Northgate Medical Practice

Quality Report

1 Northgate ,
Canterbury,
Kent
CT1 1WL
Tel: 01227 208556
Website: www.northgatemedicalpractice.com

Date of inspection visit: 24 May 2016
Date of publication: 11/08/2016

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Northgate Medical Practice on 24 May 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 the experience and had been trained to provide them with the skills and knowledge 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 treatment 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 two areas of outstanding practice:

The practice had a team of health trainers who had focussed on providing healthy living guidance to patients mostly living in areas of greater deprivation.

Summary of findings

The practice vision included environmental sustainability and the practice had received an NHS silver gilt award for their work in this field.

We saw one area where the provider should make improvements:

The practice should consider recording medication error near misses as reviewing these helps to reduce the risk of errors in the future.

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?

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 consistently better than the national results sometimes markedly so. 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?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with the national averages for alll aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

Are services responsive to people's needs?

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 in the provision of wound care and catheterisation.
- Most patients reported that they found it easy to make an appointment with a named GP and there was continuity of care, with urgent treatment available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for managing notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice 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.
- There was a home visiting anti- coagualant monitoring service, mainly for the benefit of this age group.
- The branch surgery dispensed medicines to a small number of patients and staff often delivered medicines to to the most vulnerable and elderly housebound.

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 comparable to the national average, with the practice achieving a QOF score 90% compared to a national average of 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and most had had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice results, for patients with long term condidtions were consistently better than the national results sometimes markedly so. For example performance for osteoporosis management was 100% against a national score of 81%

Families, children and young people

Good

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

Summary of findings

- 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 had a high number of A&E attendances. Immunisation rates for all standard childhood immunisations were comparable to local and national averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 84% which was comparable to the CCG average of 83% and the national average of 82%.
- 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 homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their

responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- Performance for mental health related indicators was better than the national average with the practice achieving a QOF score 100% compared to a national average of 93%.
- 97% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is markedly better than the local and national averages of 82% and 84%..
- 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 in line with local and national averages. Two hundred and seventy four survey forms were distributed and 119 were returned. This represented 0.7% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by telephone compared to the national average of 73%.
- 94% 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%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 78% 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 33 comment cards which were all positive about the standard of care received. General themes that ran through the comments included the very caring attitude of all staff and diagnostic skills of GPs, nurses and other clinicians. Three cards mentioned that there was sometimes a difficulty in getting appointments. There were seven positive comments about the convenience and care provided by the walk-in clinic.

We spoke with three 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 94% of those taking part would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

The practice should consider recording medication error near misses as reviewing these helps to reduce the risk of errors in the future.

Outstanding practice

The practice had a team of health trainers who had focussed on providing healthy living guidance to patients mostly living in areas of greater deprivation.

The practice vision included environmental sustainability and the practice had received an NHS silver gilt award for their work in this field.

Northgate Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector**.** The team included a GP specialist adviser, a CQC pharmacy specialist inspector and a practice manager specialist adviser

Background to Northgate Medical Practice

Northgate Medical Practice is located in a residential area in the city of Canterbury, Kent. There are approximately 16.500 patients on the practice list. Canterbury is a University city and this is reflected in the practice's patents' age profile. There are more patients in the age group 15 to 29 years than the national average. For example approximately 5% of the patients are aged between 20 and 24 compared with a national average of 3%. The majority of the patients were white British. The practice as a whole is not in an area of deprivation though there are pockets of urban deprivation within it.

The practice holds a General Medical Services contract (a contract between NHS England and general practices for delivering general medical services) The practice is a partnership of 10 GPs. The practice employs other GPs and has trainee GPs working under supervision. There are 10 male GPs and five female GPs. There are two nurse practitioners, one male one female. There are four practice nurses all female. There are four healthcare assistants, all female. The practice employs a male clinical pharmacist.

As a training practice, alongside their clinical roles, the GPs and nurses provide training and mentorship opportunities for trainee GPs, student nurses and allied healthcare professionals.

The GPs and nurses are supported by a practice manager, a human resources manager and a team of administration and reception staff.

