

Martello Health Centre

Quality Report

20 Chapel Road,
Dymchurch
Romney Marsh,
Kent TN29 0TD
Tel: 01303 875 700
Website: www.martellohealthcentre.nhs.uk

Date of inspection visit: 16 May 2017
Date of publication: 21/06/2017

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?

Requires improvement 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
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	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Martello Health Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Martello Health Centre on 16 May 2017. Overall the practice is rated as good.

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

- The practice was clean and tidy and staff had received training in infection prevention control.
- We found appropriate medicine management procedures in place.
- The practice had systems, processes and practices to minimise risks to patient safety.
- Unverified data from the Quality and Outcomes Framework 2016/2017 showed patient outcomes had improved on the previous year 2015/2016 of 92%.
- Data from the national GP patient survey showed patients experiences were comparable with local and national levels of satisfaction.
- NHS Friends and Family feedback from the practice patients over the past three months (February, March and April 2017) showed 81% of respondents were extremely likely or likely to recommend the practice.
- Some patients told us staff treated them with kindness and respect but they did not believe the GPs always considered or understood their individual needs. This was not supported by the national GP patient survey findings.
- GP patient survey, published July 2016 showed that patient's had low levels of satisfaction with their contact and experience of making an appointment. We found there was a four week wait for a routine appointment, although urgent appointments were available the same day.
- The practice had a clear strategy and supporting business plans. They had responded to the difficulties of recruiting salaried GP's by identifying and utilising alternative health clinicians (pharmacists, paramedics and community matrons) to meet the needs of their patient population.
- The practice management team had a comprehensive understanding of the clinical performance of the

Summary of findings

practice. They kept it under constant review through daily morning clinical meetings at 9.30am to review clinical workload, prioritise, divide and delegate tasks and monthly reports to the management board.

- The practice and the patient participation group were committed to improving services for the patients.

The areas where the provider should make improvements are:

- To ensure clinical oversight of the management of patient information to ensure risks are identified and escalated appropriately.
- Strengthen GP patient relationship for continuity of patient care.
- Improve the accessibility of the appointments.

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 a system for identifying, recording and investigating significant incidents. Incidents had been discussed and assessed during the incident and complaints meetings attended by clinical and administrative staff. Learning had been identified and shared to improve services.
- The practice was clean and tidy and staff had received training in infection prevention control.
- We found appropriate medicine management procedures in place.
- The practice had some systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Unverified data from the Quality and Outcomes Framework 2016/2017 showed patient outcomes had improved on the previous year 2015/2016 of 92%.
- Staff were aware of current evidence based guidance.
- Clinical audits had been conducted and demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs and care plans were comprehensive.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients experiences were comparable with local and national levels of satisfaction.

Summary of findings

- NHS Friends and Family feedback from the practice patients over the past three months (February, March and April 2017) showed 81% of respondents were extremely likely or likely to recommend the practice.
- The practice had identified 3% of their patients to have caring responsibilities and informed them of services available to them.
- Some patients told us staff treated them with kindness and respect but did not believe the GPs provided patient centred care. This was not supported in the GP national survey data.
- Information for patients about the services available was accessible.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- The practice understood its population profile and had used this understanding to try and meet the needs of its population. For example, conducting monthly clinical rounds and meetings with patients in care homes to assess and respond to their care needs.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- GP patient survey, published July 2016 showed that patient's had low levels of satisfaction with their contact and experience of making an appointment. We found there was a four week wait for a routine appointment, although urgent appointments were 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 we found the practice investigated and responded appropriately to issues raised. Learning from complaints was shared with staff.

Requires improvement



Are services well-led?

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

- The practice had a clear strategy and supporting business plans. They had responded to the difficulties of recruiting salaried GP's by identifying and utilising technology and alternative health clinicians to meet the needs of their patient population.

