elderly care consultant, social care staff, community nurses and representatives from the voluntary sector. The ward's purpose included ensuring that patients' emotional and social needs were met and given equal importance alongside their healthcare needs.
- The practice donated funds annually to the Appledore Good Neighbour scheme who provided transport for the practice's patients who lived in that village to be able to attend their appointment.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. It had a scheme for patients, who lived in a local residential care home. This involved registering all the patients (with their consent) with one of two lead GPs who looked after that home. Weekly and as required visits to the residential home were conducted.

Outstanding



### People with long term conditions

The factors that led to the practice being rated as outstanding overall applied to all the population groups, therefore the practice is rated as outstanding 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 were to the local and national average. For example, 73% of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol (a blood test to check blood sugar levels) or less in the preceding 12 months (local average 80% and national average 78%).
- Longer appointments and home visits were available when needed.

Outstanding



# Summary of findings

- 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

The factors that led to the practice being rated as outstanding overall applied to all the population groups, therefore the practice is rated as outstanding for the care of families, children and young people.

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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 84%, which was comparable to the national average.
- 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.

Outstanding



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

The factors that led to the practice being rated as outstanding overall applied to all the population groups, therefore the practice is rated as outstanding 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 remained open throughout the day and offered a 'Commuter's Clinic' Monday through to Thursday evening until 7pm for working patients who could not attend during normal opening hours. 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.

Outstanding





# Summary of findings

## People whose circumstances may make them vulnerable

The factors that led to the practice being rated as outstanding overall applied to all the population groups, therefore the practice is rated as outstanding 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 dementia, frailty, blindness, deafness, a learning disability and those with a carer.
- The practice offered longer appointments for patients with a learning disability.
- The practice offered proactive, personalised care to meet the needs of the people in its population. It had a scheme for patients, who lived in five local learning disability homes. This involved registering all the patients (with their consent) with one of two lead GPs who looked after the homes. The practice had in-house learning disability nurse lead clinics.
- 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.

Outstanding



## People experiencing poor mental health (including people with dementia)

The factors that led to the practice being rated as outstanding overall applied to all the population groups, therefore the practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia).

- 74% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Performance for mental health related indicators were similar to the national average. For example, 63% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (local average 89% and national average 89%), which is comparable to other practices.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Outstanding



# Summary of findings

- Those recently discharged from hospital received a follow up call.
- 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 were published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and fifteen survey forms were distributed and 119 were returned. This represented 2% of the practice's patient list of 7,038.

- 99% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 97% 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%.
- 97% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 98% 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 also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards, all of which were 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 nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

# Hamstreet 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, a practice manager specialist adviser and an assistant inspector.

## Background to Hamstreet Surgery

Hamstreet Surgery is a well established doctor's practice with a purpose-built surgery, near Ashford in Kent. Their rural, training and dispensing practice covering 150 square miles has a catchment area of approximately 7,038 patients and provides a wide range of medical support services for all the family, with easy parking and full disabled access. The practice building is arranged over two storeys, with all the patient accessible areas being located on the ground floor.

The practice is in one of the least deprived areas of Kent and has a White British Population. The practice is similar to the national averages for each population group. For example, 5% of patients are aged 0 - 4 years of age compared to the clinical commissioning group (CCG) average of 6% and the national average of 5.9% and 31% are 5 to 18 years of age compared to the CCG average of 35% and the national average of 33%. Scores were similar for patients aged 65, 75 and 85 years and over.

The practice provided care and treatment for patients who lived in five learning disability homes, who often had complex needs and were vulnerable.

The practice holds a General Medical Service contract and consists of three full time GP partners (male) and two

part-time GP partners (female). The GPs are supported by four part-time nursing staff (female), three part-time healthcare assistants (female), a practice manager, an assistant practice manager, 11 receptionists/administrators and eight dispensary team members.

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

- Minor Surgery,
- Ultrasonography - a diagnostic imaging technique based on the application of ultrasound. It is used to see internal body structures,
- Podiatry clinic hosted monthly - the branch of medicine that deals with the diagnosis, treatment, and prevention of diseases of the human foot,
- Counsellor hosted weekly,
- Musculoskeletal clinic - relating to the muscles and skeleton and including bones, joints, tendons, and muscles,
- In house Physiotherapy and Specialist Spinal Physiotherapy.

The practice is a training practice which takes foundation year three registrar GPs and there was one GP Registrar working at the practice. The practice regularly host student nurses and medical student placements.

