

Ferry Road Health Centre

Quality Report

Ferry Road, Rye,
East Sussex
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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?

Requires improvement 

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 Ferry Road Health Centre on 19 August 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 in place 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.
- 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.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice dispensed medicines to patients who lived within a mile of the surgery.
- Although there were some effective systems in place to manage medicines, the practice needed to improve their monitoring of fridge temperatures and management of controlled drugs.
- 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 requirements of the duty of candour.

The areas where the provider must make improvement are:

Summary of findings

To ensure the proper and safe management of medicines. Specifically to ensure that refrigerators are monitored daily and that controlled drugs are handled in accordance with the legislation. Additionally staff should ensure that they are aware of the identity of their CD (controlled drugs) Accountable Officer and authorised witnesses.

The areas where the provider should make improvement are:

To ensure that near misses in the dispensary are recorded.

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 requires improvement for providing safe services.

- There was an effective system in place 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 prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Although there were some effective systems in place to manage medicines the practice needed to improve their monitoring of fridge temperatures and management of controlled drugs.

Requires improvement



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 at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was 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 several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice were also involved in the process of forming a federation of local GP practices.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- 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 and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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.

Good



- 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.
- They had a pro-active approach to offering appointments convenient to the elderly. For example they would be offered appointments whilst they were visiting the day centre next door.
- Patients reaching the age of 65, who are not already in 'at risk' groups, were invited by letter to attend for a flu and pneumococcal vaccine.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients with complex health needs were offered one stop appointments so that all of their health needs could be addressed in one appointment.
- Patients would be invited to appointments to be seen jointly by a nurse and a GP.
- Patients at risk of unplanned admissions were invited to be put on the register and received a personalised care plan that was uploaded on to the local ambulance system.
- Patients on the 'unplanned admissions' register received contact with the GP within 48 hours of the surgery receiving a discharge letter from hospital in-patient or A&E attendance.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was 88% (clinical commissioning group average (82%), national average (78%).
- Patients with long term conditions would be signposted to and encouraged to engage with local self help groups.
- Longer appointments and home visits were available when needed.

Summary of findings

- 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 with complex conditions would be given personal care plans.
- Multidisciplinary team (MDT) meetings were held monthly and included community nurses and advanced nurse practitioners, mental health and palliative care and support nurses and members of the adult social care team.

Families, children and young people

The practice is rated as good for the care of 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.
- 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.
- Ante natal, post-natal and six week baby checks were available.
- There was a 'teen scene' page on the website aimed specifically at teenagers.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years was 81% (CCG average 84%, national average 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 and health visitors.

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.
- Extended hours appointments were available on alternate Saturday mornings. Appointments were also available until 6.20pm on Mondays and from 8.10am on Tuesdays.

Good



Summary of findings

- 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.
- Patients not taking up cancer screening invites (breast, cervical and bowel) were contacted by letter encouraging them to attend.
- Health checks were offered by letter to all patients aged between 40-74 years to promote healthier lives. The practice were taking part in the 'Let's Get Moving' campaign to encourage people to become more active.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- We saw examples where staff members had raised concerns about vulnerable patients and these were discussed at multi-disciplinary team meetings. As a result the concerns were followed up and positive outcomes were achieved for the patients.
- 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.

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).

Good



- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is better than the CCG (82%) and the national (84%) averages.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% (CCG average 93%, national average 88%).

Summary of findings

- 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 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 patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with or above local and national averages. There were 233 survey forms distributed and 106 were returned. This represented 3% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group average of 78% and national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group average of 81% and national average of 76%.
- 91% of patients described the overall experience of this GP practice as good compared to the clinical commissioning group average of 87% and national average of 85%.

- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the clinical commissioning group average of 79% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received. The practice was described as good, very good or excellent and staff as helpful, kind, caring and attentive.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The friends and family test carried out since January 2016 showed that out of 385 patients who filled in returns, 94% would recommend the practice to their friends and family.

