

# New Lyminge 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

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 New Lyminge Surgery on 21 June 2016. 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. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Data from the Quality and Outcomes Framework showed patient outcomes were similar to local and national averages (QOF - is a system intended to improve the quality of general practice and reward good practice).

- 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.
- Urgent appointments were available the same day. However, some patients told us they had difficulties in accessing routine appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff told us that translation services were available for patients who did not have English as a first language and there was a translation facility on the practice's website.
- There was a clear leadership structure. The practice sought feedback from staff and patients, which it acted on. Staff we spoke with told us they felt supported by management.

# Summary of findings

- The patient participation group (PPG) was active and representatives told us on the day of the inspection that they were able to suggest changes which the practice actioned when possible.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice:

- The care co-ordinator role was undertaken by an experienced nurse who had developed individualised and comprehensive care plans for patients at risk of hospital admission. When necessary the care co-ordinator visited these patients at home to ensure care plans remained current so that these patients received timely and appropriate support.
- The PPG was working with a nearby charity to look at how they could work together in order to improve outcomes for older patients. The PPG had visited the local charity and volunteers from the charity were due to attend a PPG meeting to see how older patients in the community could be better supported.

The areas where the provider should make improvement are:

- Review the appointment system to ensure the care needs of all population groups are met.
- Review how infection prevention audits are carried out to help ensure effectiveness.
- Review how near misses are recorded in the dispensary to help reduce the risk of errors in the future.
- Review standard operating procedures(SOPs) to ensure they contain a date for future review.
- 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.

- 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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to reduce the chance of 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.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to local and national averages.
- 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 all staff.
- Staff worked with other health care professionals 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 from the national GP patient survey showed patients rated the practice higher than others for most 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.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good 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. For example, one of the GP partners was the chair of the local CCG and as part of this role had provided an education session for other local providers to improve care and highlight available services for patients with learning disabilities.
- Urgent appointments were available the same day. However, some patients told us they had difficulties in accessing routine appointments.
- 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 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.

- 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.
- There was a clear leadership structure which included lead roles for GP partners such as mental health, safeguarding and learning difficulties. 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 GP 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.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active and representatives told us on the day of the inspection that they were able to suggest changes which the practice actioned when possible.

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 proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The care co-ordinator role was undertaken by an experienced nurse who had developed individualised and comprehensive care plans for patients at risk of hospital admission. When necessary the care co-ordinator visited these patients at home to ensure care plans remained current so that these patients received timely and appropriate the support.
- A member from the PPG was working with a local charity to improve outcomes for older people.
- The practice identified patients receiving palliative care and with the support of the local community nurses issued them with 'just in case boxes' to ensure that certain medicines were available when required.
- One of the GP partners was working with the clinical commissioning group (CCG) to redesign the local palliative care pathway.

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 were similar to local and national averages.
- 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.
- Patients from this group could loan clinical equipment including glucose monitors and nebulisers.

Good



# Summary of findings

## Families, children and young people

The practice is rated as good 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 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.
- The practice's uptake for the cervical screening programme was 79%, which was similar to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- One of the GP partners had a lead role in the local CCG and worked with Child and Adolescent Mental Health Services (CAMHS), commissioners and providers, chairing local operational meetings to improve outcomes for children in the area.

Good



## 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. However, some patients told us they had difficulties in accessing routine appointments.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice had 550 patients signed up to online services, which was 14% of the practice list. The practice was consulting with the patient participant group (PPG) on how to promote online services and improve uptake.
- Extended hours available outside of core hours and an emergency walk in clinic on Friday afternoons.
- Availability of telephone appointments for those unable to attend the surgery during working hours.

Good





# Summary of findings

## 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 including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.
- There was a GP lead for learning disabilities and the practice provided easy to read materials for this patient group.
- There were joint appointments with GPs and the health care assistant to provide annual health checks in order to reduce waiting times and visits for patients with learning disabilities.
- The practice website contained a translation facility.

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).

- 100% of patients diagnosed with dementia had received a face to face review of their care in the last 12 months, which was better than local and national averages.
- Performance for diabetes related indicators were better than local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency 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.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing better than or in line with local and national averages. Two hundred and thirty one survey forms were distributed and 126 were returned. This represented 3% of the practice's patient list.

