

New Hayesbank 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at New Hayesbank Surgery on 11 January 2017. Overall the practice is rated as outstanding.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. There was a very wide range of services, both clinical and

non-clinical. The practice was a multi-speciality community provider with an ethos to bring services to the patient rather than sending patients to the service.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. The practice was an approved host for NHS outpatient clinics and services in East Kent and a wide range of services and clinics are offered in the practice.
- The practice was part of a vanguard site combining with other providers to deliver services across a substantial area of East Kent.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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. The practice was an approved host for NHS outpatient clinics and services in East Kent and a wide range of services and clinics are offered in the practice.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

- The practice had employed three specialist community nurses, with a community matron background, who visited patients to ensure they received the best possible support and prevent unplanned admissions. The most recent evidence of their impact on the practice's over 75 patients shows the downward trend in hospital admissions for over 75's registered at New Hayesbank Surgery, compared to last year.

- 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. For example, an ophthalmology clinic was set up in 2007 as part of a practice based commissioning service. The service was developed in order to achieve 18 week targets for first out-patient appointments. The service offers a more tailored personal service closer to home for patients registered in the local area. The ophthalmology clinic now offers a service to a wider group of patients within Ashford CCG and other neighbouring CCGs.
- The practice provided services to women accommodated at a local refugee centre. Whilst mainly transient, the 12 women had been registered as permanent patients with a PO Box address, thereby ensuring continuity of care and safeguarding of their personal information.
- The practice funded a community 'virtual' ward which met once a fortnight. Team members included GPs, an elderly care consultant, social care staff, community nurses and representatives from the voluntary sector. The aim of the virtual ward was to help to ensure that patients' emotional and social needs were met and given equal importance.

The areas where the provider should make improvement are:

- Revise the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers, are offered relevant support if required.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system for reporting and recording significant events.
- The practice used every opportunity to learn from internal incidents, to support improvement. Learning was based on continual, thorough analysis and investigation.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was a strong focus on continuous learning and improvement at all levels within the practice, both clinical and non-clinical.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- In conjunction with the Health Promotion Unit, the practice conducted Health Walks which took place on Wednesday mornings at 9.30am for a 9.45am start from the surgery. These were run in association with East Kent Health Walks Health and Wellbeing Department.

Are services caring?

The practice is rated as good for providing caring services.

Good



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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had developed a wide range of other services for patients. The practice objective was to place the patients at the heart of the services, rather than the patients being sent round the health care system to access the services.
- There were innovative approaches to providing integrated person-centred care. The practice ran a community 'virtual' ward which met once a fortnight. The ward's purpose included ensuring that patients' emotional and social needs were met
- The practice 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.
- 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. For example, an ophthalmology clinic was set up in 2007 as part of a practice based commissioning service. The service was developed in order to achieve 18 week targets for first out-patient appointments. The service offers a more tailored personal service closer to home for patients registered in the local area. The ophthalmology clinic now offers a service to a wider group of patients within Ashford CCG and other neighbouring CCGs.
- The practice worked regularly to accommodate allied health professionals such as a Clinical Psychologist for Eating Disorders to be able to provide reviews of patients. For example, those with severe mental health problems or eating disorders to enable them to receive follow up and care closer to home.

Outstanding



Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- In April 2016 the practice introduced a 72 hour appointment slot type that could only be booked by GP's. This ensured that the GP had availability to book appointments for their own patients where they felt the need was not urgent, but the patient needed to be seen by their named GP. The GP's were also able to book 72 hour appointments on other GP's lists to ensure the patient saw a GP who was familiar with them. This had helped the practice to further improve continuity of care.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Outstanding



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice provided care and treatment for 28 patients who lived in a residential home, who often had complex needs, dementia and were vulnerable. The practice offered a weekly ward round to the care home and unlimited telephone consultations. This involved registering all the patients (with their consent) with one of two lead GPs who looked after that home. Weekly and as required visits to the residential home were conducted.
- There was a community 'virtual' ward which met every fortnight. The majority of these patients were elderly. Team members included GPs, an elderly care consultant, social care staff, community nurses and representatives from the voluntary sector. The ward's purpose included ensuring that patients' emotional and social needs were met and given equal importance alongside their healthcare needs.
- The practice employed three specialist primary care nurses, with a community matron background, who visited patients to ensure they received the best possible support and prevent unplanned admissions. The most recent evidence of their impact on the practice's over 75 patients shows the downward trend in hospital admissions for over 75's registered at New Hayesbank Surgery, compared to last year.