The practice is open 8.00am to 6.30pm Monday to Friday. There are extended hours with both GP and nursing staff appointments from 6.30pm to 8pm Tuesday, Wednesday and Thursday.

The practice does not provide out of hours services to its patients and there are arrangements with another provider, Integrated Care 24 (IC24), to deliver services when the practice is closed. Details of how to access this service are available at the practice and on the website.

Services are delivered from:

1 Northgate ,

Canterbury,

Kent,

CT1 1WL

and a branch surgery at

11 Tyler Hill Road

Blean

Canterbury

Kent

CT2 9HP.

Detailed findings

We visited both premises as part of the inspection process. The branch surgery at Blean is dispensing, that is, it is able to provide pharmaceutical services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy premises.

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 24 May 2016. During our visit we:

- Spoke with a range of staff including three GPs, three nursing staff and spoke with patients.
- Observed how patients were being cared in the reception area
- Spoke with a professional counsellor who used the practice premises and whose clients were patients at the practice.
- Reviewed comment cards where patients had 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an aspect of a patient's care was missed because of incorrect coding of a computer entry. The issue was discussed and the practice made changes to processes including the use of a template. Some months later the practice checked five records, randomly, and found that the staff had implemented the changes and that the changes had been effective.

Overview of safety systems and processes

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

- There were 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 GP for safeguarding children and another GP lead for safeguarding adults. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Staff provided anonymised examples of where they had invoked the safeguarding process and it was clear that they acted positively to safeguard people.
- A notice in the waiting room advised patients that chaperones were available if required. There were similar notices in all of the consulting rooms. 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. We spoke with the lead for infection control. They liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and the practice monitored their use. There were nurses who had qualified as Independent Prescribers who prescribed medicines for specific clinical conditions
- The practice used standard operating procedures (SOPs) for dispensing; these were reviewed annually. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- 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. Medicines incidents were recorded for learning and the practice had a system to monitor the quality of the dispensing process. Formal recording of near misses (dispensing errors which do not reach a patient) was not undertaken. Staff told us they discussed these within the dispensary team when they happened. The practice should consider recording near misses as reviewing these assists in reducing the risk of errors in the future. 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 employed a clinical pharmacist who helped run drop-in clinics and ensured timely review of discharge summaries from hospitals. He also undertook medicines reviews to help people understand how to use their medicines effectively. The pharmacist did clinical audits. Patients most at risk of side effects from a particular medicine were sought out and were consulted over changing to a more suitable alternative.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. The arrangements for the destruction of controlled drugs were satisfactory.
- 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 to staff. 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 in place 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).
- The arrangements for planning and monitoring the number and skill mix of staff helped to ensure that there were sufficient staff to meet patients' needs.

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.
- There were physical panic alarms in each area where staff met with the public. This system was activated during our inspection and we saw that staff responded swiftly.
- All staff received regular basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The practice had a first aid kit and an accident book.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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) 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 used the guidelines, for example by using ambulatory blood pressure monitoring for the diagnosis of patients where hypertension (raised blood pressure) was suspected.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98 % of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data to the year ending March 2015 showed:

- Performance for diabetes related indicators was comparable to the national average, with the practice achieving a QOF score 90% compared to a national average of 89%.
- Performance for mental health related indicators was better than the national average with the practice achieving a QOF score 100% compared to a national average of 93%.
- The practice results were consistently better than the national results sometimes markedly so. For example performance for osteoporosis management was 100% against a national score of 81%

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of which were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve services. For example, recent action taken as a result included updating and improving the practice's unplanned admissions processes. The practice used specialised templates on their computerised record system to help track patients who were vulnerable to unplanned admissions including incorporating aspects of the frailty project into the Unplanned Admissions register. The second cycle of the audit showed that there had been improvements for example the percentage of patients self-presenting to Accident and &Emergency reduced from 46% to 10% and GP referrals to hospital reduced from 53% to 39%.
- There was a specialist nurse team who ran a home visiting anti-coagulant service, for the housebound, the elderly frail and vulnerable patients.