The practice is open Monday to Friday 8am to 6.30pm and Sunday 9.00am to 12pm. An out of hour's service is provided by Integrated Care 24, outside of the practices open hours and there is information available to patients on how to access this at the practice, in the practice information leaflet and on their website.

The practice was able to provide dispensary services to those patients on the practice list who lived more than five miles (8.04 km) from the practice. A medicines collection

# Detailed findings

service was available for two local villages. For Aldington residents repeat prescriptions could be collected on Wednesdays between 11.00am - 11.30am from the Aldington Post Office. For Appledore residents repeat prescriptions can be collected on Tuesdays between 10.15am -10.45am from the Village Hall.

Services are provided from:

Hamstreet Surgery, Ruckinge Road, Hamstreet, Ashford, Kent, TN26 2NJ

## 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 21 September 2016.

During our visit we:

- Spoke with a range of staff (four GP partners, the practice and assistant practice manager, three practice nurses, a healthcare assistant, one GP registrar, four administrative staff who are also receptionists, six administrative staff) and spoke with nine patients who used the service.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 25 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 and routinely analysed them.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that significant events were an agenda item on the weekly management and clinical meeting, (attended by all clinicians and where appropriate, team leaders) as well as, the weekly partners meeting. We looked at several events in detail. One concerned an issue with recording abnormal test results. We saw that recording abnormal test results had been discussed at the partner's meeting and an abnormal test results protocol had been developed and circulated to all members of staff. It was made clear to staff they had to adhere to the policy. The practice implemented systems to help ensure that such situations were managed appropriately, in order to reduce such incidents in the future.

### Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nursing staff were trained to child safeguarding level 3. Administration staff received training every three years, however, the last training was provided in November 2012. The practice manager told us that there had been a problem scheduling in the training as fire training dates clashed with the dates for safeguarding training which was booked to take place on 12 October 2016. Since our inspection and prior to publication the practice have provided records to show that all administration staff had undertaken safeguarding training.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. An annual infection control audit had been undertaken in July 2016 and we saw evidence that action was taken to address any improvements identified as a result. For example, the practice nurse had completed risk assessments for all clinical procedures and initiated training for staff on how to identify, use and dispose of personal protective equipment (PPE) such as gloves and aprons correctly.

## Are services safe?

- The practice was able to provide dispensary services to those patients on the practice list who lived more than five miles (8.04 km) from the practice. A medicines collection service was available for two local villages.
- 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 in place 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.

There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).

The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.

Medicines were dispensed safely. The practice provided monitored dosage systems (MDS – dosette boxes) to some patients. These were prepared in a separate area to minimise interruptions.

The practice offered a minor surgery service. The arrangements for managing medicines in relation to minor

surgery kept patients safe. We looked at a sample of patient's records and found that the system included ensuring the dosage, type, batch number and expiry date was being recorded into patient's notes.

- We reviewed four 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 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 the 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.

## Are services safe?

- 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 in place 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 92% of the total number of points available with 6% exception reporting (compared to the CCG average of 8%).

This practice was not an outlier for QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators were comparable to the local and national average. For example, 73% of patients with diabetes, on the register, in whom the last IFCCbA1c is 64 mmol/mol (a blood test to check blood sugar levels) or less in the preceding 12 months (local average 80% and national average 77%).
- Since our inspection and prior to publication the practice have provided us with QOF data from the 2015/16 (which had not yet been verified, published and made publically available at the time of our inspection) and these showed improvements had been made. For example; Seventy seven percent (previously 73%) of patients with diabetes, on the register, in whom the last IFCCbA1c is 64 mmol/mol (a blood test to check blood sugar levels) or less in the preceding 12 months (local average 80% and national average 77%).

- Performance for mental health related indicators were comparable to the local and national average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (local average 86% and national average 88%).

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the impact of new patients following the closure of other local GP practices and how they could effectively meet the needs of the newly registered patients, given their location within the local community, as well as accessing the practice and services provided.
- Findings were used by the practice to improve services. For example, recent action taken as a result included assessing elderly patient's bone health or fracture risk patients to identify and treat patients at risk of calcium and vitamin D3 deficiency (a supplement known as the "sunlight vitamin" because it is made in our skin when we are exposed to sunlight). The practice had produced a register of patients aged 75 years and over so that the appropriate therapy intervention could be implemented.