Good



Summary of findings

- The practice had a comprehensive understanding of the clinical performance of the practice. They kept it under constant review through daily morning clinical meetings at 9.30am to review clinical workload, prioritise, divide and delegate tasks and monthly reports to the management board.
- Staff had received inductions, performance reviews and training opportunities.
- The provider was aware of the requirements of the duty of candour and we saw evidence they complied with it.
- The practice and the patient participation group were committed to improving services for the patients.
- The practice had involved their staff in the development of their organisational values and recently introduced monthly multidisciplinary meetings providing an opportunity for all staff to feel listened to, discuss and reflect on concerns and the emotional challenges of their work.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice nursing team provided wound care, phlebotomy and vaccinations to older people and house bound patients.
- The practice nursing team led on the review and care planning of patients over 75 years of age.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice.
- The practice had commissioned a hearing loop to be installed in the practice and had raised chairs with arms in their waiting areas to assist less abled patients.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and conducted specialist clinics twice a week. Patients at risk of hospital admission were identified as a priority.
- The clinical pharmacist specialised in hypertension and asthma reviews for patients.
- Patients with long terms conditions such as chronic kidney disease, cancer, epilepsy and hypertension. Care for patients with chronic obstructive pulmonary disease was also good achieving 98%. This was the same as the local and national average.
- The practice clinical team (GPs, nurses and clinical pharmacist) followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes including care plans in place for patients with long-term conditions who may experience a sudden deterioration in health.

Summary of findings

Families, children and young people

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

Good



- The practice followed up on children who failed to attend appointments and 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.
- The practice followed up on all children with an incomplete vaccination schedule and their overall childhood immunisation rates were found to be good.
- Patients told us, on the day of inspection, that children and young people sometimes experienced difficulties obtaining appointments but were treated in an age-appropriate way.
- The practice offered Chlamydia screening to patient's 15-25 years of age.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided sexual health and family planning advice. They worked with midwives to support patients in the provision of ante-natal, post-natal and child health surveillance clinics.

Working age people (including those recently retired and students)

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

Good



- Temporary residents (such as holiday visitors and seasonal workers) may register with the practice to access their services.
- The practice provided telephone appointments for patients unable to attend in person and seasonal vaccinations some Saturdays.
- The practice was proactive in offering online services as well as a full range of health promotion provided by health trainers and their clinical team.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- Students were offered the meningitis vaccine.
- Sexual health advice was available including signposting to contraception services for long acting contraception such as implants and coil fittings.

People whose circumstances may make them vulnerable

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

Good



Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs and wishes of the patient.
- The practice offered longer appointments for patients with a learning disability at the request of the patient or clinician.
- The practice regularly worked with carers and other health and social care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice achieved full QOF points for their care of patients with dementia and depression.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs. Thereby, reducing the opportunity for them to abuse medication and potentially self-harm.
- The staff had received mental health awareness training and the nurse practitioner was a trained dementia friend promoting learning and understanding of the condition.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency.
- Patients could access an in house counsellor and Improving Access to Psychological Services providing talking therapies as well as Child and Adolescent Mental Health Services (CAMHS).

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. 226 survey forms were distributed and 129 were returned. This represented a response rate of 57%.

- 84% of respondents described the overall experience of this GP practice as good compared with the local average of 84% and the national average of 85%.
- 66% of respondents described their experience of making an appointment as good. This is below the local average of 75% and the national average 73%.
- 70% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the local average 76% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Five out of the seven 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. The other two comments received by patients related to their dissatisfaction with the accessibility of appointments and delays in receiving prescription medicines.

We spoke to seven patients, all spoke highly about the reception staff, stating they were friendly and helpful. However, some of the patients reported that they did not feel their GPs gave them enough time, and did always know their medical history. Five out of the seven patients we spoke to told us they would not recommend the surgery.

The practice had received 297 patient responses to the NHS Friends and Family feedback over the past three months (February, March and April 2017). Of which, 241 of the patients (81%) stated they were extremely likely or likely to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- To ensure clinical oversight of the management of patient information to ensure risks are identified and escalated appropriately.
- Strengthen GP patient relationship for continuity of patient care.
- Improve the accessibility of the appointments.