Outstanding



People with long term conditions

The factors that led to the practice being rated as outstanding overall applied to all the population groups, therefore the practice is rated as outstanding for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. For example, asthma, diabetes, insulin Initiation, (COPD).
- The practice had specially organised DMARDs (disease modifying anti rheumatic drugs) clinics to follow up patients. One of the Specialist Nurses oversaw the prescribing of

Outstanding



Summary of findings

Methotrexate (a medicine that is used to treat certain cancers, severe psoriasis, and rheumatoid arthritis) to ensure continuity for patients and accurate recording of blood tests in monitoring books.

- Performance for diabetes related indicators were above the local and national average. For example, 85% of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol (a blood test to check blood sugar levels) or less in the preceding 12 months (local average 80% and national average 78%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. baby clinics run by nurses and doctors every Wednesday between 10.00am and 3.30pm by appointment. Additionally, appointments were available for young people aged 18 and under to offer free confidential advice concerning relationships, how to stop smoking, safer sex advice and contraceptive advice from the nursing team. They were encouraged to bring along a friend, partner or parents if they wished to.

Outstanding



Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The factors that led to the practice being rated as outstanding overall applied to all the population groups, therefore the practice is rated as outstanding for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice remained open throughout the day and offered a 'Commuter's Clinic' Monday 8am through to 8pm and Wednesday and Thursday 7am until 6.30pm for working patients who could not attend during normal opening hours. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Outstanding



People whose circumstances may make them vulnerable

The factors that led to the practice being rated as outstanding overall applied to all the population groups, therefore the practice is rated as outstanding for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with dementia, frailty, blindness, deafness, a learning disability and those with a carer.
- The practice provided services to women accommodated at a local refugee centre. Whilst mainly transient, the 12 women had been registered as permanent patients with a PO Box address, thereby ensuring continuity of care and safeguarding of their personal information.
- The practice offered longer appointments for patients with a learning disability.
- The practice offered proactive, personalised care to meet the needs of the people in its population. It had a scheme for patients, who lived in five local learning disability homes. This involved registering all the patients (with their consent) with one of two lead GPs who looked after the homes. The practice had in-house learning disability nurse lead clinics.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Outstanding



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- Performance for dementia related indicators were similar to the national average. For example, 75% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 79% and national average of 84%.
- Performance for mental health related indicators were similar to the national average. For example, 96% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (local average 91% and national average 89%), which is comparable to other practices.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice regularly accommodated allied health professionals to be able to provide reviews of patient's with severe mental health problems and eating disorders to enable them to receive follow up and care closer to home.
- Those recently discharged from hospital received a follow up call.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Outstanding



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and thirty seven survey forms were distributed and 126 were returned. This represented less than 1% of the practice's patient list of 17,500.

- 70% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and national average of 73%.
- 71% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 78% and national average of 76%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG and national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards, all of which were positive about the standard of care received. General themes that ran through the comments included the very caring attitude of all staff, the availability of appointments and the efficiency with which the service was run.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They also commented that the standard of care did not decline during the recent refurbishment of the premises.

The practice had a Friends and Family Questionnaire which asked 'Are you sufficiently happy with our service that you would recommend New Hayesbank Surgery to other local people?' The score was based on the last 12 months, the practice scored 84% in response to the questionnaire and had had 18 responses in that period.

Areas for improvement

Action the service **SHOULD** take to improve

- Revise the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers, are offered relevant support if required.

