

The Esplanade Surgery (Esplanade Healthcare)

Quality Report

1 The Esplanade
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Date of inspection visit: 27 and 29 October 2015
Date of publication: 28/01/2016

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 The Esplanade Surgery (Esplanade Healthcare), also known as only The Esplanade Surgery, on 27 October 2015 and 29 October 2015. Overall the practice is rated as good.

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

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the Duty of Candour.

However, there were also areas of practice where the provider needs to make improvements.

The provider must:

Summary of findings

- Ensure that all relevant staff are up to date with mandatory training such as safeguarding training, chaperone training, infection control training and fire safety training.
- Ensure the practice is able to respond to a medical emergency in line with national guidance.
- Raise staff awareness to the practice statement of purpose.
- Review governance processes and ensure that all documents used to govern activity are up to date and contain relevant contact details.

The provider should:

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 a system for reporting, recording and monitoring incidents, accidents and significant events.
- Lessons were shared to help ensure action was taken to improve safety in the practice.
- The practice had systems, processes and practices to keep patients safe and safeguard them from abuse.
- Not all staff were up to date with attending mandatory courses such as safeguarding training, chaperone training, infection control training and fire safety training.
- Most risks to patients were assessed and well managed.
- The practice was unable to demonstrate they were able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care.
- Patients told us and comments cards confirmed that they were able to get appointments when they needed them.
- The practice was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Records demonstrated that complaints were investigated, complainants received a response, the practice had learned from complaints and had implemented appropriate changes.

Good



Are services well-led?

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

- They had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. However, most staff we spoke with were not aware of the vision or the practice's statement of purpose.
- There was a clear leadership structure and staff felt supported by management. Practice specific policies were implemented and were available to all staff. However, not all policies and guidance documents were dated or had a planned review date.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the Duty of Candour. The GPs encouraged a culture of openness and honesty. The practice had systems that identified notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvements at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

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

Good



People with long term conditions

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

- Service provision for patients with long-term conditions included dedicated clinics with a recall system that alerted patients as to when they were due to re-attend.
- The practice employed staff trained in the care of patients with long-term conditions.
- The practice supported patients to manage their own long-term conditions.
- Specific health promotion literature was available.

Good



Families, children and young people

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

- Services for mothers, babies, children and young people at The Esplanade Surgery included access to midwives and health visitor care.
- Specific health promotion literature was available.
- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of accident and emergency attendances.
- Appointments were available outside of school hours.

Good



Summary of findings

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 practice provided a variety of ways for this patient population group to access primary medical services.
- Appointments were available outside of normal working hours.
- Appointments and repeat prescriptions could be accessed on-line.
- Specific health promotion literature was available.

Good



People whose circumstances may make them vulnerable

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

- The practice offered primary medical service provision for patients whose circumstance may make them vulnerable in a variety of ways.
- Patients not registered at the practice could access services.
- Interpreter services were available for patients whose first language was not English.
- Specific health promotion literature was available.
- Specific screening services were available.

Good



People experiencing poor mental health (including people with dementia)

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

- This patient population group had access to psychiatrist and community psychiatric nurse services as well as local counselling services.
- Specific health promotion literature was available.
- The practice had a system that followed up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed that the practice was performing in line with local and national averages. 334 survey forms were distributed and 92 were returned.

- 90% of respondents found it easy to get through to this practice by telephone compared to a clinical commissioning group (CCG) average of 64% and a national average of 73%.
- 96% of respondents found the receptionists at this surgery helpful (CCG average 85%, national average 87%).
- 83% of respondents were able to obtain an appointment to see or speak with someone the last time they tried (CCG average 81%, national average 85%).
- 83% of respondents said the last appointment they obtained was convenient (CCG average 90%, national average 92%).

- 79% of respondents described their experience of making an appointment as good (CCG average 64%, national average 73%).
- 66% of respondents usually waited 15 minutes or less after their appointment time to be seen (CCG average 61%, national average 65%).

We received 34 patient comment cards. Thirty three comments were positive about the service patients experienced at The Esplanade Surgery. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy.

We spoke with four patients during the inspection. All four patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that all relevant staff are up to date with mandatory training such as safeguarding training, chaperone training, infection control training and fire safety training.
- Ensure the practice is able to respond to a medical emergency in line with national guidance.

Action the service **SHOULD** take to improve

- Raise staff awareness to the practice statement of purpose.
- Review governance processes and ensure that all documents used to govern activity are up to date and contain relevant contact details.