Martello Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Martello Health Centre

Martello Health Centre is managed by Invicta Health and Community Interest Company. They registered with the Care Quality Commission in January 2015 to provide regulated activities. They hold an APMS contract and provide services to approximately 4525 registered patients with a 40% weighted list equalling 6320 patients. They provide care to an aging population with complex needs and patients in specialist care homes.

The clinical team consists of four GP locums (three male GPs and one female GP), three practice nurses, a healthcare assistant and phlebotomist, all female. They are supported by an administrative team overseen by a practice manager. The practice also benefits from a clinical pharmacist who is a non-medical prescriber, a paramedic practitioner and a community matron specifically aligned to work with the practice patients over 75 years of age.

The practice is open from 8am until 6.30pm Monday to Friday. Appointments are from 8.30am to 11.30am in the morning and 2.15pm to 5.30pm every afternoon. On the day appointments are released every morning at 8am and urgent appointments are available for patients that need them. In addition to pre-bookable appointments there are appointments that can be booked up to six weeks in

advance with GPs and three months in advance with the nursing team. Saturday clinics were held seasonally to promote uptake of flu vaccinations. There is limited onsite parking available for patients.

When the practice is closed patients requiring non urgent care are advised to call the national NHS 111 service for advice or use the Health Helps Now, a service for signposting patients to health provision in Kent and Medway. Out of hours provision is provided by Primecare.

The practice had a comprehensive website detailing their appointment times, staff and services they offer. The website also provided health advice and signposted additional services to patients and their families.

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 spoke to a local care home to share what they knew. We carried out an announced visit on 16 May 2017. During our visit we:

Detailed findings

- Spoke with a range of staff (GPs, nurses, healthcare assistant and administrative staff) and spoke with patients who used the service.
- Spoke to a manager of a local care home the practice provides services to.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 a system for identifying, recording and investigating significant incidents. The practice had recorded 49 incidents within the past 12 months and these included incidents relating to medicine management and the conduct of patients. We reviewed three of the incidents and found all had been discussed and assessed during the monthly incident and complaints meetings attended by clinical and administrative staff.

We found 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 that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, 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 reviewed all incidents to identify trends and shared these with the practice team.

Overview of safety systems and processes

The practice had systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. In their absence the safeguarding concern was forwarded to the duty doctor and then escalated to the clinical director if they were unable to address or required additional guidance. The GPs provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. They had received training on safeguarding children and vulnerable adults relevant to their role for example; the GPs were trained to child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. Administrative and clinician 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 found the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and an annual IPC audits had been conducted in November 2016. We saw evidence that action was taken to address any improvements identified as a result. Staff received training of infection prevention control as part of their induction and were required to undertake additional refresher training.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- We asked the practice how they managed Medicines and Health Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice explained they were shared with all clinical staff for review and action and overseen by the practice clinical pharmacist. They conducted medicine management audits to ensure all safety alerts had been appropriately actioned. We checked patient records and found patients had been reviewed and actioned appropriately.
- We checked patient's records and found those patients receiving high risk medicines had received appropriate monitoring and review.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice told us they had concentrated on improving their response time and reviewed all requests daily. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. We found the practice were completing prescription requests within 48 hours.

Are services safe?

- We found medicines were being stored and monitored appropriately.
- The practice were aware of their prescribing patterns and told us they were outliners for prescribing in antibiotics and hypnotic medicines. The practice were actively monitoring their prescribing patterns and working with their clinical team to reduce this.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed three personnel files for administrative and clinical staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were some procedures in place for assessing, monitoring and managing risks to patient and staff safety.