Ferry Road Health Centre

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, two CQC pharmacy inspectors and a CQC assistant inspector.

Background to Ferry Road Health Centre

Ferry Road Health Centre offers general medical services to the people of Rye. There are approximately 3550 registered patients. The practice is able to dispense medicines to its patients living within a one mile radius of the practice. The practice also offers some appointments at three branch surgeries.

Ferry Road Health Centre is run by a single GP (male) with the support of two session GPs (long term locums, both female). The practice is also supported by an Advanced Nurse Practitioner, two practice nurses, two health care assistants, a dispensary manager, dispensary assistant and a team of receptionists, administrative staff and a practice manager. The practice had recently recruited an additional nurse but were waiting for the results of pre-employment checks.

The practice runs a number of services for its patients including asthma, diabetes and chronic heart disease clinics, child immunisation clinics, well women clinics, anti coagulation medicine testing, new patient checks and National Health Service health checks for 40-75 year olds. Antenatal, post natal and six week baby checks are available. The practice also carries out minor surgical procedures on the premises.

Services are provided at:

Ferry Road, Rye, East Sussex, TN31 7DN

Opening hours are Monday to Friday 8.30am to 6pm

Consultations are available at the main surgery on:

Monday 8.40am to 12.10pm and 2pm to 6.20pm.

Tuesday 8.10am to 10.50pm and 1.10pm to 4.20pm.

Wednesday 9.10am to 11.50pm and 1.10am to 3.30pm

Thursday 9am to 11.50pm and 2pm to 4.50pm

Friday 8.40am to 11.50pm and 1.10pm to 4.20pm

Saturday 9am to 10.20am alternate Saturdays by pre booked appointment only.

Consultations are also available at:

Brookland Surgery Wednesday 12.30pm to 1.30pm

Winchelsea Beach Surgery Wednesday 2.30pm to 3.30pm

Camber Surgery Thursday 12.30pm to 13.30pm

When the practice is closed patients are advised to call the NHS 111 service.

The practice population has a slightly lower number of patients below ages of 19 than the national average. There is also a higher percentage than both the CCG and national averages of patients aged 65 or more. There is a higher than average number of patients with a long standing health condition and slightly higher than average number of patients with a caring responsibility. The percentage of registered patients who have health related problems in daily life is a higher than the CCG or national averages. The percentage of registered patients suffering deprivation affecting adults is similar to that for the clinical

Detailed findings

commissioning group (CCG) or the national average. The percentage of registered patients suffering deprivation affecting children is just above the CCG average and higher than the national average.

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 19 August 2016. During our visit we:

- Spoke with a range of staff including GPs, an advanced nurse practitioner, nurses, health care assistants, dispensary staff, administration and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for.

- 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 in place 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 asked to come in for a meeting and informed of the incident. They received reasonable support, truthful information, a verbal and 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. We saw that significant events and complaints were discussed at monthly meetings and also reviewed at annual review meetings. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient had presented two days previously with a vague history of chest pain. Some blood tests were taken to exclude a cardiac (heart) cause, but came back positive. The practice then had difficulty contacting the patient as they only had a home number for them and they weren't at home. As a result systems were changed and reception staff now ask for as many contact details as possible.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding of both adults and children. 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. GPs were trained to child protection or child safeguarding level three. All other staff were trained to a level appropriate to their role. All staff had completed Mental Capacity Act (2005) and Deprivation of Liberty safeguarding training.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. All staff 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. One of the practice nurses 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 obtaining, prescribing, recording, handling, storing, security and disposal) did not always keep people safe. Repeat prescription requests were managed by dispensary staff. Patients taking high risk medicines (requiring closer monitoring), or patients requiring review of their medicines were appropriately referred to clinical staff. Patients who did not collect their medicines were telephoned. The practice held a list of vulnerable patients; this included patients who may require more support with their medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms (FP10s) were stored securely and a new process had been

Are services safe?

implemented to track prescriptions through the practice. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a Patient Specific Prescription or Direction from a prescriber.