The Esplanade Surgery (Esplanade Healthcare)

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Esplanade Surgery (Esplanade Healthcare)

The Esplanade Surgery is situated in Rochester, Kent and has a registered patient population of approximately 1,473.

The practice staff consists of two GP partners (both male), one practice manager, two practice nurses (both female) as well as administration and reception staff. The practice also directly employs one locum GP (male). There is a reception and a waiting area on the ground floor. The practice is not accessible to patients with mobility issues. The premises are grade II listed and modifications required to make the practice accessible to patients with mobility issues are not permissible. Home visits are provided for patients who are not able to access the premises due to mobility issues.

The practice has a general medical services (GMS) contract with NHS England for delivering primary care services to local communities.

Primary medical services are provided Monday to Friday between the hours of 8.30am to 1pm and 2.30pm to 6pm. Extended hours surgeries are offered alternate Monday and

Tuesday 6.30pm to 7.15pm. Primary medical services are available to patients registered at The Esplanade Surgery via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with other providers (Medway On Call Care) to deliver services to patients outside of the practice's working hours.

Services are provided from The Esplanade Practice, 1 The Esplanade, Rochester, Kent, ME1 1QE, only.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 October 2015 and 29 October 2015.

Detailed findings

During our visit we:

- Spoke with a range of staff (two GP partners, one locum GP, one acting practice manager, one practice nurse and two receptionist) and spoke with patients who used the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice had documents that guided staff, such as the protocol for recording and investigating significant events, and a system for reporting, recording and monitoring incidents, accidents and significant events.

- Staff told us they would inform the GP and practice manager of any incidents.
- Forms were available for staff to record incidents, accidents and significant events.
- The practice carried out analysis of the significant events.

We reviewed records of two significant events that had occurred in the last 12 months and saw this system was followed appropriately. All reported incidents, accidents and significant events were managed by designated staff. Staff told us that feedback from investigations was discussed at staff meetings and records confirmed this.

National patient safety alerts were processed by the practice manager and disseminated in paper form to staff at The Esplanade Surgery as necessary. Records showed that action was taken by the practice in response to relevant alerts. For example, searches were carried out in response to medication alerts to establish if any patients at the practice were affected and relevant action taken when necessary.

Overview of safety systems and processes

The practice had systems, processes and practices to keep people safe and safeguarded from abuse, which included:

- There were arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training relevant to their role. However, the practice was unable to demonstrate that all staff had received

training in safeguarding. The practice's whistleblowing policy did not contain current names and contact details of external organisations that staff could report any concerns to.

- Notices displayed in the practice advised patients that staff would act as chaperones, if required. All staff who acted as chaperones had received a disclosure and barring service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, the practice was unable to demonstrate they had received relevant training for the role.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol that guided staff. However, records showed that not all staff had received up to date infection control training. Infection control risk assessments and audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Inventories of all vaccines held were maintained. Staff told us that stock levels and expiry dates of vaccines were routinely audited. Vaccines we checked were within their expiry date and fit for use. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of

Are services safe?

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. Health and safety information was displayed for staff to see and there were designated health and safety representatives.
- There was a record of identified risks and action plans to manage or reduce risk. A fire risk assessment had been undertaken that included actions required in order to maintain fire safety. Some staff told us they had received fire safety training. However, records showed that not all staff were up to date with fire safety training.
- Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment (including clinical equipment) was tested, calibrated and maintained regularly and records confirmed this.
- Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff covered each other's leave to help ensure the practice had sufficient staff at all times. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Arrangements to deal with emergencies and major incidents

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

- There were documents that guided staff in the event of a medical emergency at The Esplanade Surgery. For example, the emergency procedures policy.
- Staff told us they were up to date with basic life support training and records confirmed this.
- Emergency equipment was available in the practice, including access to emergency medicines. However, the practice was unable to demonstrate they were able to respond to a medical emergency, in line with national guidelines, before the arrival of an ambulance. For example, the practice had a canister of compressed oxygen which provided only 150 breaths of oxygen before it became empty. The practice did not have an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency) nor a risk assessment to consider the risks of not having one available. However, records showed that the practice had ordered an AED and was currently awaiting its delivery.
- There was an inventory of the emergency equipment and emergency medicines held. Staff told us these were checked regularly and records confirmed this. Emergency equipment and emergency medicines that we checked were within their expiry date.
- The practice had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact telephone numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems 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 and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96.2% of the total number of points available, with 7.3% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed;

- Performance for diabetes related indicators was better than the national average. For example, 97% of the practice's patients with diabetes, on the register, had received an influenza immunisation in the preceding 1 September to 31 March compared with the national average of 93%. Ninety four percent of the practice's patients on the diabetes register had a record of a foot examination and risk classification within the last 12 months compared with the national average of 88%.
- Performance for mental health related indicators was better than the national average. For example, 90% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the national average of 86%.