Outstanding practice

- The practice had employed three specialist community nurses, with a community matron background, who visited patients to ensure they received the best possible support and prevent unplanned admissions. The most recent evidence of their impact on the practice's over 75 patients shows the downward trend in hospital admissions for over 75's registered at New Hayesbank Surgery, compared to last year.
- 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. For example, an ophthalmology clinic was set up in 2007 as part of a practice based commissioning service. The service was developed in order to achieve 18 week targets for first out-patient appointments. The service offers a more

Summary of findings

tailored personal service closer to home for patients registered in the local area. The ophthalmology clinic now offers a service to a wider group of patients within Ashford CCG and other neighbouring CCGs.

- The practice provided services to women accommodated at a local refugee centre. Whilst mainly transient, the 12 women had been registered as permanent patients with a PO Box address, thereby ensuring continuity of care and safeguarding of their personal information.
- The practice funded a community 'virtual' ward which met once a fortnight. Team members included GPs, an elderly care consultant, social care staff, community nurses and representatives from the voluntary sector. The aim of the virtual ward was to help to ensure that patients' emotional and social needs were met and given equal importance.

New Hayesbank 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 and a practice manager specialist adviser.

Background to New Hayesbank Surgery

New Hayesbank Surgery is a well-established doctor's practice with a purpose-built surgery, situated on the North side of Ashford town centre in Kent. Their training practice has a catchment area of 17,500 patients and provides a wide range of medical support services for all the family, with easy parking and full disabled access. The practice building has undergone three refurbishments/extensions (one of which was recent and completed in December 2016) and is arranged over two storeys, with all the patient areas being accessible as there is a lift to the upper floor.

The practice is in one of the least deprived areas of Kent and has a mainly White British Population. A total of 6403 patients have English as their first language recorded in their notes, 707 patients have English recorded as a second language and 351 patients of this 707 have Nepalese recorded as second language.

The practice is similar to the national averages for each population group. For example, 7% of patients are aged 0 - 4 years of age compared to the clinical commissioning group (CCG) average of 6% and the national average of 6% and 34% are 5 to 18 years of age compared to the CCG average of 35% and the national average of 32%. Scores were similar for patients aged 65, 75 and 85 years and over.

The practice holds a General Medical Service contract and consists of six GP partners (four female and two male), three salaried GPs (female), three long term locum GPs (male) and one trainee GP (female). The primary care team are supported by three specialist primary care nurses (two female and one male), six practice nurses (female), four healthcare assistants (female), a practice manager, an assistant practice manager, 19 receptionists which includes four team leaders, medical secretaries and administrators.

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

- Minor Surgery,
- Ophthalmology, (The nine eye clinic ophthalmologists include four ophthalmology partners, 13 theatre nurses, six healthcare assistants and four receptionists),
- Ultrasonography - a diagnostic imaging technique based on the application of ultrasound. It is used to see internal body structures,
- Counselling
- Joint injections,
- DMARDs (disease modifying anti rheumatic drugs),
- Vascular, diabetes, (COPD) and asthma,
- The practice is a training practice which takes foundation year three registrar GPs and there was one GP Registrar working at the practice. The practice regularly host student nurses, medical student placements and offered apprenticeship training.

The practice is open Monday 8am to 8pm, Tuesday and Friday 8am to 6.30pm, Wednesday and Thursday 7am to 7.30pm. During the hours of 8am to 8.15am and 6pm to 6.30pm all calls to the practice are handled by the out of hours provider.

Detailed findings

The out of hour's service is provided by Integrated Care 24, available outside of the practices open hours and there is information available to patients on how to access this at the practice, in the practice information leaflet and on their website.

Services are provided from:

New Hayesbank Surgery, Cemetery Lane, Bybrook,
Ashford, Kent, TN24 9JZ

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 January 2017.

During our visit we:

- Spoke with a range of staff (six GPs, one GP registrar, the practice and assistant practice manager, two specialist primary care nurses, a lead nurse, a practice nurse, a healthcare assistant, administrative and reception staff) and spoke with six patients who used the service.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 31 comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that significant events and complaints were reviewed quarterly to discuss learning and reflection. We looked at several events in detail. One concerned the notes of two ophthalmology patients with similar names which had been combined. We saw that the importance of date of birth and address checks had been discussed at the significant event meeting and was emphasised with the Eye Clinic Administrator and the receptionist for the eye clinic, with a view to always checking that the paperwork and address were correct for the patient booking in. The practice implemented systems to help ensure that such situations were managed appropriately, in order to reduce such incidents in the future.