- There was a named GP responsible for the dispensary. Dispensary staff had received appropriate training and were supported to develop skills and received annual appraisals. Standard Operating Procedures (SOPs) were in place for all dispensary tasks (these are written instructions about how to safely dispense medicines). Expiry dates of medicines were checked regularly and all medicines were stored securely. Fridge temperatures were monitored, but not always recorded daily. Some recordings were outside the recommended minimum and maximum range of 20C and 80C although appropriate action had been taken. The practice had a system in place to monitor the quality of the dispensing process. We were told that there had been no dispensing errors and staff did not keep records of 'near misses' (dispensing errors that are identified before the medicines leave the dispensary). Prescriptions for repeat medicines and for controlled drugs (CDs - medicines with potential for misuse, requiring special storage and closer monitoring) were signed before dispensing. However, prescriptions generated by the GP during patient appointments were sent directly to the dispensary for printing and were signed at the end of surgery. The practice held a stock of CDs. We found that a CD, returned from a patient, had been placed back into the stock box and entered into the register as 'returned from patient.' Staff were aware that all medicines supplied to patients, including CDs, must not be reused and should be disposed of according to waste regulations. A CD destruction kit was available. Staff were not aware of the contact details for the current CD Accountable Officer and authorised witnesses who can help in the destruction of stock CDs. We saw a number of amendments in the CD register where entries had

been made in error. A CD register is a legal document and any mistakes should remain legible; the correction made should be signed and dated in the margin, or linked to a footnote at the bottom of the page.

- We reviewed four personnel files including a GP locum file 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 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 practice manager's office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice had commissioned a new legionella risk assessment because the maintenance contract had changed and had been visited once by the company. They were awaiting further advice from the specialist company involved. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 enough staff were on duty. Every staff member had a 'buddy' who could access their email account when they were off or on leave. Buddies weren't allowed to take time off at the same time. Several members of staff covered aspects of the practice manager's role if absent.
- The GPs used tried and trusted locums that they knew well, where they could. All locums were well vetted by the practice and all locums were given a locum pack of policies, procedures and useful information when they arrived.

Are services safe?

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 and panic button on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Hard copies of the plan were kept off site. The practice had needed to use the plan once when the telephone system went down and we were told by staff that it had worked well.

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 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 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 98% of the total number of points available.

Exception reporting (8%) was slightly lower than the clinical commissioning group (CCG) average of 9% and national average of 9%. (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 2014-2015 showed:

- Performance for diabetes related indicators was better than the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 97% (national average 88%). The percentage of patients with diabetes, on the register, whose last measured total cholesterol was 5 mmol/l or less was 87% (national average 81%).
- Performance for mental health related indicators was better than the national average. For example; the percentage of patients with schizophrenia, bipolar

affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% (national average 88%).

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last year, One of these was a completed two cycle audit where the improvements made were implemented and monitored and the other three were first cycles and had re-audit dates planned.
- Additionally the principal GP carried out continuous audits of minor surgery.
- Audit findings were discussed at monthly staff meetings.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken in response to an audit included a new system of recall for patients on certain medicines that required regular blood test monitoring. Results improved from 70% of patients having had all of the blood tests required each month after the first audit to 100% when the when the second audit was completed.

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.
- 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

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. A training matrix was pinned to the practice manager's wall which listed each member of staff's training record and also recorded when updates were due. The practice retained copies of certificates for all staff members and staff also kept personal copies of their training records. Training included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff were responsible for keeping their personal development plans updated and all staff had received an appraisal within the last 12 months.

- Clinicians attended clinical commissioning group bi-monthly training afternoons to ensure continuity of treatment of patients in primary care.
- 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.
- Patients with care plans such as those on the list of patients at risk of hospital admission had their care plans uploaded on to the local ambulance service's computer systems with their permission.