Clinical audits demonstrated quality improvement.

- Staff told us the practice had a system for completing clinical audit cycles. For example, an oral nutritional

supplement audit. Records demonstrated analysis of its results and an action plan to address its findings. There were plans to repeat this to complete cycles of clinical audit.

- Other clinical audits had been carried out. For example, a minor operations audit. The practice was able to demonstrate that improvements to patient care were driven by the completing of clinical audit cycles.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as fire safety and confidentiality.
- Staff had job descriptions outlining their roles as well as responsibilities. Those with extended roles, such as nurses carrying out reviews of patients with long-term conditions (for example, asthma), were also able to demonstrate that they had appropriate training to fulfil these roles.
- The practice had a staff appraisal system that identified learning needs from which action plans were documented. The practice had processes to identify and respond to poor or variable practice including policies such as the disciplinary procedure and the sickness policy.
- We reviewed training records and saw that not all staff were up to date with attending mandatory courses such as fire safety, safeguarding and infection control. The GPs were up to date with their yearly continuing professional development requirements and either had plans to be revalidated or had been revalidated. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England).

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 computer system.

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Staff told us that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- The practice had a consent protocol that governed the process of patient consent and guided staff. The policy described the various ways patients were able to give their consent to examination, care and treatment as well as how that consent should be recorded.
- 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.
- Staff we spoke with were able to describe how they would manage the situation if a patient did not have capacity to give consent for any treatment they required.

Health promotion and prevention

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

- The practice used computerised tools to identify patients who were at high risk of admission to hospital. These patients were reviewed regularly to help ensure multidisciplinary care plans were documented in their records and that their needs were being met to assist in

reducing the need for them to go into hospital. We saw that after patients were discharged from hospital they were followed up to help ensure that all their needs were continuing to be met.

- We noted a culture amongst clinical staff to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic smoking cessation advice to smokers.
- The practice provided dedicated clinics for patients with certain conditions such as diabetes and asthma. Staff told us these clinics helped enable the practice to monitor the on-going condition and requirements of these groups of patients. They said the clinics also provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration. Patients who used this service told us that the practice had a recall system to alert them when they were due to re-attend these clinics.
- Specific health promotion literature was available for all patient population groups such as shingles vaccination information for older patients, local stroke survivor support service details, information about meningitis and septicaemia in children, details about how to recognise signs and symptoms of certain cancers, mental health and wellbeing support for lesbian, gay, bisexual and transgender patients as well as contact details of a dementia charity for patients who were worried about their memory.
- Patients told us they were able to discuss any lifestyle issues with staff at the practice. For example, issues around eating a healthy diet or taking regular exercise. They said they were offered support with making changes to their lifestyle.

Childhood immunisation rates for the vaccinations given were consistently above the clinical commissioning group (CCG)/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 100% and five year olds from 94% to 100%.

Influenza vaccination rates for the over 65s were 75%, and at risk groups 73%. These were above the local CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and 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 and that conversations taking place in these rooms could not be overheard.
- Incoming telephone calls answered by reception staff and private conversations between patients and reception staff that took place at the reception desk could be overheard by others. However, when discussing patients' treatments staff were careful to keep confidential information private. Staff told us that a private room was available near the reception desk should a patient wish a more private area in which to discuss any issues.

We received 34 patient comment cards. Thirty three comments were positive about the service patients experienced at The Esplanade Surgery. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy.

We spoke with four patients during the inspection. All four patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

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

- 87% of respondents said the last GP they saw or spoke with was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and national average of 87%.

- 84% of respondents said the last GP they saw or spoke with gave them enough time (CCG average 80%, national average 87%).
- 95% of respondents said they had confidence and trust in the last GP they saw or spoke with (CCG average 92%, national average 95%).
- 90% of respondents said the last GP they saw or spoke with was good at treating them with care and concern (CCG average 76%, national average 85%).
- 92% of respondents said the last nurse they saw or spoke with was good at treating them with care and concern (CCG average 90%, national average 90%).
- 96% of respondents said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 81% of respondents said the last GP they saw or spoke with was good at explaining tests and treatments compared to the CCG average of 79% and national average of 86%.
- 73% of respondents said the last GP they saw or spoke with was good at involving them in decisions about their care (CCG average 73%, national average 81%).