Overview of safety systems and processes

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

Patients were protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. For example, the GP safeguarding lead told us about a recent case of a female teenage patient who, during an appointment with a nurse, had said something that was noted by a student nurse. The student nurse brought this to the attention of the safeguarding lead who arranged an urgent meeting with social services. This demonstrated that safeguarding was recognised in different ways. GPs and nursing staff were trained to child safeguarding level 3. We saw that the lead for safeguarding had given a presentation to reception and nursing staff giving examples of what they would do as a GP. The presentation covered child/adult safeguarding, the Mental Capacity Act 2005 and Deprivation of Liberty safeguards so that staff had an understanding of these matters.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. An annual infection control audit had been undertaken in December 2016 and we saw evidence that action was taken to address any

Are services safe?

improvements identified as a result. For example, the practice had completed risk assessment for all clinical procedures and identified that clinical hand wash basins should be provided with plain liquid soap. We saw that the soap had been ordered and in the meantime, staff were using the current stock of anti-bacterial soap.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice offered a minor surgery service. The arrangements for managing medicines in relation to minor surgery kept patients safe. We looked at a sample of patient's records and found that the system included ensuring the dosage, type, batch number and expiry date was being recorded into patient's notes.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and

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

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available with 7% exception reporting (compared to the CCG average of 5% and national average of 6%).

This practice was not an outlier for QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators were comparable to the local and national average. For example, 85% of patients with diabetes, on the register, in whom the last IFCCbA1c is 64 mmol/mol (a blood test to check blood sugar levels) or less in the preceding 12 months (local average 79% and national average 78%).
- Performance for mental health related indicators were comparable to the local and national average. For example, 94% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (local average 90% and national average 89%).

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits undertaken in the last two years, five of these were completed audits where the improvements made were implemented and monitored.

The practice participated in local audits, national benchmarking, accreditation and peer review with four buddy practices and research. For example, looking at the two week referrals for cancer patients over a six week period to see the quality of referrals and compare them to the national average. Data showed that the practice were doing well in identifying patients with cancer. As part of the practice's appointment system overhaul, they had collected data and looked at patient outcomes including clinician satisfaction. One of the GPs, as part of their PhD thesis was compiling the findings of this in a research format. This had yet to be presented formally to their host university.

Findings were used by the practice to improve services. For example, recent action taken as a result included an indication of the likelihood of a sore throat being due to bacterial infection) more carefully and prescribe 10 days of antibiotics where relevant.

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

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety awareness, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Practice nurses also had training and diplomas in asthma, diabetes, insulin Initiation, chronic obstructive pulmonary disease (COPD), Women's Health in Primary Care and international normalised ratio (INR) management (a measure of how much longer it takes the blood to clot when oral anticoagulation (medicines that help prevent blood clots) were used).
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

Are services effective?

(for example, treatment is effective)

training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice achieved comparable results in relation to its patients attending national screening programmes for bowel and breast cancer screening. For example, 63% of eligible patients had been screened for bowel cancer, which was in line with the CCG average of 61% and the national average of 60%. Seventy nine percent of eligible patients had been screened for breast cancer, which was comparable to the CCG average of 76% and the national average of 72%.

Are services effective?

(for example, treatment is effective)

The practice recorded children's feeding preference in the child's red book following their six week development check with the GP. The statistics showed that this information was routinely entered thus ensuring that other healthcare professionals involved in the child's development were able to access the information. The number of infants aged between six weeks and one year six weeks old with a feeding status recorded was 46.9%. The staff at New Hayesbank worked closely with the health visiting team and endeavoured at all times to educate patients in the benefits of breast feeding, to ensure they maximised the number of infants being breastfed.

Childhood immunisation rates for the vaccinations given were comparable to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved the target in three out of four areas; in the remaining area they scored 63%. These measures can be aggregated and scored out of 10, with the practice scoring 8.6 (compared to the national average of 9.1). The practice provided us with data from 2016/17 (which has not yet been verified, published and made publically available) and these showed that 93% of two year old children had received this vaccination.