- 71% of respondents found it easy to get through to this practice by phone compared to the CCG and national average of 73%.
- 85% of respondents were able to get an appointment to see or speak to someone the last time they tried, which was better than the CCG average of 80% and national average of 76%.
- 97% of respondents described the overall experience of this GP practice as good, which was better than the CCG average of 86% and the national average of 85%.
- 96% of respondents said they would recommend this GP practice to someone who has just moved to the local area, which was better than the CCG average of 79% and the national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards 38 were positive about the service provided at the practice, although five of these comment cards also contained negative

comments. There was one comment card that was negative. Patients commented positively about the clinical expertise of the GPs and nurses, but also appreciated the polite, friendly and helpful care given by all members of staff. Several patients described the practice as 'first class'. Negative comments were about having to wait for routine appointments and difficulties in accessing the practice by telephone, especially at peak times. The practice was aware about both these areas from patient feedback and the patient participation group (PPG). In response they had plans to promote online services and review the appointment system.

We spoke with eight patients, including two members of the PPG. Most of the patients we spoke with talked positively about the personalised and responsive care provided by the practice and told us that their dignity, privacy and preferences were always considered and respected. However, alongside their positive comments, several patients mentioned difficulties in obtaining routine appointments.

The PPG representatives we spoke with told us the PPG were supported by the practice and suggestions made by the PPG had been listened to and actioned where possible.

## Areas for improvement

### Action the service SHOULD take to improve

- Review the appointment system to ensure the care needs of all population groups are met.
- Review how infection prevention audits are carried out to help ensure effectiveness.
- Review how near misses are recorded in the dispensary to help reduce the risk of errors in the future.
- Review standard operating procedures(SOPs) to ensure they contain a date for future review.
- 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 care co-ordinator role was undertaken by an experienced nurse who had developed individualised and comprehensive care plans for patients at risk of hospital admission. When

# Summary of findings

necessary the care co-ordinator visited these patients at home to ensure care plans remained current so that these patients received timely and appropriate support.

- The PPG was working with a nearby charity to look at how they could work together in order to improve

outcomes for older patients. The PPG had visited the local charity and volunteers from the charity were due to attend a PPG meeting to see how older patients in the community could be better supported.

# New Lyminge Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

### Background to New Lyminge Surgery

New Lyminge Surgery serves a small rural area in and around Lyminge from purpose built premises. There are approximately 3800 patients on the practice list. The practice has more patients aged over 64 years and fewer patients aged nine and under than national averages.

The practice holds General Medical Service contract and consists of three GP partners (one male and two female). There is one practice nurse (female), a nurse care coordinator (female) and one healthcare assistant (female).

New Lyminge Surgery is able to provide dispensary services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy premises. There are currently 1800 dispensing patients registered to use this service. This service is delivered by four part-time dispensers. The GPs, nurses and dispensers are supported by a practice manager and a team of administration and reception staff. A wide range of services and clinics are offered by the practice including: asthma, diabetes, and minor surgery and child health / baby clinics. There is access to a physiotherapist on site.

The practice is open from 8am to 6pm on a Monday and 8.30am to 6pm. The practice submits a duty GP rota with

contact details to Integrated Care 24(IC24) so that patients have access to a GP between 8am and 8.30am (Tuesday to Friday) and 6pm and 6.30pm (Monday to Friday). There are extended hour's clinics alternate Tuesday evenings until 7pm and Saturday mornings 9am until 12noon.

An out of hour's service is provided by IC24, 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 the website.

Services are delivered from:

Greenbanks, Folkestone, Kent, CT18 8NS.

### 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 21 June 2016. During our visit we:

- Spoke with a range of staff including two GPs, the practice nurse, the care co-ordinator, the healthcare

# Detailed findings

assistant, the practice manager, dispensers, receptionists, a community nurse from the local community trust, administrators and patients who used the service.

- Observed how reception staff talked with patients, carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. There were 16 significant events recorded in the last 12 months, the practice had analysed and learnt from these events in order to improve safety in the practice. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident in the dispensary involving an incorrect medicine dosage being prescribed but not dispensed resulted in a change of protocols.

### 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:

- There were 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. A GP partner was the safeguarding lead. 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. GP partners and the practice nurse were trained to child protection or child safeguarding level 3.