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. All patients had a full review of their records and clinical condition, including medication, within 48 hours of the practice receiving their discharge summary from the hospital. Multi-disciplinary team meetings (MDT) took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for

patients with complex needs. The meetings were attended by staff from the local mental health team, community nursing team, adult social care and the palliative care team. There were also palliative care team meetings held on the same day. All staff members including reception and dispensary staff could include patients that they had concerns for in the meetings. We saw two examples where this had happened resulting in positive outcomes for the patients concerned.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The new patient pack included information on data sharing and staff went through this with new patients when they first registered.

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.
- Smoking cessation advice was available from a local support group on site.

The practice's uptake for the cervical screening programme was 75%, which was comparable to the CCG average of 75% and the national average of 74% (source Public Health England National GP Profiles). There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer

Are services effective?

(for example, treatment is effective)

screening and would phone patients with reminders if they did not take up the offer. There were systems in place to audit samples taken for the cervical screening programme and patients were advised to call for results. As a failsafe measure the practice were introducing a new system of checking results against samples taken. The practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to or better than CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds were 100% (CCG 92% to 93%) and five year olds ranged from 95% to 97% (CCG 92% 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 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Health checks were offered by letter to all patients aged between 40-74 years to promote healthier lives. The practice was taking part in the 'Let's Get Moving' campaign to encourage people to become more active.

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.
- We saw that consulting room doors had "please knock and wait" signs on them to promote the privacy of patients.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We observed all members of staff treating patients in a warm and friendly yet professional way. There was an ethos of caring throughout the team.

All of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were very 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 in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 97% of patients 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 local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% 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. We saw notices in the reception areas informing patients this service was available.

Are services caring?

- The GP principle could converse in four languages other than English.
- Information leaflets were readily available.

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 63 patients as

carers (2% of the practice list). Carers and patients on the carers register were contacted at least once a year, inviting them for health checks and flu vaccines. Written information was available to direct carers to the various avenues of support available to them. The practice provided rooms for and actively promoted a local carers support group drop in clinic.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. An alert was put on the patient's notes. The telephone call was either followed by a consultation with the bereaved relatives or by giving them advice on how to find a support service as appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was part of a newly formed federation of local GPs. A GP federation is a group of GP practices that agree to work collaboratively often as a way to share costs and resources or as a vehicle to bid for enhanced services contracts.

- The practice offered appointments from 08.10am and until 6.20pm in the evening as well as bookable surgeries on alternate Saturdays.
- There were longer appointments available for patients with a learning disability and complex medical problems.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients with complex health needs were offered one stop appointments so that all of their health needs could be addressed in one appointment.
- Prescriptions could be ordered and appointments booked, online. Patient access to medical records was also being rolled out.
- Patients on the 'unplanned admissions' register received contact with the GP within 48 hours of the surgery receiving a discharge letter from hospital in-patient or A&E attendance. Personalised care plans were reviewed every six months or as required if an incident occurred within that time.
- The practice were pro-active in offering on-line services. All new patients were asked at the time of registration and details were available in newsletters and on the practice website.
- Appointments were bookable up to two weeks ahead and same day appointments were available for children and those patients with medical problems that require same day consultation. Pre bookable appointments were released at various days and times which the practice had found decreased the number of patients failing to attend appointments.
- They had a pro-active approach to offering appointments convenient to the elderly. For example they would be offered appointments whilst they were visiting the day centre next door.
- The practice provided rooms for professionals from other National Health Service organisations and other bodies to support patients, for example mental health services and smoking cessation services.
- The practice operated an open door policy and District Nurses, Adult Social Care colleagues and members of the Mental Health Team always have access to a clinician to discuss specific patient needs.
- The practice provided a room for and actively promoted a local project who gave advice to patients on welfare benefits. All staff had undergone training in the welfare benefits services available.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Patients reaching the age of 65, who are not already in 'at risk' groups, were invited by letter to attend for a flu and pneumococcal vaccine.
- There was a 'teen scene' page on the website aimed specifically at teenagers.
- There were disabled facilities, a hearing loop and translation services available and the principal GP spoke four languages in addition to English.