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

In conjunction with the Health Promotion Unit, the practice conducted Health Walks which took place on Wednesday mornings at 9.30am for a 9.45am start from the surgery. These were run in association with East Kent Health Walks Health and Wellbeing Department. The walks were run by volunteer leaders who had attended nationally accredited training so they had a good understanding of planning safe and enjoyable walks; the majority of these leaders were patients of the practice. The practice told us that an average of 40 people a week walked on a Wednesday morning from the surgery. The walks were open to everyone; not just the practice's patients and provided a sociable, safe and healthy way for people to improve their fitness.

The leaders undertook shorter walks with patients who were recovering from operations or had a lower level of fitness. There were also young mothers with children who went on the walks. The practice told us that this was a very sociable group and that they had patients who had benefitted from this aspect as well as the exercise. We were also told that the group would go to the local café after their walk for tea to carry on their socialising. The Health Walks are advertised internally as well as within the East Kent Health Walk network and doctors will recommend the walks to patients. Staff would also signpost patients as appropriate.

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 31 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. General themes that ran through the comments included the very caring attitude of all staff, the availability of appointments and the efficiency with which the service was run.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They also commented that the standard of care did not drop during the recent refurbishment of the premises.

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

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

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 87%.

- 86% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 92%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. A total of 6403 patients had English as their first language recorded in their notes, 707 patients had English recorded as a second language and 351 patients of this 707 have Nepalese recorded as second language. We saw that the patient self check in was translated into six different languages. We saw notices in the reception areas informing patients this service was available. One of the female partners was Nepalese and would assist in translating or explaining to the patient during a consultation if requested to do so by another GP. A member of the PPG was Nepalese and had assisted the practice in producing leaflets and a consent form written in Nepalese.

- There was an extensive range of information about services available at the practice, signposting to other local services and providing general healthcare related information.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 106 patients as carers (0.6% of the practice list). The practice had arranged a Carer's Week for 23 February 2017 and there were leaflets and posters available signposting patients to community services. The practice's website had a "Carers Direct" link that highlighted the various avenues for information and support groups available.

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



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice actively took part in delivering the pilot schemes to redesign medical care. For example, the practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice worked closely with a team of ophthalmologists, an eye clinic liaison officer and administrators.

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice employed three specialist primary care nurses, with a community matron background, who visited patients to ensure they received the best possible support and prevent unplanned admissions. The specialist primary care nurses also supported the GPs and had extended their scope of practice to be able to undertake this role. They have been used in many areas including chronic disease management, care plan generation, care home ward rounds, increased visit capacity for frail and elderly and also to assist in supplying holistic care for our most vulnerable patients.
- The most recent evidence of their impact on the practice's over 75 patients shows the downward trend in hospital admissions for over 75's registered at New Hayesbank Surgery compared to last year. Data showed Ashford CCG as a whole for the same period. The trend in Ashford was on the rise as practices have struggled to keep the admission of their over 75 year olds below the previous year's levels. A practice by practice breakdown of achievement showed that New Hayesbank Surgery's achievement in this area was higher than any other Ashford practice.
- The practice offered proactive, personalised care to meet the needs of the people in its population. It had a scheme for patients, who lived in five local learning

disability homes. This involved registering all the patients (with their consent) with one of two lead GPs who looked after the homes. The practice had in-house learning disability nurse lead clinics.

- The practice funded a community 'virtual' ward which met once a fortnight, team members included GPs, an elderly care consultant, social care staff, community nurses and representatives from the voluntary sector. The virtual ward was aimed at ensuring that patients' emotional and social needs were met and given equal importance to their healthcare. Patients at risk of hospital admissions were reviewed in the community virtual ward, but doctors and nurses were able to refer patients who would benefit from a review by the virtual ward team.
- The practice offered a 'Commuter's Clinic' Monday 8am to 8pm, and Thursday 7am to 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability either in their own home or at the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop available.