- A notice in the waiting and clinical rooms 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. Infection control audits were undertaken every six months and we saw evidence that action was taken to address any improvements identified as a result. However, we found two out of date sharps boxes in one of the consulting rooms which the infection prevention audit had failed to record. The practice disposed of these during the inspection.
- The arrangements for managing medicines (obtaining, prescribing, recording, handling, storing and security) including emergency medicines and oxygen kept patients safe. Medicines which required refrigeration were kept between 2oC and 8oC and clear, consistent records were available to demonstrate this. There was a named GP who was the lead for the dispensary. The practice received and acted upon medicines safety alerts and recalls.
- Arrangements for controlled drugs (medicines which are more liable to misuse and so need closer monitoring) were appropriate. Staff showed us records for ordering, receipt, supply and disposal of controlled drugs. These records met legal requirements. The key for the controlled drugs cabinet was kept locked in a key safe however, this was portable. We raised this with the practice during the inspection and evidence was submitted to the CQC within the required 48 hours that arrangements had been made to fit the key safe to a wall.
- Staff involved in dispensing activities were trained to an appropriate level and received appraisals annually. We

## Are services safe?

saw evidence of continuous learning through completion of additional training relevant to their roles. The practice used standard operating procedures (SOPs) for dispensing, which staff had signed. These had just been reviewed but did not contain a date for future review. Prescription forms (FP10s) were stored securely and there was a robust system for tracking their use through the practice. There were relevant and up to date documents to help ensure vaccines were administered safely. Staff demonstrated that they followed procedures to make sure patients could not obtain medicines which were not on repeat or needed further checks (such as a blood test). Staff showed us records of dispensing errors and demonstrated evidence of learning as a result of these. Formal recording of near misses (dispensing errors which do not reach a patient) was not undertaken. Staff told us they discussed these within the dispensary team when they happened. There was evidence that the practice sought to reduce inappropriate prescribing of antipsychotic medicines for people with learning disabilities, in line with national guidance.

- We reviewed five 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 annual 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).

- The practice had arrangements for 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 there were enough appropriate members of the team on duty. Staff had received training to undertake varied roles, for example, four of the receptionists were also trained dispensers.

### 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, however, the practice did not maintain inventories of emergency medicines. The practice submitted evidence to the CQC, within the required 48hours after the inspection, to show an inventory of these medicines had been adopted.
- The practice had a comprehensive business continuity plan 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 97% of the total number of points available with 8% exception reporting (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators were similar to the CCG and national averages. For example, 83% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months which was similar to the CCG average of 85% and national average of 88%. The practice had recognised this was an area they could improve and had plans to address this. For example, they were considering further training to enable the health care assistant to undertake foot checks.
- Performance for mental health related indicators were better than the CCG and national averages. For example, 100% patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (CCG average and national average 84%).

There was evidence of quality improvement including clinical audit.

- There had been number clinical audits completed in the last two years, including several completed audits cycles, where improvements were made, implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, a two cycle audit looking at the efficacy of referrals to other health care providers showed a marked improvement in the second cycle.

Information was used to make improvements which was evident in a single cycle audit of dispensing errors. The audit was used to identify dispensing errors and the underlying contributory factors. An action plan to reduce errors was formulated and underpinned with a plan to re-audit in one year to monitor outcomes.

### 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, 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 had attended training in areas such as diabetes and Chronic Obstructive Pulmonary Disease (COPD - the name for a collection of lung diseases, including chronic bronchitis and emphysema). The Health care assistant had received extra training in areas such as phlebotomy (taking blood from a vein).
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources 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



# Are services effective?

## (for example, treatment is effective)

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. 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. We spoke with a local community nurse who told us the practice was both accessible and responsive when patients required extra or urgent support.

### 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.

### 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, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Patients at the practice had access to a physiotherapy service.

The practice's uptake for the cervical screening programme was 79%, which was similar to the CCG average of 83% and the national average of 82%. There was a policy to conduct telephone reminders for patients who failed to attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme. We saw an example of how the practice spent time working with a patient with learning disabilities to ensure the patient had the opportunity to make an informed choice about participating in the cervical screening program. Extra appointments were provided for the patient alongside appropriate information. There was a female sample taker available.

The practice encouraged patients to attend national screening programmes for bowel and breast cancer screening and was better than national and local averages over a thirty six month period. For example, 67% of patients aged between 60 – 69 years had been screened for bowel cancer in the last 30 months, which was better than the CCG average of 60% and the national average of 58%. Eighty one percent of females aged 50 – 70 years had been screened for breast cancer in last 36 months, which was better than the CCG average of 72% and the national average of 76%.

Childhood immunisation rates for the vaccinations given were similar to CCG averages. For example, childhood immunisation rates for the vaccinations given to children aged two years and under ranged from 79% to 95% (CCG average 82% to 96%) and five year olds from 88% to 97% (CCG average 80% to 96%).

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.

