Balmoral Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Balmoral Surgery on 22 December 2015. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example taking the lead with the local clinical commissioning group to develop Medical Interoperability Gateway (MIG).
- Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- Staff had lead clinical roles for example in safeguarding and infection prevention control, but also undertook patient supportive roles such as a care co-ordinator, online champion and carer's champion.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). The PPG met regularly and facilitated outside speakers such as a representative from the clinical commissioning group.
- 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
- The practice had a clear vision which had quality and safety as its top priority.

Summary of findings

- The practice supported its younger population with open access drop in sexual health clinics every day after school hours, whether they were patients at the practice or not.

We saw several areas of outstanding practice including:

- The practice consulted with its patients and supported an active patient participation group (PPG). There was a member of the PPG in the practice waiting room on most days to assist patients, particularly the elderly or vulnerable, with access to services.
- Staff had lead roles that improved patient's access to services such as the online champion this had led to an increase of over 2000 patients using online services. It supported specific population groups.
- Staff had lead roles that improved outcomes for patients such as a care co-ordinator and a carer's champion. Patients had access at the practice to drop in clinics from outside agencies such as: Age Concern, Carer's Support and Cruse Bereavement Care.

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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and a verbal and written apology. They were told about any actions to improve processes.
- 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 showed patient outcomes were comparable with local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance and routinely referred to guidance from the National Institute for Health and Care Excellence.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- There were innovative approaches to providing integrated person-centred care. The practice felt that communication between local healthcare providers needed improvement and the practice manager had taken the lead within the clinical commissioning group for the implementation of Medical Interoperability Gateway. This is an operating platform whereby clinicians can securely share up-to-date patient data – whatever system is used.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible at the practice and online.
- We saw that staff treated patients with kindness and respect and maintained confidentiality.

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. Staff had lead roles to support specific patient groups; these included a care co-ordinator, care champion and online champion. Patients requiring help from these members of staff had access to their direct lines. The practice collaborated with other agencies such as Age Concern, Carer's Support and Cruse Bereavement Care to provide drop in clinics in the practice's waiting room.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). There was an annual cycle of patient surveys, analysis of the results, actioning the findings and reviewing the impact. The PPG had over thirty members who interacted with other patient groups and the local clinical commissioning group. The PPG had a volunteer most days in the waiting room for patients to talk to. The practice and PPG told us this had improved the uptake of services such as the online newsletter. Patients told us that it made the practice waiting room feel friendly.
- Patients were able to access appointments and services in a way and at a time that suited them and the practice had used an online champion to promote booking appointments online. This had led to an increase of over 2000 patients using online services.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Outstanding 

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and staff worked together across all roles. Many staff had developed their roles within the practice for example, from an administration role to a clinical role or by taking a lead or championing role.
- Governance and performance management arrangements had been reviewed and took account of current models of best practice and the local population needs.
- The practice considered succession planning and acknowledged the ongoing difficulties in recruiting healthcare professionals. It supported trainee GPs and student nurses. It mentored allied healthcare professionals to become independent prescribers. There was an assistant practice manager who supported the practice manager whilst developing an understanding of the role.
- There was constructive engagement with staff and a high level of staff satisfaction. There was low staff turnover and a low level of staff absence due to sickness. The practice gathered feedback from patients and was supported by an active patient participation group which influenced practice development and patient care.

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

Outstanding ☆

The factors that led to the overall rating of outstanding applied to patients in this population group therefore the practice is rated as outstanding for the care of older people.

- The practice offered personalised care to meet the needs of the older people in its population and provided drop in clinics from outside agencies such as Age concern.
- 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 care co-ordinator to support patients in this population group. This included supporting them if they were admitted to hospital and contacting them on discharge to assess if more help was required.
- The practice manager had worked with local clinical commissioning group to develop the use of a computer system to improve patient care pathways.
- The practice had invited the local community nurses to have their lunchtime handover at the practice to improve multidisciplinary working and information sharing.

People with long term conditions

Outstanding ☆

The factors that led to the overall rating of outstanding applied to patients in this population group therefore the practice is rated as outstanding for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- These patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. There was an alert system on the computer to help to ensure these patients received the correct tests and medication.
- The practice maintained disease registers for patients with long term conditions such as diabetes and rheumatoid arthritis and monitored patient outcomes.

Summary of findings

Families, children and young people

Outstanding

The factors that led to the overall rating of outstanding applied to patients in this population group therefore the practice is rated as outstanding for the care of families, children and young people.