- We found non clinical staff were reviewing and prioritising clinical correspondence. Staff had received training to perform the role and there was a policy in place detailing the process. The practice were conducting an audit of process to assure themselves clinical risks were being recognised and escalated in a timely and appropriate manner.
- There was a health and safety policy available to staff which they had signed to demonstrate they had read and understood it. The practice had an appointed health and safety lead and their name and contact details were displayed. Staff knew who it was and how to report concerns.
- The practice had an up to date fire risk assessment, conducted in November 2016 and trained fire wardens. The fire drills were tested weekly and a service log maintained detailing when evacuation procedures had been rehearsed, the last of which was in March 2017.
- All electrical and clinical equipment had been checked in June 2016 and calibrated in October 2016 to ensure it was safe to use and was in good working order.
- 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). The practice had conducted their legionella assessment in August 2016 and performed monthly tests of their water supply.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Staff told us they would cover for one another during planned and unplanned absences.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Weekly checks were conducted and recorded to ensure the equipment was appropriately maintained. The practice had a trained first aider and 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 conducted a business impact analysis and aligned their management plan to it. They had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for services.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. They had access to NICE guidance on their computer desk top systems. We found their clinical templates were regularly updated to reflect changes in practice and clinicians followed national protocols. Staff told us they used national guidance to inform their clinical audits and to deliver care and treatment that met patients' needs.

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 practice registered in January 2015 and therefore the most recent verified QOF data is from 2015/2016. The practice had achieved 92% of the points available, slightly below the national average by 4% and the local average by 3%.

The QOF data from 2015/2016 identified improvements could be made in the management of patients with the following conditions;

- The practice achieved 76% of the points available for their management of patients with asthma. This was below the local average by 21% and the national average by 21%.
- Performance for mental health was found to be 72%, 18% below the local average and 20% below the national average.
- The practice achieved 93% of the points available for their management of patients with rheumatoid arthritis. This was 5% below the local average and 3% below the national average.

We compared the performance of the practice in 2015/2016 against the unverified data from 2016/2017. The practice had improved their performance, achieving full points on the clinical parameters with the exception of mental health reviews where they achieved 22 points out of 26 points available.

The practice achieved all points available for their management of the following conditions;

- patients with long terms conditions such as chronic kidney disease, cancer and epilepsy and hypertension. Care for patients with chronic obstructive pulmonary disease was also good achieving 98%. This was the same as the local and national average.
- patients with learning disabilities and people with poor mental health, such as depression.
- patients receiving palliative care.

The practice had conducted five single cycle clinical audits which included medicine management, chaperone coding and handwashing assessment audits. The practice had identified areas for improvement and learning and these had been shared with the clinical team. The practice had planned to revisit all the audits to check learning has been embedded into practice and improvements had been made to patient care.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed and locum staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice maintained a training matrix to schedule and monitor adherence with their training policies. For example, for those reviewing patients with long-term conditions and 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, discussion with colleagues and during clinical supervision sessions.
- The learning needs of staff were identified through one to one discussions with staff, reviews of practice development needs and scheduled appraisals. Staff received ongoing support for their professional development through monthly clinical supervision and training. The practice facilitated revalidating GPs and nurses.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information

Are services effective?

(for example, treatment is effective)

governance. Staff had access to and made use of e-learning training modules, in-house training and joint working with other neighbouring practices within South Kent Clinical Commissioning Group.

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. The practice told us the clinicians and practice management met every morning to assign tasks and check progress. We checked the patient record system and saw that blood results and other clinical test results had been reviewed and actioned in a timely and appropriate manner.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs. We found they assessed and planned ongoing care and treatment in partnership with the patient. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record.

We reviewed two care plans for a patient with learning disabilities and a patient receiving end of life care. Both were found to be comprehensive with appropriate health and social care partners having contributed towards them.

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 assessed the patient's capacity and, recorded the outcome of the assessment.
- We reviewed patient records and saw best interests decision making had been appropriately evidenced.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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 could access health trainers for lifestyle advice.

The unverified clinical data for 2016/2017 showed the practice had achieved an 81% uptake for the cervical screening programme this was in line with national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds were 84% and for children of five year olds 78%.

