

Oakfield Health Centre, Practice 2

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oakfield Health Centre, Practice 2 on 10 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events. Learning from these was discussed and shared at practice meetings.
- Risks to patients were assessed and well managed, including infection prevention and control.
- 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. This was reflected in data from the national GP patient survey.

- 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 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.
- 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 should make improvement are:

- Continue to identify and support carers.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When 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 systems, processes and practices to help keep patients safe and safeguarded from abuse, including a designated safeguarding lead GP and appropriate training for all staff members.
- Risks to patients were assessed and well managed including those related to infection prevention and control.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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 for all staff employed at the practice.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. For example, multi-disciplinary meetings were held on a monthly basis and were well attended.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patient's views gathered at inspection showed that they felt they were treated with compassion, dignity and respect and this was reflected in the CQC comment cards completed prior to the inspection.

Summary of findings

- All of the 32 patient Care Quality Commission comment cards we received contained positive comments about the service experienced.
- We observed that staff treated patients with kindness and respect and maintained patient confidentiality.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local patient population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day, with extended hours being provided at the practice on a Monday and Wednesday evening each week until 7pm.
- Data from the national GP patient survey showed patients rated the practice higher than others in the locality for telephone accessibility.
- The percentage of respondents to the GP patient survey who stated that they always or almost always see or speak to the GP they preferred was 65% which was higher than the CCG average of 56% and the national average of 60%.
- There were longer appointments available for patients with a learning disability and for those who required them.
- The practice had responsibility for the care of patients at a nursing home and had patients at three residential care homes. A designated GP visited each on a weekly basis.
- The building was accessible for less mobile patients and there were accessible toilets and baby change facilities.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- 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 for notifiable safety incidents and ensured this information was shared with staff to help ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels and was an accredited practice for the training of future GPs.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its patient population, for example, end of life care and dementia care management.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Monthly multi-disciplinary meetings were held to discuss the care and treatment needs of patients, including end of life care and these were well attended.
- The practice had responsibility for the care of patients at a nursing home and three residential care homes and a designated GP visited each on a weekly basis.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months, was 76% which was comparable to the CCG average of 77% and the national average of 78%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 83% which was the same as the CCG and the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- 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 (A&E) attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Staff members told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years was 83% which was comparable to the CCG average of 87% and the national average at 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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 patient population, those recently retired and students had been identified and the practice had adjusted the services it offered to help ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were offered weekly on a Monday evening from 6.30pm to 7pm with a GP or a practice nurse and on a Wednesday from 6.30pm to 7pm with a nurse practitioner.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including people living with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG and national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 91% which was comparable to the CCG and national average of 89%.
- 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 advanced care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with the national average. 289 survey forms were distributed and 119 were returned. This represented approximately 1.2% of the practice's patient list.

- 69% of respondents found it easy to get through to this practice by telephone compared to the CCG average of 64% and the national average of 73%.
- 77% of respondents were able to get an appointment to see or speak with someone the last time they tried compared to the CCG average of 70% and the national average of 76%.
- 80% of respondents described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.
- 73% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards and all of these were positive about the standard of care received, with one containing both positive and negative comments. The comments cards stated, that the care provided was of a high standard and respectful; patients felt listened to, understood and had trust in the advice and treatment received from the GP partners and nursing staff. The comments also stated that reception staff were helpful and that the service provided was friendly and caring.

We spoke with four patients during the inspection and three members of the patient participation group by telephone on the day after the inspection who all said that they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Continue to identify and support carers.

Oakfield Health Centre, Practice 2

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 and an Assistant Inspector.

Background to Oakfield Health Centre, Practice 2

Oakfield Health Centre, Practice 2 is located in a semi-rural residential location on the outskirts of Gravesend, Kent and provides primary medical services to approximately 8,000 patients in the Gravesham area. The practice is housed in a purpose built building, with consulting and treatment rooms all based on the ground floor with administration rooms and a meeting/training room on the first floor. There are parking facilities available at the practice and the building is accessible for patients with mobility issues and those with babies/young children.