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

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Timely support and information was provided to patients and their carers to help them cope emotionally with their care, treatment or condition. Support group literature was available in the practice such as information about a support group for carers.

The patients we spoke with on the day of our inspection and the comment cards we received were positive about

the emotional support provided by the practice. For example, these highlighted that staff responded compassionately when patients needed help and provided support when required.

The practice supported patients to manage their own health, care and wellbeing and to maximise their independence. Specialised clinics provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care. For example;

- Appointments were available outside of school hours and outside of normal working hours.
- There were longer appointments available for patients with a learning disability.
- Telephone consultations and home visits were available for patients from all population groups who were not able to visit the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- The premises were grade II listed and not accessible to patients with mobility issues. However, services had been designed to meet the needs of patients with mobility issues through the provision of home visits by GPs and nurses when required.
- Patients over the age of 75 years had been allocated to a designated GP to oversee their care and treatment requirements.
- The practice maintained registers of patients with learning disabilities, dementia and those with mental health needs that assisted staff to identify them to help ensure their access to relevant services.
- Patients who were homeless were registered with the practice so they could access services.
- There was a system for flagging vulnerability in individual patient records.
- Records showed the practice had plans that identified patients at high risk of admission to hospital and implemented care plans to reduce the risk and where possible avoid unplanned admissions to hospital.
- There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.

Access to the service

Primary medical services were provided Monday to Friday between the hours of 8.30am to 1pm and 2.30pm to 6pm. Extended hours surgeries were offered alternate Monday and Tuesday 6.30pm to 7.15pm. Primary medical services

were available to patients registered at The Esplanade Surgery via an appointments system. There were a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There were arrangements with other providers (Medway On Call Care) to deliver services to patients outside of the practice's working hours.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than local and national averages. Patients told us and comments cards indicated that they were able to get appointments when they needed them.

- 76% of respondents were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 65% and national average of 75%.
- 90% of respondents said they could get through easily to the practice by telephone (CCG average 64%, national average 73%).
- 79% of respondents described their experience of making an appointment as good (CCG average 64%, national average 73%).
- 66% of respondents said they usually waited 15 minutes or less after their appointment time (CCG average 61%, national average 65%).

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information for patients was available in the practice that gave details of the practice's complaints procedure and included the names and contact details of relevant complaints bodies that patients could contact if they were unhappy with the practice's response.

The practice had received two complaints in the last 12 months. Records demonstrated that the complaints were investigated, the complainants had received a response, the practice had learned from the complaints and had implemented appropriate changes.

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 strategy and supporting statement of purpose which reflected the vision and values. However, most of the staff we spoke with were not aware of the practice's vision or statement of purpose.

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 helped to ensure 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. However, we looked at 21 such policies and guidance documents and found that four were not dated so it was not clear when they were written or when they came into use. Twelve of the 21 documents did not contain a planned review date.
- There was a comprehensive understanding of the performance of the practice
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The GP partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GP partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty. The practice had systems for identifying notifiable safety incidents

When there were incidents, accidents or significant events:

- Staff followed guidance to report them.
- The practice investigated them and carried out analysis of them.
- The practice kept accurate records of them.
- The practice demonstrated that learning from them took place and shared this learning with all relevant staff.

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

- Staff told us that the practice held regular staff meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at meetings. They said they were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GPs in 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. They proactively sought patients' feedback and engaged patients in the delivery of the service.

- They had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- PPG members told us that where comments and suggestions were put forward by the PPG they were considered by the practice and improvements made where practicable. For example, the PPG had suggested the practice introduce a system to keep patients in the waiting room informed if the GP was 'running late' and this had been implemented.
- The practice carried out a patient survey in 2015 that canvassed opinion from patients. Results had been collated and identified positive aspects of the practice. For example, 90% of respondents indicated they found the receptionists at the practice helpful. Where the survey raised any issues the practice had an action plan to address them. For example, there were plans to raise awareness amongst patients of the practice's extended opening hours.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and

Are services well-led?

Good 

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discuss any concerns or issues with colleagues and management. All staff were involved in discussions about how to run and develop the practice, and the GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Care and treatment was not always provided in a safe way for service users.</p> <p>The registered person was not: assessing all risks to the health and safety of service users receiving the care and treatment; doing all that was reasonably practical to mitigate any such risks; ensuring that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely; where equipment or medicines were supplied by the service provider, ensuring that there were sufficient quantities of these to ensure the safety of service users and to meet their needs.</p> <p>Regulation 12(1)(2)(a)(b)(c)(f).</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	