

Buckland Medical Practice

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Buckland Medical Practice, also known as Buckland Medical Centre on 1 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. The staff had the skills, knowledge and experience to deliver effective care and treatment.
- Most 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.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients and formulated action plans with their patient participation group.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Review the soundproofing of rooms within the practice to help ensure that patient's confidentiality and privacy are maintained. Review systems so that monthly checks such as those on emergency medicines or infection control are completed during times of unplanned staff absence.
- Promote the availability of extended hours at the nearby Peter Street Surgery and the Hub in Dover.

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.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any action taken 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?

The practice is rated as good for providing effective services.

Good



- Quality and Outcomes Framework (QOF) data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the GP National survey was mixed and showed that the practice was below local and national averages in some areas of care, but similar in others.
- However, most patients we spoke to on the day told us they were treated with compassion, dignity and respect and said that they were involved in decisions about their care and treatment.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Services were planned and delivered to take into account the needs of different patient groups. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. However, some patients we spoke to indicated that they had problems getting an appointment outside of school and working hours.
- Patients also told us getting through on the telephone in peak hours such as 8am was difficult.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The practice understood the restrictions of their current location and had plans to consolidate services and move to a larger site.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems for reporting and considering notifiable safety incidents.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active and involved in formulating patient surveys and subsequent action plans.

Good



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This service was displayed on the website and in the waiting room.
- There was a four weekly medication delivery service, by members of the practice, to housebound or elderly patients unable to access the practice.
- Specific health promotion literature was available as well as details of other services for older people.

Good



People with long term conditions

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

- There were dedicated clinics for patients with long term conditions including a recall system that alerted patients as to when they were due to re-attend.
- Routine appointments were bookable up to three months in advance.
- The practice supported patients to manage their own long term conditions and advisory literature was accessible at the practice and on the website.
- The practice employed staff trained in the care of patients with long-term conditions.

Good



Families, children and young people

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

- Children requiring an urgent appointment were seen the same day.
- The practice maintained a safeguarding register and operated an alert system on the computer to ensure staff were aware of safeguarding concerns.
- The GPs and practice nurse were trained to level three in child safeguarding and a GP was named as the safeguarding lead.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.

Good



Summary of findings

- The patient participation group told us they were trying to attract members from this population group.
- Immunisation rates reported from 01 April 2014 to 31 March 2015 for children aged 5 and under ranged from 89.1% to 100% which was consistently higher than the local clinical commissioning group which ranged from 80.4% to 95.8%

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified in a variety of ways.

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Extended hours were available at the nearby Peter Street surgery or the Hub in Dover. However, these services were not actively promoted to patients through the website or at the practice.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances for example people with a learning disability. These patients received an annual review and care plan.
- Longer appointments were offered to this population group.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.
- An in house counsellor was available.

Good



People experiencing poor mental health (including people with dementia)

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

- There was a register for patients with dementia patients. Referrals to other agencies were made when required such as to a memory clinic.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

There were 124 responses; this is 2% of the patient list, to the national GP patient survey published in July 2015. The results found that the practice was not performing well when compared with others, for example:

- 74% of respondents say the last GP they saw or spoke to was good at explaining tests and treatments compared with a clinical commissioning group (CCG) average of 83% and a national average of 86%. When asked the same questions about nursing staff patients were more positive, results being 91%, the same as national and local averages.
- 70% of respondents say the last GP they saw or spoke to was good at involving them in decisions about their care compared to a CCG and national average of 81%. When asked the same questions about nursing staff the results were 91%, in line with national and local averages.
- 57% of respondents were satisfied with the surgery's opening hours this was considerably less than the CCG average of 74% and a national average of 75%.

However, the practice was similar to national and local averages for telephone access and helpful reception staff. For example

- 75% of respondents find it easy to get through to this surgery by phone compared to local CCG average: 73% national average: 73%
- 93% of respondents find the receptionists at this surgery helpful local CCG average: 89% national average: 87%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards which were mostly positive about the standard of care received.