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

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety awareness, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For

# Are services effective?

## (for example, treatment is effective)

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

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety 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 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers and those at risk of developing a long-term condition. As well as those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice achieved comparable results in relation to its patients attending national

# Are services effective?

(for example, treatment is effective)

screening programmes for bowel and breast cancer screening. For example, 63% of eligible patients had been screened for bowel cancer, which was in line with the CCG average of 61% and the national average of 58%. Seventy five percent of eligible patients had been screened for breast cancer, which was comparable to the CCG average of 76% and the national average of 72%.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 93% to 97% and five year olds from 91% to 100%.

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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:

- 98% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 93% 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%.
- 99% 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.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 93% 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%.
- 90% 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%.
- 97% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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



## Are services caring?

- There was an extensive range of information about services 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 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.

The practice's computer system alerted GPs if a patient was also a carer. As well as an adult carers register, the practice had a child carers register. This helped to identify their needs too. For example the practice had an adult deaf patient who required their child to attend so they could sign and instruct the practice on their parent's needs. The

register also helped to identify that younger carers were invited for a flu vaccination. The practice had identified 82 patients (14 of which were children) as carers, 1% of the practice list. There was a section on the practice's new patient registration forms where patients recorded whether they were or had a carer.

We observed that a Carer's Corner had been set up in the foyer of the practice and that written information was available to direct carers to the various avenues of support available to them. The practice's website had a "Carers Direct" link that highlighted the various avenues for information and support groups available.

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 actively took part in delivering the pilot schemes to redesign medical care. For example, the Community Tele-Dermatology service (the ability to photograph skin lesions and send the images securely to a Consultant Dermatologist to diagnose whether further treatment is necessary or not) which had reduced referrals by 40%. The practice also ran a weekly Musculoskeletal clinical assessment clinic, and provided a specialist local GP and enhanced physiotherapy and had reduced any onward orthopaedic referrals to secondary care.

The practice offered a minor injury service to avoid the need for time consuming A&E attendance for more minor injuries. This was open to non-registered patients as well as the practice's own patients.

The practice had developed a wide range of other services for patients. The practice objective was to place the patients at the heart of the services, rather than the patients being sent round the health care system to access the services. These services were provided by the practice either alone or in partnership with other providers such as the local hospital. Often the services were provided by GPs with special interests in the area of treatment concerned. The services were flexible, provided choice and helped to ensure continuity of care. All were provided in Hamstreet Surgery. The services included, but were not confined to:

- Minor Surgery,
- Ultrasonography - a diagnostic imaging technique based on the application of ultrasound. It is used to see internal body structures,
- Podiatry clinic hosted monthly - the branch of medicine that deals with the diagnosis, treatment, and prevention of diseases of the human foot,
- Counsellor hosted weekly,
- Musculoskeletal clinic - relating to the muscles and skeleton and including bones, joints, tendons, and muscles,

- In house Physiotherapy and Specialist Spinal Physiotherapy.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice offered proactive, personalised care to meet the needs of the people in its population. It had a scheme for patients, who lived in five local learning disability homes. This involved registering all the patients (with their consent) with one of two lead GPs who looked after the homes. The practice had in-house learning disability nurse lead clinics.
- The practice offered a community 'virtual' ward which met once a fortnight, team members included GPs, an elderly care consultant, social care staff, community nurses and representatives from the voluntary sector. The virtual ward was aimed at ensuring that patients' emotional and social needs were met and given equal importance to their healthcare. Patients at risk of hospital admissions were reviewed in the community virtual ward, but doctors and nurses were able to refer patients who would benefit from a review by the virtual ward team. This was supplemented by regular consultant led frailty clinics.
- The practice offered a 'Commuter's Clinic' Monday through to Thursday evening until 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability either in their own home or at the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. The practice provided access to care seven days a week through collaboration with a neighbouring surgery. This service provided access to urgent appointments at the weekend from 9am to 12pm on Saturday at The Ivy Court Surgery (Tenterden) and Sunday at The Hamstreet Surgery for over 25,000 patients. As a result the practice showed a reduction in accident and emergency (A&E) attendances. For example, A&E attendance for under 10s had been reduced by 13%.
- Patients were able to receive travel vaccines available on the NHS as well and were referred to other clinics for vaccines available privately.





# Are services responsive to people's needs?

## (for example, to feedback?)

- There were disabled facilities, a hearing loop available.

### Access to the service

The practice was open Monday to Friday 8am to 6.30pm and Sunday 9.00am to 12pm. The practice collaborated with The Ivy Court Surgery to provide access to urgent appointments at the weekend. Patients could attend from 9am to 12pm on Saturday at The Ivy Court Surgery Tenterden and Sunday at The Hamstreet Surgery. An out of hour's service is provided by Integrated Care 24, outside of the practices open hours and there is information available to patients on how to access this at the practice, in the practice information leaflet and on their website. In addition appointments could be booked up to four weeks in advance, urgent appointments were also 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 comparable to local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 99% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

### Listening and learning from concerns and complaints

The practice had an effective system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the form of leaflets, notices and material on the practices website.