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. The practice found patients from this population group were missing appointments for child immunisations. They consulted with the patients and changed the appointment times. Attendance rates had increased.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies including designated baby changing facilities.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice had identified an issue with the attendance of some healthcare professionals and had taken appropriate action including informing the clinical commissioning group.
- The practice offered online support and leaflets for teenagers. There was a daily drop in sexual health clinic from 4pm for young people including those who were not on the practice patient list. This had been promoted in local schools.

Working age people (including those recently retired and students)

Outstanding

The factors that led to the overall rating of outstanding applied to patients in this population group therefore the practice is rated as outstanding for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.
- There were extended hours (two early mornings and one late evening) for patients who had difficulty in accessing services due to work commitments.

Summary of findings

- The practice used choose and book so working patients had a greater choice for referrals to fit with work commitments.
- Patients who were no longer registered because they have moved to attend university were routinely seen as temporary residents and were not required to re-register.

People whose circumstances may make them vulnerable

Outstanding ☆

The factors that led to the overall rating of outstanding applied to patients in this population group therefore the practice is rated as outstanding for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked in multi-disciplinary teams in the case management of vulnerable people.
- 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 and documentation of safeguarding concerns. Staff knew how to contact relevant agencies in normal working hours and out of hours.
- There was a care co-ordinator to support this group of patients and they had access to a direct phone line.
- If vulnerable patients did not respond to letters or telephone calls the practice asked the local disability nurse to call on them at home. They asked this individual to accompany patients to appointments if necessary and to act as an advocate when needed.
- The practice maintained a list of carers and had a designated member of staff to act as a carers' champion. The practice collaborated with carers' support organisations to provide drop in clinics.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

The factors that led to the overall rating of outstanding applied to patients in this population group therefore the practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia).

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people 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 when they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice provided a drop in session for dementia sufferers' and their carers and was working with local Dementia Cafes to improve dementia services.
- Through the clinical commissioning group, the practice had access to the primary care mental health nurse when patient needs exceeded the practices ability to respond.
- The practice changed information about dementia after feedback from the patient participation group.

Summary of findings

What people who use the service say

Results from the National GP Patient Survey July 2015 (from 115 patient responses which is equivalent to 0.91% of the practice's patient list) showed the practice was performing better than local and national averages in many aspects of patient care. Patients said they were able to get a convenient appointment and that the GPs and nurses they spoke to delivered good care. For example,

- 91% were able to get an appointment to see or speak to someone the last time they tried (clinical commissioning group (CCG) average 87%, national average 85%).
- 94% say the last appointment they got was convenient (CCG average 94%, national average 92%).
- 90% the last GP they spoke to was good at involving them in decisions about their care (CCG average 81%, national average 81%).
- 95% say the last nurse they saw or spoke to was good at treating them with care and concern (CCG average and national average 92%)

However, in some areas such as getting through on the telephone, their results were below local and national averages. The practice was aware of this and was working with their patient participation group (PPG) to improve this issue. For example,

- 66% found it easy to get through to this surgery by phone (CCG and national average of 73%). The practice had responded to this by introducing a telephone triage system and duty receptionists to provide extra support to reception during busy periods. A role of Vision Online Champion had been created to promote online services to reduce the burden on telephone access.

As part of our inspection we asked patients to complete comment cards provided by the CQC. We received 13 comment cards which were all positive about the standard of care received, although one mentioned that appointments with doctors can feel rushed and another highlighted occasional long waits. The positive themes that ran through the comments were the cleanliness of the premises and the caring, dignified, respectful and professional manner in which staff treated patients.

We spoke with seven patients during the inspection, including two members of the PPG. All the patients we spoke with were positive about the care they received and told us staff were approachable, committed and responsive. For example, one patient told us that when they needed to see a doctor and a nurse, the practice made sure her appointments were consecutive to avoid her having to visit the surgery more than once. Other patients told us they were grateful for the support the practice had given them through recent difficult times including bereavement and caring for a child with a long term condition.

Outstanding practice

- The practice consulted with its patients and supported an active patient participation group (PPG). There was a member of the PPG in the practice waiting room on most days to assist patients, particularly the elderly or vulnerable, with access to services.
- Staff had lead roles that improved patient's access to services such as the online champion this had led to an increase of over 2000 patients using online services. It supported specific population groups.
- Staff had lead roles that improved outcomes for patients such as a care co-ordinator and a carer's champion. Patients had access at the practice to drop in clinics from outside agencies such as: Age Concern, Carer's Support and Cruse Bereavement Care.