We spoke with six patients during the inspection, including two members of the patient participation group. Most of the patients said that they were happy with the care they received. However, four patients indicated that getting through to the practice by telephone in the morning was difficult and then they could not get an appointment outside of school or working hours.

Areas for improvement

Action the service SHOULD take to improve

- Review the soundproofing of rooms within the practice to help ensure that patient's confidentiality

and privacy are maintained. Review systems so that monthly checks such as those on emergency medicines or infection control are completed during times of unplanned staff absence.

- Promote the availability of extended hours at the nearby Peter Street Surgery and the Hub in Dover.

Buckland Medical Practice

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 advisor, a second CQC inspector and a practice manager specialist advisor.

Background to Buckland Medical Practice

Buckland Medical Practice has 3887 registered patients. There are two practice surgeries, the main practice building at

Buckland Medical Centre,

Brookfield Place,

Dover

CT16 2AE

and

The Tara,

The Droveway,

St. Margarets Bay.

CT15 6BT.

The patient demographic is similar to national averages. However there are slightly more older patients (aged over 64 years) and patients with a long term conditions.

The practice holds a General Medical Services (a contract between NHS England and general practices for delivering general medical services) and has of three GPs, one male

and two females. There is one practice nurse (female), two health care assistants (female) and two dispensers. The GPs and nurses are supported by a practice manager and a team of administration and reception staff. Further services available include counselling, physiotherapy and acupuncture.

The practice is open between 8.00am and 6.30pm Monday to Friday, with half day closing, at 1pm on Wednesdays. There are no extended hours offered and the practice is closed at the weekend. The practice is involved in a collaborative venture with other providers, which provides access to GP services from the Dover “hub”. This is available seven days a week 8am to 8pm and GPs there have access to the patients’ notes.

The practice has opted out of providing an out of hour’s service. This is provided by Invicta Health care. There is information available to patients, both at the practice buildings and on the practice website on how to access this service.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 December 2015. During our visit we:

- Spoke with a range of staff including two GPs, a practice nurse, the practice manager, a medical secretary, a dispenser, a receptionist and a healthcare assistant.
- Patients who used the service.
- Talked with carers and/or family members
- 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 are provided for specific groups of people and what good care looks 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 open culture and effective system for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents then complete the significant event recording form available on the practice's computer system. The practice manager carried out a thorough analysis of significant events. Outcomes were discussed during staff meetings, attended by all staff. We saw evidence of this when we reviewed safety records, incident reports and minutes of the meetings. For example, we saw evidence that learning occurred after the wrong patient was called into an appointment and subsequently issued with the incorrect medication. This was investigated, discussed, lessons learnt and there was an action plan to reduce errors.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices to safeguard people from abuse, which included:

- Arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance when concerns arose about a patient's welfare. A GP was named as the 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 relevant to their role. GPs and the practice nurse were trained to child safeguarding level three.
- Notices in waiting and clinical rooms advised patients of the chaperoning service. Chaperone duties were undertaken by the practice nurse and healthcare assistants who had been appropriately 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).
- We observed the premises to be clean and tidy. The practice employed cleaners at both sites who completed daily cleaning logs and maintained appropriate standards of cleanliness and hygiene. The practice nurse was the infection control lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. We saw evidence of annual infection control audits and action to address any improvements identified as a result. Spillage kits were available and staff knew where to find them.
- The branch surgery (the Tara surgery) was a dispensing surgery and we checked the dispensing arrangements. There were hand written records that double checked that the correct medicines were being dispensed to patients. Though these records were duplicated on the electronic patient's notes, the hand written system did not show who had made the double checks or when. We checked the controlled drugs register against the controlled drugs stock. It was correct and all the entries were legible and accountable. Repeat prescriptions were received electronically or by hand at the practice. All prescriptions were checked and signed by GPs before medicines were given to patients.
- Medicines in the treatment rooms, the dispensary and medicine refrigerators were stored securely and were only accessible to authorised staff. There was a clear policy to help ensure that medicines were kept at the required temperatures and which described the action to take in the event of a power failure. Temperatures were regularly checked and recorded. There was guidance to staff of the action to be taken if the temperatures were outside of the acceptable range.
- Regular medicines and prescribing reviews were carried out with the support of the clinical commissioning group these showed that the practice was prescribing in line with best practice guidelines.
- There were Patient Group Directions to enable nurses to administer medicines. Initially these had not been signed in accordance with the relevant legislation. However by the end of the inspection they had been checked and correctly signed. The Patient Specific Directions, to enable health care assistants to administer vaccinations, were correctly produced and signed.
- Prescription pads were securely stored and there were systems to monitor their use.