The practice planned to introduce NHS health checks for patients aged 40–74 in July 2017.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Five out of the seven patient Care Quality Commission comment cards we received were positive about the service experienced. They told us staff were helpful, caring and treated them with dignity and respect. The other two comments received by patients related to their dissatisfaction with the accessibility of appointments and delays in receiving prescription medicines.

We spoke to seven patients, six out of the seven patients spoke highly about the reception staff, stating they were friendly and helpful. However, six of the patients spoken to on the day of the inspection reported that they did not feel their GPs, gave them enough time, they were dismissive and had little confidence in the GP's knowing about their medical history. Five out of the six patients told us they would not recommend the surgery.

We spoke with two patients from the patient participation group. They told us some of their patients had raised concerns that the GP's did not know or understand the full extent of their conditions. This was not supported by the findings of the national GP patient survey or the NHS Friends and Family test.

We reviewed NHS Friends and Family feedback from the practice patients over the past three months (February, March and April 2017). The practice had received 297 responses, 241 of the patients (81%) stated they were extremely likely or likely to recommend the practice.

Results from the national GP patient survey, published in July 2016 showed patients felt they were treated with

compassion, dignity and respect. 92% of respondents said they found the receptionists at the practice helpful. This was above the local average of 89% and the national average of 87%.

The practice satisfaction scores for consultations with GP' were also comparable with local averages but slightly lower than national averages for its satisfaction scores on consultations with GPs. For example:

- 78% of respondents said the GP was good at listening to them. This was below the local average of 85% and the national average of 89%.
- 81% of respondents said the GP gave them enough time compared to the local average of 84% and the national average of 87%.
- 77% of respondents said the last GP they spoke to was good at treating them with care and concern. This was comparable with the local average of 81% and the national average of 85%.

Contrary to the feedback received from patients and the patient participation group on the day of the inspection, 95% of respondents from the national survey said they had confidence and trust in the last GP they saw. This was comparable with the local average of 94% and the national average of 95%.

The practice achieved above average for its satisfaction scores for consultations with nurses. For example:

- 95% of respondents said the nurse was good at listening to them. This was comparable with the local average 93% and the national average 91%.
- 99% of respondents said the nurse gave them enough time. Above the local average of 94% and the national average of 92%.
- 99% of respondents said they had confidence and trust in the last nurse they saw. This was comparable with the local average of 98% and the national average 97%.
- 96% of respondents said the last nurse they spoke to was good at treating them with care and concern. This was above the local average of 92% and the national average of 91%.

Care planning and involvement in decisions about care and treatment

Findings from the last national GP patient survey, published July 2016 showed patients responded positively

Are services caring?

to some questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local averages but below national averages. For example:

- 79% of respondents said the last GP they saw was good at explaining tests and treatments. This was comparable with the local average of 82% and the national average of 86%.
- 71% of respondents said the last GP they saw was good at involving them in decisions about their care. This was comparable with the local average of 78% and the national average of 82%.
- 96% of respondents said the last nurse they saw was good at explaining tests and treatments. This was above the local average of 91% and the national average of 90%.
- 91% of respondents said the last nurse they saw was good at involving them in decisions about their care. This was comparable with the local average of 87% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available and could be produced in different formats to assist patients.
- The Choose and Book service, known as e referrals was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

We spoke with the manager of a local care home for people with neurological injuries. The manager spoke highly of the practice. They told us of the commitment and patience of the clinical team to ensure their residents needs were being constantly reviewed and responded to. The practice had a policy in place to prioritise calls from the service and ensure care staff could access members of their clinical team as required. The practice visited the homes to conduct seasonal vaccinations, monthly ward rounds updating care plans and performed additional visits ahead of public holidays when the surgery would be shut. They had also supported and trained care staff to take patient bloods for the convenience and comfort of the patients.

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 identified carers when they registered with the practice and during consultations. They had identified and coded 164 patients (3% of their patient list) to alert GPs if a patient was also a carer. Information was available to direct carers to the various avenues of support available to them and services they may access such as flu vaccinations.