Balmoral Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Balmoral Surgery

Balmoral Surgery is located in a residential area in Walmer, Deal. There are 12,611 patients on the practice list. The practice population is close to national averages, although there are slightly less patients under 21 and slightly more older patients (people aged over 64).

The practice holds a General Medical Services contract (a contract between NHS England and general practices for delivering general medical services) There are eight GPs, seven male and one female. One of the GPs has undergone further training to become a GP with a special interest in cardiology. There are three practice nurses (female) and three health care assistants (female). Balmoral surgery is a training practice so, 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 and a team of administration and reception staff. A wide range of services is offered by the practice including weight management, diagnostic ultrasound and teenage sexual health clinics.

The practice is open 8.30am to 6.30pm Tuesday and Thursday, 8.30am to 8pm on Mondays and 7.15am to 6.30pm Wednesday and 7.15am to 6pm on a Friday, telephone calls are accepted until 6.30pm. Pre-booked appointments are available from 6pm to 8pm on a Monday. The practice web site details individual GP's area of interest such as dermatology, cardiology, men's health and learning disabilities and their availability subject to annual leave and other commitments.

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:

Balmoral Surgery

Canada Road,

Deal,

Kent

CT14 7EQ.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

Detailed findings

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 22 December 2015. During our visit we:

- Spoke with a range of staff including GP partners, a trainee GP, a nurse, a health care assistant, the practice manager, receptionists, administration staff and patients who used the service.
- Talked with carers and/or family members
- Reviewed an anonymised 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.

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

The practice used a range of information to identify risk and improve the quality of patient safety. For example they reviewed significant events, national patient safety alerts as well comments and complaints received. There was a policy to guide staff on what was a significant event and they were aware of their responsibilities to raise concerns.

- Staff told us they would inform the practice manager of any incidents.
- There was a systematic approach to reporting, recording, monitoring and learning from significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. There were 25 significant events recorded in the last 12 months in areas such as confidentiality, clinical issues, the premises maintenance and communication. The practice had identified and investigated trends and formulated action plans. Learning was shared to make sure action was taken to improve safety across the practice.

Where appropriate patients received reasonable support, truthful information, an apology and were told about any actions to improve processes.

Overview of safety systems and processes

There were clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse, which included:

- Systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that staff had received relevant role specific training on safeguarding and knew how to recognise signs of abuse in children, young people and adults. They were aware of their responsibilities to record safeguarding concerns, share information and contact the relevant agencies when necessary. These contact details were easily accessible and monitored by the GP safeguarding lead, who was trained to child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. The practice had a policy to support staff in their chaperoning roles and the doctor recorded this activity in patients' notes. This service was provided by the three nurses and three health care assistants who had received training and a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. The premises were clean and tidy. The practice nurse was the infection prevention control lead and received support from the local infection prevention teams to keep up to date with best practice. Staff had received infection prevention training and were able to refer to the practice's policies which enabled them to plan and implement measures to control infection. For example, we saw that gloves and aprons were available to staff and they were able to describe to us how they used this equipment to comply with the policy. Patients we spoke with told us the practice was always clean and tidy and that they had no concerns about the cleanliness of the practice. Annual infection control audits were undertaken and we saw evidence that learning and action arose from this. For example, one audit found out of date sharp bins and as a result staff were sent reminders of their responsibility to regularly check these.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription 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. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations after specific training when a doctor was on the premises.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment, such as, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Good

Are services safe?

- There was a system 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had a health and safety policy and posters on display. There were regular risk assessments to keep patients, staff and visitors safe, such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw evidence of fire risk assessments and 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.
- 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 in place for all the different staffing groups to ensure that enough staff were on duty. For example the GPs generally provided cover for each other, but when necessary the practice used GP locums. The nurses and health care assistants shared roles such as checking fridge temperatures to ensure that there was always a member of staff able to undertake routine safety checks.

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.
- Records showed that staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were accessible to staff in a secure area of the practice and staff we spoke with knew of their location. All the medicines we checked were in date and reviewed regularly.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 GPs and nurses had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 100% of the total number of points available, with 21.2% exception reporting (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice's exception reporting was unsually high. We discussed this at the time of the inspection and subsequently looked at a more detailed analysis provided by the practice. We were satisfied with the reasons given for the high reporting rate. We saw that the practice completed regular audits to help ensure that patient care was not adversely affected by the high exception reporting. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the clinical commissioning group (CCG) and national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and a risk classification within the proceeding twelve months had been consistently higher than local and national averages since 2012 and currently was 92% compared to a national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 83.1% similar to national average 83.6%.
- Performance for mental health related indicators was better than the CCG and national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 100% which was 13 % above the CCG average and 12% above the national average.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits undertaken in the last two years. The results were shared with partners and improvements were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, an audit examined the use of anti-rheumatic medicines. It found that, where patients' care was shared between the practice and hospital services, some patients did not receive adequate blood tests. Changes were implemented regarding the monitoring these patients and, where necessary, contacting the hospital services.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Members of staff we spoke with told us they were given time in their induction to shadow other members of the team to get a greater understanding of how the team and practice functioned.
- There was role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Good