Are services safe?

- We reviewed seven personnel files and found that 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 in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and the practice carried out regular health and safety checks. The practice had a named fire warden who maintained up to date fire risk assessments and we saw evidence of regular fire drills. All electrical and clinical equipment was regularly checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

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

- All staff received basic life support training.
- There were emergency medicines available in a secure location and staff knew how to access them. We saw evidence these were reviewed on a monthly basis and all the medicines we checked were in date and fit for use.
- The practice had defibrillators, oxygen and masks at both sites. The equipment was fit for purpose.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. This had been used effectively to maintain service delivery after a car had crashed into the practice building putting a treatment room out of action. Revised services were put in place and no appointments were lost.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place 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 peoples' needs.
- The practice monitored that these guidelines were followed and we saw evidence that the practice had adopted local practice protocols for managing and recalling patients with long term conditions such as hypertension and diabetes.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 had achieved 100% of the 559 points available, which was 5% above the clinical commissioning group (CCG) average of 95%. The 4% clinical exception reporting was 6% below the CCG and national average. (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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed

- The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification was 93%; this was 8% better than the CCG average (85%) and 5% above the national average (88%) with an exception reporting rate of 2%.
- Performance for mental health related indicators were 100% and better than the CCG average (92%) by 8% and national average (93%) by 7%.
- Performance for asthma indicators were 100% and better than the CCG (97%) and national average (97%) by 3%.

Clinical audits demonstrated quality improvement.

- We saw evidence of audits with a two year cycle. There had been six clinical audits completed in the last two years.
- Findings from audits were used by the practice to improve services. For example, an audit into consent for minor operations found that 35 out of 40 patients had given written consent but five patients had only verbally consented. The practice acknowledged improvement was needed and now all minor operations require written consent.

Information about patients' outcomes was used to improve patients' health outcomes. A completed audit into a medicine commonly used to treat diabetes identified six patients with a vitamin B12 deficiency. This became an annual audit. This helped to ensure that such patients received the treatment that best practice indicated supports them with their disease.

Effective staffing

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

- There was no formal induction program but newly appointed and existing non-clinical members of staff received training in safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There was role specific training as necessary for this staff group. For example, one member of staff had been supported through an external medical secretary course.
- The practice demonstrated how they ensured role-specific updates and training for clinical staff. For example, for those reviewing patients with long-term conditions, administering vaccines and taking samples for the cervical screening programme
- Individual 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 these learning needs and to cover the scope of their work. Staff said that they had protected time to attend clinical supervision meetings within the local CCG. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

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 in the reception area.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when patients had moved between services, were referred, or after they were discharged from hospital. The practice had a system to follow up unplanned admissions, initially with a telephone call from a GP, which was followed up after three months by a health care assistant. We saw evidence that multi-disciplinary team meetings took place every three months and that care plans were routinely reviewed and updated. A GP attended the CCG meetings once a month.

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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients receiving palliative care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking, alcohol cessation. A counselling service was available at the practice.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 89%, which was better than the CCG average of 82% and the national average of 83%.

Childhood immunisation rates for the vaccinations given were better than the CCG averages. For example, childhood immunisation rates for the vaccinations given to infants (12 months and under) was 100% and in all other areas the practice bettered the local averages.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Screens 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; however, conversations could be overheard in some rooms and the practice should review this.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- As the reception desk was in an open area staff did not repeat any personal information during telephone conversations.

The three patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful and caring.

Care planning and involvement in decisions about care and treatment

Results from the National 2015 GP patient survey from 124 responses indicated that performance in some areas was slightly lower than local and national averages. For example:

- 82% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and national average of 87%. When asked the same questions about nursing staff the results were 91%, in line with national and local averages.