Staff told us that if families had experienced bereavement, a sympathy card is sent to the relatives.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood the challenges presented by an aging demographic with some patients experiencing high levels of social and economic deprivation. They told us they had organised their services to try and best meet their patient needs but told us this was difficult as they experienced difficulties recruiting permanent GP's. We found;

- same day appointments were available for children and those patients with medical problems that require same day consultation.
- daily telephone appointments were available with the GPs for patients unable to attend in person.
- longer appointments were available for patients with a learning disability if requested or identified and asked for by the GP.
- home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice conducted monthly ward rounds at the local care homes and additional visits ahead of public holidays when the surgery would be closed for an extended period.
- nursing staff had lead roles in long-term disease management and conducted a specialist clinic twice a week.
- the practice offered Chlamydia screening to patients 15-25years of age.
- on bank holidays practice patients could access GP HUB services.
- the practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- the practice sent text message reminders to patients for their appointments.
- patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- the nurse practitioner who was a trained dementia friend.
- patients were able to request a female GP.
- patients were able to receive mental health support from improving access to psychological services team (IAPT) at the surgery.

- practice welcomed temporary residents (holiday visitors and seasonal workers) to register with the practice.
- the nursing team undertook phlebotomy at the surgery and during home visits.
- the practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- there were accessible facilities, which included a lift access to all floor and interpretation services available, the practice check in screen could be translated into 24 different languages. The practice had ordered a hearing loop and were awaiting delivery.

Access to the service

The practice was open 8am until 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am in the morning and 2.15pm to 5.30pm every afternoon. On the day appointments were released every morning at 8am and urgent appointments were also available for patients that needed them. In addition there were pre-bookable appointments that could be booked up to six weeks in advance with GPs and three months in advance with the nursing team. Saturday clinics were held seasonally to promote uptake of flu vaccinations.

Results from the national GP patient survey, published July 2016 showed that patient's had low levels of satisfaction with their contact and experience of making an appointment. For example;

- 68% of the respondents were satisfied with the practice opening hours, below the local average 76% and the national average of 76%.
- 66% of respondents described their experience of making an appointment as good. This was below the local average of 75% and the national average of 73%.
- 80% of respondents said that they were able to get an appointment to see or speak to someone the last time they tried. This was comparable with the local average 86% and the national average of 85%.

Patients reported above the local and national averages in the following areas;

- 87% of respondents said they could get through easily to the practice by phone. This was above the local average 71% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 95% of respondents said their last appointment was convenient. This was comparable with the local average of 94% and the national average of 92%.
- 66% of respondents said they don't normally have to wait too long to be seen. This was comparable with the local average of 65% and above the national average of 58%.

We spoke to eight patients including two members of the patient participation group who all told us that they experienced difficulties getting appointments. We checked when the next available appointments were. There was a four week wait for a non-urgent appointment with a GP, a three week wait for an appointment with a nurse practitioner and a week wait for an appointment with a practice nurse. The practice told us they were actively recruiting to their clinical team to try to improve the accessibility of the service.

The practice monitored non-attendance by patients for appointment and reported 56 wasted clinical appointments in the last month. They contacted patients who failed to attend their appointment by phone to check on their welfare and asked them to notify the practice in the future if they were unable to attend, so it may be reallocated.

The practice had a system to assess:

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

The practice told us they encouraged patients requiring a home visit to contact the practice prior to 11am on the day. All home visit requests were triaged by the GP's prior to them attending. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait

for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. We confirmed home visits were being conducted.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. This included how to register an appeal with the Health and Parliamentary Ombudsman if dissatisfied with the outcome of their complaint.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information leaflets were available to help patients understand the complaints system.

The practice had recorded 22 complaints in the last 12 months all had been reviewed by the clinical support manager. We reviewed five complaints and found these had been acknowledged, investigated and responded to appropriately. The progress of the allegations was monitored and the complaints graded. Lessons were learned from individual concerns and complaints and also from analysis of trends.