The practice worked regularly to accommodate allied health professionals to be able to provide reviews of patients. For example, the practice had regular room bookings with Eating Disorders and Mental Health Services to allow their patients to be seen closer to home and in a setting where they felt safe. This could be from their in-house counsellor to more specialised health professionals such as a Clinical Psychologist for Eating Disorders.

The practice had developed a wide range of other services for patients. The practice objective was to place the patients at the heart of the services, rather than the patients being sent round the health care system to access the services. These services were provided by the practice either alone or in partnership with other



Are services responsive to people's needs?

(for example, to feedback?)

providers such as the local hospital. Often the services were provided by GPs with special interests in the area of treatment concerned. The services were flexible, provided choice and helped to ensure continuity of care. All were provided in New Hayesbank Surgery. The services included, but were not confined to:

- Minor Surgery,
- Eye clinic – general ophthalmology,
- Ultrasonography - a diagnostic imaging technique based on the application of ultrasound. It is used to see internal body structures,
- Counselling,
- Joint injections,
- The practice had specially organised DMARDs (disease modifying anti rheumatic drugs) clinics to follow up patients. One of the Specialist Nurses oversaw the prescribing of Methotrexate (a medicine that is used to treat certain cancers, severe psoriasis, and rheumatoid arthritis) to ensure continuity for patients and accurate recording of blood tests in monitoring books.

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

Additionally the practice provided weekend cataract surgery from their purpose built theatre, in order to improve access for working relatives to accompany older patients. (The nine eye clinic ophthalmologists included four ophthalmology partners, 13 theatre nurses, six healthcare assistants and four receptionists),

All of the cataract surgery consultant led clinics were fully integrated with secondary care. The GP's ensured patients had had all the necessary diagnostic checks, so there was no need for second scans, blood tests or ECGs (a heart monitoring test) before seeing the consultant at the surgery. The consultant had full access to the GP records including investigations and waiting lists; the practice saw this as a great advantage when compared to hospital outpatients where consultants would only see the referral letter. Should the patient require a hospital procedure then the consultant could put them on a waiting list directly and offer patients a choice of hospital.

The practice was open Monday 8am to 8pm, Tuesday and Friday 8am to 6.30pm, Wednesday and Thursday 7am to 7.30pm. An out of hour's service was provided by Integrated Care 24, outside of the practices open hours and there was information available to patients on how to access this service via posters in the practice, the practice information leaflet and on their website. In addition, appointments could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

In April 2016 the practice introduced a 72 hour appointment slot type that could only be booked by GP's. This ensured that the GP had availability to book appointments for their own patients where they felt the need was not urgent, but the patient needed to be seen by their named GP. The GP's were also able to book 72 hour appointments on other GP's lists to ensure the patient saw a GP who was familiar with them. This had helped the practice to further improve continuity of care.

The practice offered baby clinics run by nurses and doctors every Wednesday between 10.00am and 3.30pm by appointment. Additionally, appointments were available for young people aged 18 and under to offer free confidential advice concerning relationships, how to stop smoking, safer sex advice and contraceptive advice from our nursing team. They were encouraged to bring along a friend, partner or parents if they wished to do so.

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

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% national average of 76%.
70% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and national average of 73%.

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

Listening and learning from concerns and complaints

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

Access to the service



Are services responsive to people's needs?

(for example, to feedback?)

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

There was a responsible person who handled all complaints in the practice. We looked at 13 complaints

received in the last 12 months and found that they had been dealt with in a timely, open and transparent way. Records demonstrated that the complaints were investigated, the complainants had received a response, the practice had learned from the complaints and had implemented appropriate changes. For example, we saw that a complaint had been received regarding patient telephone triage with a GP. The learning was discussed at a business meeting and learning points had been taken up by the individual GP.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

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

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

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the patient waiting area and the staff room. Staff we spoke with were aware of the mission statement and talked positively about how they were able to use the practice values to improve quality and outcomes for patients, particularly for patients whose circumstances made them vulnerable.
- The practice had a strong strategy and supporting business plan which reflected the vision and values, this was regularly monitored by the management team. There was a good awareness of the local community and this was influencing business planning. For example, the practice had acknowledged the existing services provided required expansion to accommodate existing patients and a potential increase in the practice list size.
- A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money.
- The practice employed three specialist primary care nurses, with a community matron background, who visited patients to ensure they received the best possible support and prevent unplanned admissions.
- Additionally, the practice used innovative and proactive methods to further improve patient outcomes, working with other local providers to share best practice. There