The practice patient population mostly compares to the England average in terms of age distribution, however, there are more patients from the age of 0 – 25, less male patients from age 29 – 49 and less older people from 55 – 79 years of age.

It is in an area where the population is considered to be more deprived. On the Indices of Multiple Deprivation (IMD) decile the practice is rated at 4, with 1 being most deprived and 10 being least deprived.

There are three GP partners at the practice who are all male and a female salaried GP. There is a female nursing team including an Advanced Nurse Practitioner to help provide patients with a female clinician where required, two practice nurses and a health care assistant. The GPs and nurses are supported by a delegated practice management team who are based at a separate practice but visit on specific days and reception/administration staff.

The practice is accredited as a training practice for doctors intending to become GPs and is currently the host for one GP registrar.

The practice is open from Monday to Friday from 8.30am until 12.30pm and from 2pm until 6.30pm. The telephone lines are open from 8am and during the lunch break period. Extended hours appointments are available every Monday evening from 6.30pm until 7pm with a GP or a practice nurse and on a Wednesday evening from 6.30pm to 7pm with a nurse practitioner. In addition to routine appointments that can be booked up to three months in advance, urgent on the day appointments are available for people that need them. Appointments can be booked over the telephone or in person at the practice. Online appointment booking is also available for patients for routine appointments with GPs. There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

The practice runs a number of services for its patients including; family planning; minor surgery; chronic disease management; NHS health checks; phlebotomy; immunisations and travel vaccines and advice.

Services are provided from: Oakfield Health Centre, Practice 2, Off Windsor Road, Gravesend, Kent, DA12 5BW

Detailed findings

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 10 January 2017.

During our visit we:

- Spoke with a range of staff including GP partners, nurses and administration staff and spoke with patients.
- Observed how patients were cared for within the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system for reporting and recording significant events.

- Staff told us they would inform the practice manager or GP partners of any incidents and there was a recording template available for them to complete. The incident recording template 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). The practice had recorded twenty significant events in a twelve month period, and that these were categorised according to type and were discussed at quarterly meetings and at weekly clinical meetings, with learning shared across the practice team. Staff told us that there was a no blame culture at the practice and that significant events were considered learning events.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to help prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events to help ensure learning from them took place.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after an event whereby a high risk patient was not identified as such by their carer, patients with complex needs who were high risk had a flag placed on their care and treatment notes to alert GPs to look further before prescribing. Complex case meetings were held at the practice attended by all clinical staff and the reception manager where high risk patients were discussed. Learning from significant events was discussed at practice meetings and shared across the staff team.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse. There were policies which 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 and staff knew who this was. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. There was a system for identifying looked after children as well as those on the child protection register. Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs had completed level three safeguarding training, nursing staff were trained to child safeguarding level two and non-clinical staff had completed training at level one. All staff we spoke with were aware of types of abuse and the action to take if they suspected abuse.
- A notice in the waiting room and in consulting and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and clinical staff had received up to date training. Annual infection control audits were undertaken and these were on-going. The practice had a comprehensive cleaning schedule for contracted cleaners.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice helped keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines

Are services safe?

audits, with the support of the local CCG pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. A two cycle anti-biotic audit had been carried out to assess whether these were prescribed in line with NICE guidelines for a specific infection. Blank prescription forms and 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 appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, evidence of registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out 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 and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to help ensure enough staff were on duty. Staff told us that during periods of annual leave or sickness the staff team covered for one another.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to an emergency.
- All staff received annual basic life support training and there were emergency medicines available. Anaphylaxis kits were available in all treatment rooms.
- 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for all staff members.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to help 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. For example, the practice had devised a series of tick box checklists for a number of conditions. These were affiliated to NICE guidelines and guided clinical staff when making a referral to secondary care. They also helped to standardise the referrals made by the practice.
- The practice monitored that these guidelines were followed through discussions at meetings, risk assessments and audits.