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. There was evidence of staff training in areas such as vaccination, ear care and audiology services.
- 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 showed 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,

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 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 regularly and when needed 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, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The number of patients who were recorded as being obese (aged 16 or over with a BMI greater than or equal to 30) had fallen by nearly 300 in the past two years
- The practice a health trainer service. Health trainers helped patients to assess their lifestyles and wellbeing, set goals for improving their health, agree action-plans, and provide practical support. This was a new service and only three months data was available, however the data showed that 80% of patients came from the more deprived sections of the population. There is accredited evidence, available nationally, to show that people living in more deprived areas tend to have greater need for health services.

The practice's uptake for the cervical screening programme was 84% which was comparable to the clinical commissioning group (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. Female sample takers were available.

The practice encouraged its patients to participate in national screening programmes for bowel and breast cancer screening. The uptake rates for the screening programmes were in line with the national averages. For bowel cancer screening the practice rate was 57% and for breast screening the rate was 76%, this compared with the national rates of 58% and 72%. The practice followed up patients who were referred as a result of abnormal results.

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 80 % to 96% (national average 81% to 97%), five year olds ranged from 88% to 97% (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

Good

Are services effective?

(for example, treatment is effective)

checks were made, where abnormalities or risk factors were identified. The practice had strong links with a local walking for health group and encourage appropriate patients to attend the walks.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We saw that 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. Staff always knocked on consulting and treatment room doors before seeking admission.
- Patient confidentiality was respected. There was a private area where patients could talk with staff if they wished and there were notices telling patients about this facility.
- The waiting room and reception desk area was open plan and welcoming but this did make it difficult for staff to maintain confidential discussions with patients. Some comment cards mentioned that confidentiality at the front counter could be an issue. Staff were aware of this and took account of it their dealings with patients.

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

We spoke with three 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 survey results showed that the practice was in line with the national and local averages. For example;

- 82% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and national average of 89%. When asked the same question about nursing staff the response was 90% compared to the CCG average of 94% and national average of 91%.
- 86% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%. When asked the same question about nursing staff 87% said the nurses were good at listening to them compared to the CCG average of 94% and national average of 92%.
- 96% 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 97% said they had confidence and trust in the last nurse they saw were good at listening to them compared to the CCG average of 98% and national average of 97%.
- 81% said they were treated with care and concern by the last GP they saw compared to the CCG average of 88% and national average of 85%. When asked the same question about nursing staff 91% said they were treated with care and concern compared to the CCG average of 93% and national average of 91%.
- 89% 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 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 corroborated this. 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. The practice results were in line with those nationally. Data from the national patient survey showed that:

- 81% said the GP they saw was good at explaining tests and treatments compared to the CCG average of 90%

Good

Are services caring?

and national average of 86%. When asked the same question about nursing staff 89% were positive about the nursing staff compared to the CCG average of 92% and national average of 90%.

- 86% 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 88% were positive about the nursing staff 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:

- There were translation services 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.

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. The practice had identified 98 patients as carers which was 0.5% of the practice list. Written information was available to direct carers to the various avenues of support available to them. The practice's new patients' registration process included questions about people's status as carers so that they could identify themselves to the practice if they wished. It also included details about local services that were available to carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 the practice had been part of a pilot scheme to provide extended GP services, across East Kent, on Saturdays, although the scheme had now closed. They were providers of primary care ear nose and throat, ophthalmology and dermatology services for their own and other practices' patients across the area. The practice had plans to introduce more advanced wound care and catheterisation services and staff were being trained to provide this.

- 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. Additionally there was a paramedic practitioner home visiting service. Paramedics only visited when and if the GP felt the case was appropriate, or if an urgent visit was required and no GP was immediately available.
- 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 available privately.
- There were disabled facilities, a hearing loop and translation services.
- The practice was in a university city and the practice was responsive to students' needs. For example the practice's website contained a link to an online resource that supported students, and their parents, to cope with examination related stress. There were links to local services for young people including, sexual health, advice about drugs and alcohol as well as a forum for them to share their stories, music or videos.

Access to the service

The practice was open from 8.00am to 6.30pm Monday to Friday. There were extended hours with both GP and nursing staff appointments from 6.30pm to 8pm Tuesday, Wednesday and Thursday. Patients could make pre-bookable appointments with their own doctor up to a month in advance.