The practice told us of changes made to the service in response to complaints received. For example, the practice had restricted the use of the practice rear car park following inappropriate behaviour between patients and patient appointments had been increased from 10 to 15 minutes in response to patient feedback.

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 is managed by Invicta Health a community interest company owned by GP's in East Kent. They had a clear vision and commitment to deliver good quality care and promote good outcomes for patients.

- The practice displayed their values and mission statement in their waiting area. They told us how their values had been developed by their staff and how they used them to inform their work, review their performance and inform their objectives. Staff knew and understood the values.
- The practice had a clear strategy and supporting business plans. The practice had identified and told us of the challenges of providing care to 4600 patients, with a 40% weighted list size. This was in recognition of many of their patients presenting with complex health needs. They told us of their difficulties recruiting salaried GPs to provide stability to their staffing structure and continuity of care to their patients. They had responded by identifying and utilising technology and alternative health clinicians to meet the needs of their patient population.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and supported patient. This outlined the structures and procedures and ensured that:

- There was an extensive on and off site staffing structure to support the delivery of services. All staff were aware of their own roles and responsibilities and reported on them. For example, the nurses led on chronic disease and long term conditions such as diabetes.
- The practice had a system in place to update their policies and protocols and ensure they were reflective of practice. Policies were available to all staff and they were required to read and sign to say they were aware and had understood the content.
- The practice had a comprehensive understanding of the clinical performance of the practice. They kept it under constant review through daily morning clinical meetings where they reviewed clinical workload, prioritised, divided and delegated tasks and through the submission of monthly reports to the management board.

- A programme of audit was established to monitor quality and to make improvements.
- The practice understood their challenges and had appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. This was evidenced within their comprehensive risk assessment. For example; the practice had identified the need to refine clinical administrative processes and improve their summarising of patient records and reported monthly on their progress.

Leadership and culture

Invicta Health were open about the challenges they had experienced since registering the practice. They explained their management structure and practice team. They demonstrated they had the experience and capability to run the practice but needed time to embed their system to deliver consistent high quality care. They told us they prioritised safe care and tried to ensure their management team were accessible and supportive 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. We found that the practice had transparent and auditable 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 and maintains records of their actions.

There was a leadership structure and staff told us they felt supported by their direct management and the senior management.

- The practice benefitted from being part of a large organisation enabling them to share resources and access specialist staff. Martello Health Centre submitted monthly assurance reports to Invicta Health senior management board for discussion and direction.
- The practice acknowledged improvement to services were necessary and had established operating

Are services well-led?

Good 

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

procedures and performance indicators to drive improvement and focus staff on the timely delivery of services. For example; the practice aimed to process electronic prescriptions within 24 hours.

- The practice accepted they needed to improve the frequency of their meetings
- Staff said they felt respected, valued and supported, particularly by the multidisciplinary practice management team. They had been involved in discussions about how to run and develop the practice such as through the formulation of their practice values intended to influence their working environment.

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

- The practice told us they encouraged feedback from patients and were committed to working with their patient participation group to jointly improving services for patients.
- The Patient Participation Group (PPG) met bimonthly and had positively impacted on the practice. For example, they involved local school children in a drawing competition and we saw the pictures displayed within the practice waiting areas. They had also asked for staff members to wear name badges to help identify them and we found this had been implemented.

- The practice monitored feedback received through, the NHS Friends and Family test, complaints and compliments received and their in house questionnaire. At the time of their inspection the practice were inviting patients to complete questionnaire on their GP experience.
- The practice management spoke with their team informally daily and had introduced monthly multidisciplinary meetings providing an opportunity for all staff to feel listened to, discuss and reflect on concerns and the emotional challenges of their work. Although, the meetings were in their infancy the practice told us they were intended to support their staff, reducing stress, isolation and offering support to colleagues. The practice had conducted an evaluation of the meeting and found 77% of staff who attended thought it was excellent and 15% thought it was exceptional. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management Staff told us they felt invested in and involved in improvements made to how the practice was run.