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff were aware of their roles and responsibilities and lead roles had been developed for GPs, nurses and administration staff such as a care coordinator and a carer's champion to improve patient outcomes.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice has a lead GP to monitor out of hours provision.
- The practice worked with the local CCG to implement the Medical Interoperability Gateway to improve communication between services.
- There were innovative approaches to providing integrated person-centred care. The practice had recognised that communication between local healthcare providers needed improvement and the practice manager had taken the lead within the clinical commissioning group for the implementation of Medical Interoperability Gateway. This is an operating platform whereby clinicians can securely share up-to-date patient data – whatever system is used.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan their continuing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice had recognised issues of communication with the local midwifery service. This was raised as a significant event and actioned appropriately. They had also invited the local community nurses to have their lunchtime handovers at the practice. Staff said this had improved multidisciplinary working and sharing of information.

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 records audits.

Supporting patients to live healthier lives

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

- These included those at risk of developing a long-term condition and those requiring advice on their diet, smoking or alcohol cessation. In 2014 the practice established a role for a care co-ordinator to support elderly and vulnerable patients and patients with long term conditions such as diabetes. The care co-ordinator had set up drop in sessions from other agencies such as Age Concern and Carer's Support.
- A dietician was available on the premises. Patients could self refer to a weight management service which provided one to one appointments, weekly educational sessions and a drop in session to be weighed by the health care assistant.

The practice's uptake for the cervical screening programme was 85%, which was better than the national average of 81%. There was a policy to contact by telephone, patients who did not attend to remind them of their cervical screening test. The practice encouraged uptake of the screening programme by using information in different languages and easy to read for those with a learning

Good

Are services effective?

(for example, treatment is effective)

disability. They ensured a female sample taker was available. The practice also encouraged its patients to participate in national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 71% to 99% and five year olds from 91% to 99%,

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 13 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 seven patients including two members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when patients needed help and provided support.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was significantly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and national average of 89%.
- 93% said the GP gave them enough time (CCG average 86%, national average 87%).
- 100% said they had confidence and trust in the last nurse they saw (CCG average 97%, national average 97%).
- 94% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).

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. Patients 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 on the comment cards we received was also positive and aligned with these views as did recent patient comments on NHS choices.

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

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 81%)
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also informed about multilingual staff who might be able to support them.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. A member of staff had recently been assigned the role of carer's champion. The role was not yet established. There was protected time for training for this post. The purpose of the post was to help ensure that the various services assisting carers were coordinated and effective. The practice had established drop in sessions for carers in conjunction with Carers Support in the practice's waiting room. Written information was available to direct carers to the various avenues of support available to them.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered early morning appointments on a Wednesday and Friday and pre-bookable appointments from 6.30pm to 8pm on a Monday evening for patients who could not attend during normal opening hours. Details of how patients could access services outside of opening times were displayed on the front of the building, on the website and in the practice information leaflet.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities including a lift to the second floor.

The practice was responsive to patient's needs. For example, when patients reported difficulties in accessing the practice by telephone, the practice worked in conjunction with their patient participation group (PPG) to formulate action plans and surveys to address and monitor outcomes. One example of this was promoting online services. In 2011, 50 patients reported an interest in using online services to make appointments or order repeat prescriptions. The practice undertook a patient survey asking patients if they were aware of the service and then later why they were not using it.

In response to their findings a member of staff took on the role of Vision Online Services Champion. This service supports patients to access online services through a weekly drop in clinic, via telephone calls or emails.

As a result of this continuous promotion 2049 patients were actively using online services. The practice had also responded to this issue by increasing the receptionist's hours and utilising other members of the team such as health care assistants as duty receptionists to support frontline staff during busy periods. These members of staff told they had received extra training to do this.

The PPG had a designated area in the waiting room for patients to access. This was voluntarily manned most days by a member of the PPG. The practice communicated with its patients through quarterly news letters which contained information about existing and new services, health myth busters, staff changes, patient surveys and proposals for change.