There was a responsible person who handled all complaints in the practice. We looked at seven complaints received in the last 12 months and found that they had been dealt with in a timely, open and transparent way. Records demonstrated that the complaints were investigated, the complainants had received a response, the practice had learned from the complaints and had implemented appropriate changes. For example, we saw that a complaint had been received regarding acceptable behaviour with learning disability patients. It was reported that patients were greeted by the practice staff with a hug or a kiss on the cheek. The learning was discussed at a practice meeting and an email sent to all practice staff that all patients should only be greeted with a handshake.

# Are services well-led?

Outstanding



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

## Our findings

### Vision and strategy

The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.

The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. There was a very wide range of services, clinical and non-clinical. The practice was a Multi-speciality Community Provider with an ethos to bring services to the patient rather than sending patients to the service.

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 patient waiting area and the staff room. Staff we spoke with were aware of the mission statement and talked positively about how they were able to use the practice values to improve quality and outcomes for patients, particularly for patients whose circumstances made them vulnerable.
- The practice had a robust strategy and supporting business plan which reflected the vision and values, this was regularly monitored by the management team. There was a good awareness of the local community and this was influencing business planning. For example, the practice had acknowledged the existing services provided required expansion to accommodate existing patients and a potential increase in the practice list size when two local housing developments are completed.
- A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money.
- The practice For example, the Community Tele-Dermatology service and weekly Musculoskeletal clinical assessment clinic.
- The practice provided access to care seven days a week through collaboration with a neighbouring surgery. This

service provided access to urgent appointments at the weekend from 9am to 12pm on Saturday at The Ivy Court Surgery (Tenterden) and Sunday at The Hamstreet Surgery for over 25,000 patients.

- The practice donated funds annually to the Appledore Good Neighbour scheme who provided transport for the practice's patients who lived in that village to be able to attend their appointment.

Additionally, the practice used innovative and proactive methods to further improve patient outcomes, working with other local providers to share best practice. There was a very wide range of services, both clinical and non-clinical. The practice was a multi-speciality community provider with an ethos to bring services to the patient rather sending patients to the service. The practice was part of a vanguard site combining with other providers to deliver services across a substantial area of East Kent. For example, the practice offered a community 'virtual' ward which met once a fortnight, team members included GPs, an elderly care consultant, social care staff, community nurses and representatives from the voluntary sector. The practice provided access to care seven days a week through collaboration with a neighbouring practice.

### Governance arrangements

The leadership, governance and culture of the practice were used to drive and improve the delivery of high quality person centred care. The practice had strong and visible clinical and managerial leadership and governance arrangements which supported the delivery of the strategy and high 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.
- Practice specific policies were implemented and were available to all staff. They could be accessed through the practice's intranet. The practice undertook a range of risk assessments. We saw building risk assessments such as those relating to fire risks. We also saw risk assessments such as those relating to an individual's workplace.
- A comprehensive understanding of the performance of the practice was maintained



# Are services well-led?

Outstanding



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

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were strong arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We looked at a number of meeting minutes including but not confined to clinical meetings and significant event meetings.

## Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. For example, the practice had entered a team in a cycling event in 2016 to raise funds for a local hospice. The practice had four 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 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, the PPG had raised their concerns that not all patients understood what a medication review was. The practice produced an information slip which had been given out with prescriptions regarding medication reviews.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. staff meetings, appraisals, and discussions.
- The practice had a suggestions box, all suggestions were discussed at the business meeting, records of meetings confirmed this.
- The practice had a Friends and Family Questionnaire which asked 'Are you sufficiently happy with our service that you would recommend Hamstreet Surgery to other local people?' Last month, the practice scored 97% in response to the questionnaire.

## 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. For example, consistently reviewing data and new care and treatment for their patients aged 75 years and over.

The practice was a training practice which took foundation year three registrar GPs and there was one GP Registrar working at the practice. The practice regularly hosted student nurses and medical student placements.

# Are services well-led?

Outstanding



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

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 were part of local schemes to improve outcomes for patients in the area. For example, following feedback from patients in the Ashford Rural Medical Services (ARMS) the practice had collaborated with neighbouring GP practices to provide weekly travel advice clinics for patients. The practice was committed to working with other healthcare providers, charitable organisations and local GP practices to promote and improve services in the local community.