Access to the service

The practice was open on Monday to Friday 8.30am to 6pm

Consultations were available at the main surgery on:

Monday 08.40am to 12.10pm and 2pm to 6.20pm.

Tuesday 8.10am to 10.50pm and 1.10pm to 4.20pm.

Wednesday 9.10am to 11.50pm and 1.10am to 3.30pm

Thursday 9am to 11.50pm and 2pm to 4.50pm

Friday 8.40am to 11.50pm and 1.10pm to 4.20pm

Saturday 9am to 10.20am alternate Saturdays by pre booked appointment only.

Consultations were also available at:

Brookland Surgery Wednesday 12.30pm to 1.30pm

Winchelsea Beach Surgery Wednesday 2.30pm to 3.30pm

Camber Surgery Thursday 12.30pm to 13.30pm

Are services responsive to people's needs?

(for example, to feedback?)

When the practice was closed patients were advised to call the NHS 111 service.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. Appointments could also be booked online through the practice website.

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

- 88% of patients were satisfied with the practice's opening hours care compared to the CCG average of 80% and the national average of 78%.
- 79% of patients said they could get through easily to the practice by phone care compared to the CCG average of 78% and the national average of 73%.

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

The practice had a system in place to assess:

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

Staff recorded the details of requests for home visits which they put through to the GP. The GPs then phoned the patients to assess the most appropriate response to the request. 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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were posters and leaflets in the waiting room advising patients how to complain and there was also advice on the practice website.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way, openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient complained about a delay in a referral for a child. We saw that the complaint was dealt with correctly and lessons were learnt that would decrease the risk of delay in the future.

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 which reflected the vision and values and were regularly monitored. They were trying to recruit a new GP partner or salaried GP and were planning to increase staff numbers in response to an expected rise in patient numbers due to a planned housing development locally. They were also succession planning as they were aware that some staff may retire over the next few years. There were also plans being made to increase the size of the dispensary in response to the expected rise in patient numbers.

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 was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

On the day of inspection the GP principle in the practice demonstrated he had the experience, capacity and capability to run the practice and ensure high quality care. He told us he prioritised safe, high quality and compassionate care. Staff told us he was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place 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.
- In addition to regular significant event and complaint analysis, annual significant event and complaints review meetings were held which all staff attended and contributed to.

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

- Staff told us the practice held monthly staff meetings to enable staff to discuss new services, serious incidents, infection control, patient issues and any other departmental issues. Minutes were available on the computer for staff members unable to attend and for future reference. Reception staff held separate minuted meetings and the nursing team held regular informal meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at monthly team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the provider in the practice. All staff were involved in discussions about how to run and develop the practice, and the provider encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice

Are services well-led?

Good 

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

management team. For example, following patient feedback in a survey the practice started to run long term medical condition clinics on a Saturday morning. Survey results were published on the practice notice boards and website. The PPG also carried out health promotional events, which include talks from specialists and consultants from the local general hospital. The practice actively supported the organisation of such activity. The PPG had its own notice board in the waiting area and a suggestions box.

- The practice produced a patient newsletter in conjunction with the PPG which was available on the website, as a hard copy, or via email. Four hundred patients (11%) had provided an email address.
- The practice had a social media webpage with links to health promotion initiatives.
- 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 forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice encouraged all staff to attain their full potential and several members of staff were on NVQ courses (National Vocational Qualifications). For example, a member of the dispensary staff was just about to take an NVQ in Customer Care and a receptionist had completed an NVQ in Business and Administration amongst others.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.
Maternity and midwifery services	The provider did not ensure that medicines refrigerators were monitored daily.
Surgical procedures	The provider did not ensure that controlled drugs were handled fully in accordance with the legislation.
Treatment of disease, disorder or injury	This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.