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

- 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. For example, an ophthalmology clinic was set up in 2007 as part of a practice based commissioning service. The service was developed in order to achieve 18 week targets for first out-patient appointments. The service offered a more tailored personal service closer to home for patients registered in the local area. The ophthalmology clinic now offered a service to a wider group of patients within Ashford CCG and other neighbouring CCGs. This was a joint venture between New Hayesbank Surgery partners and four ophthalmologists. New Hayesbank Surgery held the contracts for all services; however, due to their partnership with the ophthalmologists, they found they had excellent working relationships that have enabled them to run the service extremely efficiently both in terms of patient care as well as NHS resources. They provided management and administration support that allowed for seamless service provision both for the clinicians and the patients.
- The practice had continued to develop the services and had invested in new state of the art equipment to provide the best possible care for patients. This included purchasing an to ensure that more patients could be seen in the community without the need for onward referral to hospital services for an OCT scan. This meant all aspects of patient care could be dealt with in one consultation. The cataract service was the newest development of this service. All aspects of the patient care, including out of hours emergency support was managed and run by New Hayesbank Surgery team. The practice had also employed a full-time Eye Clinic Liaison Officer, who was there to support patients through difficult diagnosis such as glaucoma which could affect a patient's career and driving. The ECLO worked closely with voluntary bodies to provide further information and also helped them through the pathway of registering as low vision or blind.

Are services well-led?

Outstanding



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

Governance arrangements

The leadership, governance and culture of the practice were used to drive and improve the delivery of high quality person centred care. The practice had strong and visible clinical and managerial leadership and governance arrangements which supported the delivery of the strategy and high quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. They could be accessed through the practice's intranet. The practice undertook a range of risk assessments. We saw building risk assessments such as those relating to fire risks. We also saw risk assessments such as those relating to an individual's workplace.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were strong arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We looked at a number of meeting minutes including but not confined to clinical meetings and significant event meetings.

Leadership and culture

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

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

notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment.

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had discussed that the practice should hold a carer's week. It was agreed that they should progress with this in the New Year. The PPG hoped to achieve from the event was: Educating patients regarding what constituted a carer, identification of carers (including young carers) and promoting support available and assessing what support they may need. It was agreed that liaising with carers support may be a good way in ensuring that the practice got the best out of the event. We saw that the carer's week had been arranged for 23 February 2017.

Are services well-led?

Outstanding



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

- There was a high level of constructive engagement with staff and a high level of staff satisfaction. The practice had gathered feedback from staff through staff meetings, appraisals, staff away days and discussions. 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 involved and engaged to improve how the practice was run.
- The practice had a suggestions box, all suggestions were discussed at the business meeting, records of meetings confirmed this.
- The practice had a Friends and Family Questionnaire which asked 'Are you sufficiently happy with our service that you would recommend New Hayesbank Surgery to other local people?' The score was based on the last 12 months, the practice scored 84% in response to the questionnaire and had had 18 responses in that period.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, consistently reviewing data and new care and treatment for their patients aged 75 years and over.

The practice was a training practice which took foundation year three registrar GPs and there was one GP Registrar

working at the practice. The practice regularly hosted student nurses, medical students and offered apprentice placements. Apprenticeships offered structured training with an employer and led to nationally recognised qualifications. We spoke with one apprentice who told us that they liked working at the practice and felt supported. Testament to this was that the apprentice had been offered a receptionist post and had accepted.

The three specialist primary care nurses and practice nurses were all trained to degree level and one healthcare assistant (HCA) had been seconded to undertake a degree in nursing.

The quality of GP registrar (GPs in training) decisions was under near constant review by their trainers. The practice was subject to scrutiny by the Health Education Kent, Surrey and Sussex (called the Deanery) as the supervisor of training. Registrars were encouraged to provide feedback on the quality of their placement to the Deanery and this in turn was passed to the GP practice.

The leadership drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.