

Dr C M Marsh & Partners

Quality Report

Grovehurst Road
Kemsley
Sittingbourne
Kent
ME10 2ST

Tel: 01795 430444

Website: www.thegrovehurstsurgery.nhs.uk

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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 Dr C M Marsh & Partners on 18 November 2015. Overall the practice is rated as good.

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.

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

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the Duty of Candour.

We saw one area of outstanding practice including:

Summary of findings

The practice engaged in a scheme with the local food bank to provide food vouchers for three days of emergency food to vulnerable patients.

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.

- There was a system for reporting, recording and monitoring incidents, accidents and significant events.
- Lessons were shared to help ensure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguard them from abuse.

Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- 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 patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity as well as respect and they were involved in decisions about their care and treatment.
- Information for patients and carers about the services available was easy to understand and accessible.
- Staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, as a health improvement project, the practice had offered a Saturday clinic for patients who were not attending chronic health reviews but found that the uptake was poor and were unable to sustain this clinic.
- 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.
- 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.

Are services well-led?

The practice is rated as good for providing well-led services.

- They 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 this.
- There was a clear leadership structure and staff felt supported by management. Practice specific policies were implemented and were available to all staff.
- 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 Duty of Candour. The GP encouraged a culture of openness and honesty. The practice had systems for knowing about notifiable safety incidents.
- 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 improvements at all levels.

Good



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.

- Patients over the age of 75 had been allocated a designated GP to oversee their individual care and treatment requirements.
- Patients were able to receive care and treatment in their own home from practice staff as well as district nurses and palliative care staff.
- There were plans to help avoid older patients being admitted to hospital unnecessarily.
- Specific health promotion literature was available as well as details of other services for older people.
- The practice held regular multidisciplinary staff meetings that included staff who specialised in the care of older people.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was above the CCG and national average. For example, the percentage of patients with diabetes, on the register, who have had influenza immunisation was 96.19% compared to the CCG average of 93.67% and the national average of 94.32%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

- There were systems in place 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- 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 had a failsafe 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 87.51%, which was above the CCG average of 81.86% and the national average of 82.54%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

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 and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice engaged in a scheme with the local food bank to provide food vouchers for three days of emergency food to vulnerable patients.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.

Outstanding



Summary of findings

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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.
- It had a system in place 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 people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2015. The results showed the practice was performing lower than local and national averages in some areas. 260 survey forms were distributed and 106 were returned. This is a response rate of 40.8% which represents 1.5% of the 7,065 patients registered with the practice.

- 91% said the last appointment they got was convenient (CCG average 88%, national average 92%).
- 56% described their experience of making an appointment as good (CCG average 65%, national average 73%).
- 35% usually waited 15 minutes or less after their appointment time to be seen which was below the CCG average 60% and national average 65%.
- 56% found it easy to get through to this surgery by phone compared to a CCG average of 65% and a national average of 73%.
- 76% found the receptionists at this surgery helpful (CCG average 86%, national average 87%).
- 79% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).

The practice has been proactive to respond to patient feedback, the majority of negative feedback has been surrounding appointments. The practice had an on going action plan in response to the GP patient survey to ensure that services would be improved for patients.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards, 19 of which were positive about the standard of care received. Patients told us they were treated with dignity and respect and involved in making decisions about their treatment options. They said the nurses and doctors listened and responded to their needs and they were involved in decisions about their care.

We spoke with six patients during the inspection. All six patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. Patients told us that the practice was always clean and tidy. Some patients told us, either in person or in comment cards, they experienced problems getting through to the practice on the telephone to make an appointment. Most patients however, told us the appointment system was easy to use and met their needs.

Outstanding practice

- The practice engaged in a scheme with the local food bank to provide food vouchers for three days of emergency food to vulnerable patients.

Dr C M Marsh & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr C M Marsh & Partners

Dr C M Marsh & Partners (also known as the Grovehurst Surgery) is based on the outskirts of Sittingbourne. The practice is a purpose built modern premise, on one level with full disabled access, parking facilities, and convenient public transport links. A local pharmacy is situated within the same site.