- 78% said the GP gave them enough time (CCG average 87%, national average 89%).
- 88% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%). When asked the same questions about nursing staff the results were 91%, in line with national and local averages.
- 74% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%). When asked the same questions about nursing staff the results were 91%, in line with national and local averages.

However, the percentage of patients who said they found the receptionists at the practice helpful was 92%, which was better than the CCG average 89%, national average 87%

Staff told us that translation services were available for patients who did not have English as a first language.

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.

There was information in the waiting room for carers and the practice had an informal approach to identifying carers but did not record this.

We observed information about bereavement services in the waiting room. Staff told us that if families had suffered bereavement, their usual GP provided support and there was a counsellor available if further support was needed.

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. They collaborated with their patient participation group (PPG) to collect patient views through an annual survey of people who attended the practice.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and patients who needed them.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were offered extended hours appointments hours at a sister practice, The Peters Street practice or the Hub in Dover. Practices in the area had pooled resources to provide extra appointments at the Hub for Dover residents. However, this service was not advertised on the opening hours at the practice or on the website.
- NHS counselling, physiotherapy and podiatry services were available.
- There was a dispensing service at the Tara surgery, which also provided a four weekly medicines delivery service, carried out by members of the practice staff, for its housebound patients.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday, with half day closing, at 1pm on Wednesdays. There were no extended hours offered at the practice. The practice was involved in a collaborative venture with other providers, which provided access to GP services from the Dover "hub". This was available seven days a week 8am to 8pm and GPs there have access to the patients' notes. Patients we spoke with were unaware of this service. The practice should promote the availability of extended hours at the nearby Peter Street Surgery and the Hub in Dover.

Evidence, from the National patients survey 2015, of satisfaction about opening hours and appointments was mixed. Some patients were dissatisfied, for example;

- 57% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.

Some patients were satisfied, for example

- 74% patients described their experience of making an appointment as good (CCG average 76%, national average 73%).
- 76% patients said they could get through easily to the surgery by phone (CCG average and national average 73%).

And some patients were pleased, for example

- 96% of patients said the appointment they got was convenient (CCG average 94%, national average 92%)

In response to findings from a patient survey by the practice, an action plan to promote online services had been developed, in collaboration with the PPG. This included putting notices in the waiting room and by receptionists, nurses and GPs informing patients when they attended the practice. A local need for a travel vaccination clinic had been identified by the practice and external training had been arranged for the practice nurse in January 2016 to meet this need.

Listening and learning from concerns and complaints

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

- We reviewed the complaints policy and procedures which were in line with recognised guidance and met the required standard.
- The practice manager was responsible for managing all complaints in the practice. We reviewed three complaints. Two had been resolved by the practice and the patients kept informed. One was being dealt with by NHS England and awaited a result. We noted that the practice had not responded to comments on NHS Choices. NHS Choices is an online service for patients to view and review services such as GP practices.
- The practice did not have a complaints leaflet to issue patients but there was information on a notice board in the waiting room and on the practice website.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice recognised that it faced operational challenges arising from the limitations of the current buildings and was in negotiation with NHS Property Services to try and address this.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and 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.
- 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, openness and transparency

The GP partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The management was visible in the practice and staff told us that they were approachable.

The provider complied with the requirements of the Duty of Candour. Staff we talked to reported a culture of openness and honesty. The practice had systems for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- Staff followed guidance to report them
- The practice carried out an analysis of them.
- The practice kept accurate records.

- The practice demonstrated that learning took place from safety incidents, which was shared with all staff members at practice meetings.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They said they were confident in doing so and felt supported if they did.
- Staff we spoke with said they felt respected, valued and supported.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- PPG members told us they met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had promoted the online booking service to reduce the difficulties in booking appointments by telephone, especially in the morning.
- The practice gathered feedback from through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Staff had opportunities, and had taken them, to work across roles and at the two different practices in order to develop their skills

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. For example they moved staff to different roles and between the two practice sites enhancing the staff ability to perform multiple functions.