# 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.
- Conversations between receptionists and patients, both over the telephone and face to face, could be overheard in the waiting room. The practice was aware of this and provided background music to buffer sound. The receptionists were also aware of patient confidentiality and we saw that they took account of this in their dealings with patients. There was access to a private area if patients wished to discuss sensitive issues or appeared distressed.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards 38 were positive about the service provided at the practice, although five of these comment cards also contained negative comments. There was one comment card that was negative. Patients commented positively about the clinical expertise of the GPs and nurses, but also appreciated the polite, friendly and helpful care given by all members of staff. Several patients described the practice as 'first class. Negative comments were about having to wait for routine appointments and difficulties in accessing the practice by telephone, especially at peak times. The practice was aware about both these areas from patient feedback and the patient participation group (PPG). In response they had plans to promote online services and review the appointment system.

We spoke with eight patients, including two members of the PPG. Most of the patients we spoke talked positively about the personalised and responsive care provided by the practice and that their dignity, privacy and preferences were always considered and respected. However, alongside their positive comments, several patients mentioned difficulties in obtaining routine appointments.

The PPG representatives we spoke with told us the PPG were supported by the practice and suggestions made by the PPG had been listened to and actioned where possible.

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

- 100% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 98% of respondents said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 100% of respondents said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 99% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 95% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to CCG average of 92% and the national average of 91%.
- 91% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 90% 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 or better than local and national averages. For example:

## Are services caring?

- 97% 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%.
- 96% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 86% 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 the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language and there was a translation facility on the practice's website.
- Information leaflets were available in easy read format.

### **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 24 patients as carers (0.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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 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. One of the GP partners was the chair of the local CCG and as part of this role had provided an education session for other local providers to improve care and highlight available services for patients with learning disabilities.

- The practice offered extended hours alternate Tuesday evenings and Saturday mornings for working patients who could not attend during normal opening hours.
- There were longer appointments and appropriate information leaflets were available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The care-coordinator also provided home visits to ensure this group of patients were receiving appropriate and timely support through personalised and contemporary care plans.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.

### Access to the service

The practice was open from 8am to 6pm on a Monday and 8.30am to 6pm. The practice submitted a duty GP rota with contact details to Integrated Care 24(IC24) so that patients had access to a GP between 8am and 8.30am (Tuesday to Friday) and 6pm and 6.30pm (Monday to Friday). There were extended hours clinics alternate Tuesday until 7pm evenings and Saturday mornings 9am until 12noon.

Appointments could be booked up to 12 weeks in advance and urgent appointments were also available for patients that needed them.

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

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 78%.
- 71% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments if they could attend that day. However, some patients told us that they had difficulties in booking routine appointments in advance.

The practice had a system for staff to assess:

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

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits and there was a protocol for staff to support the delivery of this service. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. There were medical emergency protocols readily available to support staff during this process.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance for GPs in England.
- The practice manager handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the form of leaflets and material on the practice's website.

The practice wanted to learn from patients' feedback and recorded complaints from all available avenues. There had been eight written complaints received in the last 12 months in areas such communication, booking appointments and prescriptions. Lessons were learnt from

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

complaints and action was taken as a result to improve the quality of care. For example, a complaint about prescribing resulted in a review of protocols and an action plan to review compliance.

# 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 and ensured that:

- There was a clear staffing structure; the GPs had lead roles in areas such as safeguarding, mental health and palliative care. Staff were aware of the leadership structure and told us how they accessed appropriate support from the GP partners when needed. Staff were aware of their own roles and responsibilities but were willing and trained to support each other across roles, when necessary, to ensure continuity of care for patients.
- Practice specific policies were implemented and were available to all staff. Staff we spoke with knew how to access policies.
- 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the GP partners and the practice manager 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 GP partners and the practice manager 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). 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. We saw minutes from clinical and full practice meetings to support this.
- 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 GP partners and practice manager. Staff we spoke with told us they 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 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 practice had made changes in the car park after the PPG had highlighted issues around parking spaces and lighting. Additionally in a survey conducted by the PPG and the practice, patients raised concerns about confidentiality in the waiting room so music is now played to reduce this.

# Are services well-led?

Good 

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

- The practice had gathered feedback from staff 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 told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was part of local pilot schemes to improve outcomes for patients in the area. For example they were involved a new pilot scheme with the local clinical commissioning group (CCG) to develop an end of life pathway.

The practice was aware that their rural location could professionally isolate them and had a number of measures

to counteract this. For example the GP partners took lead roles in the local CCG and other organisations such as Child and Adolescent Mental Health Services (CAMHS). The practice was collaborating with other local practices from Hythe, Lyminge, New Romney and Lydd to share resources and learning.

The practice team was forward thinking with robust systems and processes to govern activities. Nevertheless, the GP partners continued to look locally and nationally at other practices for innovations that could be utilised to improve the practice and outcomes for the local population. The management team showed us a program for development over the next few years including areas such as premise improvement and staff development.