Swale is the third most deprived district within Kent and it is ranked 99th out of the 326 districts in England. It has the lowest life expectancy in Kent at 79.3 years compared to the highest of 82.3 (West Kent and the Weald).

Cardiovascular respiratory diseases and cancer are the largest contributors to excess mortality in Swale.

There is an increasing number of elderly people, as well as an above average number of under fives. Smoking and obesity levels are higher than average and diabetes is the joint highest in Kent along with Thanet. There is a high gypsy and traveller community as well as people living in rural areas.

A team of four GP partners (one male and three female), two practice nurses, one healthcare assistant (HCA), a practice manager and 11 administrative staff, provide care and treatment for approximately 7,065 patients. The practice has a General Medical Services (GMS) contract.

The practice is an approved training practice for year two (FY2) trainees since June 2013 and GP specialist trainees since January 2015.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 9am to 6pm daily. Extended hours surgeries are not offered at the practice. In addition, pre-bookable appointments can be booked up to two weeks in advance for GPs and four weeks for nurses, urgent appointments are also available for people that need them. The practice has a duty doctor system so that patients have access to same day telephone responses, advice and appointment according to clinical need.

Patients are advised to call NHS 111 when the practice is closed. There is also a Walk-In Centre located at Sheppey Community Hospital on the Isle of Sheppey, which is open 8am to 8pm 365 days per year.

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 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 18 November 2015. During our visit we:

- Spoke with three GPs, a GP registrar, the practice manager, business manager, one practice nurse, one health care assistant, four receptionists, a medical records clerk, a member of administration staff and spoke with seven patients who used the service.
- Observed how people were being cared for and 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.
- We reviewed the practice's Family and Friends Test and NHS Choices website 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 effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, records showed that discussion had taken place around a patient being prescribed a medicine to relieve pain from damaged nerves however, the patient had not been consulted about contraception. We saw from minutes of a meeting that a discussion had taken place for all GPs to check contraception in women of reproductive age, when being prescribed medicine for damaged nerves and appropriate action had been taken.

We saw that significant events were discussed through the Invicta challenge fund's Leading Improvements in Safety and Quality (LISQ) meetings, held with seven other practices as a learning event.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 relevant to their role. GPs were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. 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 in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription 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. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed three 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.

Are services safe?

- There were procedures in place 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. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. For example, all administration staff were multi-skilled to be able to cover each other. The practice also had a floating member of staff who worked from 1pm – 5pm every day assisting were required.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place 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. There was also a first aid kit and accident book 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 fit for use.

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 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 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 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 94% of the total number of points available, with 4% overall exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was above the CCG and national average. For example, the percentage of patients with diabetes, on the register, who have had influenza immunisation was 96.19% compared to the CCG average of 93.67% and the national average of 94.32%.
- Performance for mental health related and hypertension indicators were similar to the CCG and national average of 91.18% compared to the CCG average of 92.14% and the national average of 90.10%.
- The dementia diagnosis rate of 70% was below the CCG rate of 82.91% and national average of 83.92%.

This current year, 2015/16 the practice have a total of 42 patients on their dementia register of which 25 have been reviewed which leaves 17 patients to be reviewed between January and March 2016 for a 100% achievement. These patients are all on the practice's recall system and will be seen accordingly.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years, one of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit which, included medicines used for the management of high risk patients with atrial fibrillation. The review showed that all patients were appropriately treated.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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.

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring 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 people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice engaged in a scheme with the local food bank to provide food vouchers for three days of emergency food to vulnerable patients.

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 in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Chlamydia screening 'grab and go' test kits were available for patients under the age of 25 years.
- Smoking cessation advice was available from a local support group.

The practice had a failsafe 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 87.51%, which was above the CCG average of 81.86% and the national average of 82.54%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82.9% to 97.4% compared to the CCG 83.5% to 96.5% and five year olds from 87.6% to 96.5% which were above the CCG of 84.1% to 94.5%. Flu vaccination rates for the over 65s were 80.02%, and at risk groups 56.45%. These were also above the national averages of 73.25% and 52.29%.

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.

- 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 and that 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.

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

We also spoke with two members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 92% said the GP gave them enough time (CCG average 84%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 78%, national average 85%).

- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 90%).

However the practice scored below average for patients experience with reception staff:

- 76% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

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:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 85 patients on the practice list as carers and 38 had received the annual flu vaccine over the last 12 months. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice were involved in the health and equalities project with the CCG,

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 6pm daily. Extended hours surgeries were not offered at the practice. In addition, pre-bookable appointments could be booked up to two weeks in advance for GPs and four weeks for nurses, urgent appointments were also available for people that needed them.

The practice had a duty doctor system so that patients had access to same day telephone responses, advice and appointment according to clinical need.

Patients were advised to call NHS 111 when the practice was closed. There was also a Walk-In Centre located at Sheppey Community Hospital on the Isle of Sheppey, which was open from 8am to 8pm 365 days per year.

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

- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were lower compared to local and national averages. For example; 56% of patients were satisfied with the practice's opening hours compared to the CCG average of 68% and national average of 75%.
- 56% patients said they could get through easily to the surgery by phone (CCG average 65%, national average 73%).

- 56% patients described their experience of making an appointment as good (CCG average 65%, national average 73%).
- 35% patients said they usually waited 15 minutes or less after their appointment time (CCG average 60%, national average 65%).

The practice had been proactive to respond to patient feedback, the majority of negative feedback had been surrounding appointments. After the retirement of one of the partners last year and the difficulties recruiting a replacement, the practice decided to apply to close their list. This enabled them to maintain and provide care to their existing population and ease some pressure on the appointments system.

The practice had an ongoing action plan in response to the GP patient survey:

1. The doctors and the practice manager were aware of the need to make changes to the appointment system, which has been reinforced.
2. The practice currently released appointments on a two weekly basis, which possibly needed to be extended to at least a four weekly basis.
3. The practice manager had made arrangements to visit local practices to view and observe how other appointment systems are managed.
4. The reception manager was also monitoring the system for a period of four weeks to ascertain response times when answering the telephone. (The telephone should be answered within a 4 ring time scale).
5. The results of the fact finding visits and the monitoring would be discussed within the practice meeting in January 2016.

Listening and learning from concerns and complaints

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

- 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.

Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system for example, posters displayed, summary leaflet available and information on the practice website.

We looked at nine complaints received in the last six months and found they were satisfactorily handled. Lessons were learnt from concerns and

complaints and action was taken to as a result to improve the quality of care. For example, there had been a problem with an appointment where the patient's wife booked in for a health check instead of the patient. The issue was discussed with all of the reception staff, who were told, to be aware when patients were booking appointments to confirm their date of birth.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is 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 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 partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

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 in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- 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 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 and were confident in doing so and felt supported if they did. We also noted that team building social events were held every six months. For example, summer picnic and bowling.
- 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had improved GPs awareness of patients' concerns. Patients had expressed concerns about the car park being used at weekends as a gathering place where people would drink and leave their drink cans littering the car park. The PPG suggested that the practice contacted a local person who collected aluminium tins to raise money for charity. The PPG members we spoke to told us that as a result of this action, all the rubbish from the car park was removed at weekends and the car park was litter free.
- The practice had also gathered feedback from staff through staff away days and generally through staff

Are services well-led?

Good 

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

meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the reception staff had discussed patient confidentiality when taking telephone calls. They suggested that they had radio headsets that would allow them to walk to the back of the reception office or into a nearby corridor when taking a call. We saw that all the reception staff had been issued with individual radio headsets. The practice were also planning to move the telephone lines into a room at the back of the practice to create a telephone hub to ensure patient confidentiality. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to

improve outcomes for patients in the area. For example, the practice were participating in the Swale Health Inequalities Project aimed at those patients between the ages of 18-40 to promote good health by checking BMI (body mass index used to calculate healthy weight), smoking status, alcohol intake and giving appropriate advice.

We spoke with the GP registrar who praised the practice. They felt that they were being taught well at the practice. They had received an excellent induction which thoroughly covered all required areas and included time in the community with the district teams which gave him a real insight into how the practice is viewed by the local population. They felt well supported and told us they were always given a debrief at the end of the day. The registrar told us they felt that the practice was safe, effective, caring, responsive, well led and had they no concerns.