The practice was engaging with young people by promoting a drop in clinic for emergency contraception with local schools and The Choices Clinic which offer sexual health advice to young people. This service was available every day from 4pm which was supported by an information leaflet and posters.

The nursing staff were also responsive to young families. The nursing team co-ordinator had identified a large amount of missed appointments for child immunisations, they consulted with their patients and found afternoon appointments were difficult for this population group and their carers. The team responded by changing the immunisation clinics to mornings. We saw a positive shift in attendance trends. For example, in October there were six missed appointments in one session, which had reduced to one or two in sessions in December and none on the day we inspected. The nursing coordinator continued to monitor the impact of changing the times of this service.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday and from 7.15am Wednesdays and Fridays. There were pre-bookable appointments every Monday evening from 6.30pm and-8pm and urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the (CCG and national average of 75%).
- 81% describe their experience of making an appointment good (CCG average 76%, national average 73%).
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%)

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Patients we spoke to told us on the day of the inspection that they were able to get appointments when they needed them and the comment cards we reviewed aligned with this.

Listening and learning from concerns and complaints

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

- The practice manager and GP partners were responsible for reviewing all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and there were posters in the reception area, advice on line and in the practice.

There had been 29 complaints received in the last 12 months eight of these had been upheld. The practice manager was designated to handle complaints and review trends. Information was accessible to patients in a variety of ways including: posters in the waiting room, the web site, the practice leaflet and newsletters. Complaints were acknowledged within two working days followed by a written response within two weeks. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. Patients we spoke to were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had made a complaint, but they said they felt if they did have to make a complaint it would be taken seriously.

Are services well-led?

Outstanding ☆

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice leadership had evaluated the strengths and weaknesses of the practice to monitor their vision and values and develop strategies. The GP partners had identified their staff as a strength both in low sickness rates and their enthusiasm as a team to train and develop roles to benefit patient outcomes.

The partners were proactive rather than reactive and were exploring opportunities to improve services and outcomes for patients. There was a systematic approach to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. For example collaborating with the clinical commissioning group (CCG) to utilise the Medical Interoperability Gateway to improve communication between local healthcare providers.

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 in place and ensured that:

- There was a clear staffing structure with named members of staff taking responsibility for lead roles. For example GP partners took the lead in areas such health and safety, finance and safeguarding, nurses had lead roles in first aid and infection prevention and members of the administration team took lead roles in online services and patient care co-ordination.
- Practice specific policies were implemented and were available to all staff
- There was an understanding of the performance of the practice through the Quality and Outcomes Framework (QOF) as well as bench marking against similar practices using national data and data provided by the CCG.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The GP partners were visible in the practice and it was clear there was an open culture which prioritised safe, high quality and compassionate care. Staff told us there was good communication within the team and that the GPs and management were approachable and always took the time to listen to staff. Staff were involved in discussions about significant events and about how to develop the practice at regular practice meetings and role specific meetings for example, receptionists and duty receptionists, clinical and healthcare assistants. We saw significant events were raised by administration as well as by clinical staff. Staff told us they could raise any issues at these meetings and felt confident and supported when they did.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty and had systems for knowing about notifiable safety incidents.

When there were safety incidents:

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

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

There were high levels of staff satisfaction. Staff told us of feeling part of a whole team with one culture and ethos. They said this was a workplace where there was a commitment to developing staff in any area which might have a benefit to patients, for example the new post of care co-ordinator.

The practice encouraged and valued feedback from patients, the public and staff. It actively 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. There was an active PPG with over thirty members who met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The practice and PPG had developed an annual

Are services well-led?

Outstanding ☆

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

consultation cycle and had recently completed an action plan to be reviewed at the February PPG meeting. Members of the PPG attended and shared findings with other local patient groups.

- External speakers were invited to PPG meetings and minutes from the October meeting showed a representative from the clinical commissioning had attended. The PPG had a table set up in the waiting room which contained extensive information for patients about the service. A member of the PPG was present to talk to patients most days and the practice told us since developing this service there had been increase of patients registering for the online newsletter.

Continuous improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. The GP partners recognised current and future challenges in recruiting and training GPs, nurses and allied healthcare professionals and supported trainees from these professions. Existing staff were encouraged to develop lead roles to support specific population groups and administration staff had been trained to take up clinical roles such as health care assistants.

The practice was an accredited training practice and teaching 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.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had lead members of staff working with local organisations such as Intermediate Care 24 (IC24) and the CCG. The practice manager has led the implementation project MIG within the CCG to improve communication between healthcare providers.