The practice had a drop-in clinic that operated Monday-Friday 8.30-10.00am. All the patients were guaranteed to be seen though there was some waiting when demand was high. About a fifth of the comments cards mentioned the usefulness of this service and the quality of the staff who provided it.

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. For example

- 94% were able to get an appointment to see or speak to someone the last time they tried compared to the local and national averages of 88% and 85% respectively.
- 76% of patients were satisfied with the practice's opening hours compared to the local and national averages of 78% and 75% respectively.
- 76% of patients said they could get through easily to the practice by phone compared to the local and national averages of 80% and 73% respectively.
- 64% of usually said that they get to see or speak to their preferred GP compared to the local and national averages of 65% and 59% respectively.

The practice had a system to assess:

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

For example details of the call were passed to clinical staff who assessed the urgency and telephoned the patients, to check information if necessary, before making a decision. The visits could also be triaged to the paramedic home visiting service.

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.
- 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 there were posters on display and information was available on the practice's website.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We looked at a log of all the complaints received in the last 12 months and found that they had been recorded, investigated and responded to within the timeframes demanded by the practice policies. Complainants received a written apology where appropriate.

The practice learned from individual concerns and complaints and from analysis of trends. Action was taken as a result to improve the quality of care. For example, there had been a complaint about the fact that antibiotics were not prescribed in a particular case. The practice checked the clinical notes which, they felt, supported the decision. However they felt that communication could be improved in how the decision was conveyed to the patient. In consequence the practice focussed on patient education with more posters and leaflets available to the GPs and nurses prescribers to help to explain the issues to 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. The practice's aim was to provide healthcare in a responsive, supportive, innovative and sustainable manner.
- The practice vision included environmental sustainability and the practice had received an NHS silver gilt award for their work in this field.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. For example the practice was planning a merger with a nearby practice and had a detailed plan to achieve this.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. This was supported by a clear chart of the practice's organisational structure.
- There were practice specific policies which were available to staff.
- The practice had a comprehensive understanding of its current performance
- There was a programme of clinical and internal audit which was used to monitor quality and to make improvements, examples included a list "cleansing exercise" where patients who had left the area were identified and removed from the list.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Some of these activities were undertaken in conjunction with the local clinical commissioning group (CCG), such as the list cleansing exercise. We saw that the CCG risk monitoring processes identified this practice as presenting less risk than others within the group.

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 ensuring that staff communicated with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to help 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 and we saw evidence of this in their dealing with both complaints and significant events. For example, following an incident where the continuity of the temperature at which vaccines had been stored could not be guaranteed, the practice installed audible alarms to refrigerators concerned.
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- There were regular team meetings. These included departmental meetings such as nurses' 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 team occasions where different departments had social events.
- 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.

Are services well-led?

Good

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

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

The practice encouraged and valued feedback from patients, the public and staff. It 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. For example, the proposed merger with a nearby practice had been discussed with the PPG and the PPG of both practices were planning a joint meeting. Decisions about opening hours and the operation of the drop in clinic had been influenced by suggestions from the PPG.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management for example staff discussion had influenced how the new Health Trainer Service was set up and run.

Continuous improvement

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

There was a regular "Town Team" meeting for services within the Canterbury area. It involved local GP practices, the CCG and other local clinical organisations. The objective was to share best practice, discuss new services and share information about changes to the locality.

There were GPs with a Special Interests (GPwSI) in ear, nose and throat conditions, ophthalmology and dermatology (A GpwSI is a formal accreditation that reflects the GP's expertise in a specific area that has been achieved through a range of activities, such as education, research and involvement with service development and management). The practice was able to offer these services, so many patents did not have to travel to the local hospital, to patients from surrounding practices as well as their own. Another GP was training to become a GpwSI in neurology.

The practice was an accredited training practice and teaching practice. There were qualified GP trainers at the practice. 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. As well as Gp training the commitment to education extended to foundation year doctors and the training of physicians' associates, paramedic practitioners and social work students

The practice team was forward thinking and took part of local pilot schemes to improve outcomes for patients in the area such as the medicines optimisation scheme, the health trainer scheme and initiatives to provide wound care and catheterisation services from within the practice (as opposed to at the District General Hospital).