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 (2015/16) were 97% of the total number of points available. The practice's overall exception rate was 7% which was the same as the CCG average and comparable to the national average of 6%. (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 QOF or other clinical targets. Data from 2015/16 showed:

- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 Royal College of Physician questions, was 78% which was the same as the CCG average and comparable to the national average of 76%.

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 93% which was comparable to the CCG and national average of 90%.
- Performance for mental health related indicators was comparable to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 78% compared to 84% at CCG and national average.

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits undertaken in the last two years and some of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national and local benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice completed an audit to check that patients prescribed a specific medicine for chronic heart failure were receiving the recommended (according to NICE clinical guidance 108) liver and thyroid function tests. The first cycle identified that improvement was needed as only 50% of the eligible patients had both tests carried out. As a result, a six monthly reminder and recall system were set up. The audit was repeated and 89% of patients had both tests carried out within the recommended timeframe.

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.
- 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

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an annual appraisal.
- 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, in-house and external training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Minutes of meetings demonstrated these were attended by a palliative care nurse and a community matron.

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 and all staff spoken with were aware of implied and written consent.
- 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 process for seeking consent was monitored through patient records audits. Written consent forms were signed and scanned into the patient record. Verbal consent was given for vaccinations and staff told us that this was recorded on the patients' notes.

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.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 87% and the national average of 81%. The practice ensured a female sample taker was available. There were systems to help ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- The practice's uptake for females aged between 50-70 years, screened for breast cancer in last 36 months was 73%, which was comparable to the CCG and national average of 72%.
- The practice's uptake for patients aged between 60-69 years, screened for bowel cancer in last 30 months was 53% which was comparable to the CCG average of 57% and the national average of 58%.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were measured against an expected national coverage for vaccinations of 90%. There were four areas where childhood immunisations were measured and the practice was above the standard target in three of these areas and below the target in the remaining area. For example, 93% of children aged 1 had the full course of recommended vaccines, 94% of children aged 2 had the Haemophilus influenzae type b and Meningitis C booster vaccine, 94% of children aged 2 had the Measles, Mumps and Rubella vaccine and 64% of children aged 2 had the pneumococcal conjugate booster vaccine.

These measures can be aggregated and scored out of 10. The practice scored 8.6 out of 10 and the national average was 9.1.

Childhood immunisation rates for the vaccinations given to five year olds were from the range was from 88% to 93% at the practice, from 85% to 93% at CCG level and from 88% to 94% at national average.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that 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.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 32 patient Care Quality Commission comment cards we received contained positive comments about the service experienced. One of these also contained negative comments about difficulty getting an appointment. Patients said they felt the practice offered a caring service with GP's who listen and take the time to explain treatment and a helpful, caring staff team.

Comment cards highlighted that there was continuity of care at the practice, that patients felt listened to and respected and that the staff team were friendly and compassionate; they also told us that the practice was clean and that patients were satisfied with the care provided by the practice.

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

- 85% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 82% of respondents said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 90% of respondents said they had confidence and trust in the last GP they saw compared to the CCG and national average of 92%.

- 82% of respondents said the last GP they spoke with was good at treating them with care and concern compared to CCG average of 81% and the national average of 85%.
- 96% of respondents said the last nurse they spoke with was good at treating them with care and concern compared to the national average of 91%.
- 94% of respondents said they found the receptionists at the practice helpful compared to the CCG and 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 reviewed a sample of patients care plans and found these were detailed and 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 comparable to local and national averages. For example,

- 81% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 79% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 89% of respondents said the last nurse they saw was good at involving them in decisions about their care which was comparable to the CCG average of 86% and to the national average of 85%.

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

- Staff told us that there was an interpreter service available for patients who did not have English as their first language.
- Information leaflets were available in easy read format.
- Patients could use translation tools available on the practice website.

Are services caring?

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 41 of its patients as

carers (0.5% of registered patient list) and these patients were supported by being signposted to support organisations. The practice website had information for carers and there was a carers' information leaflet available at the practice.

Staff told us that if families had suffered bereavement a note was made on the patient notes and a list was kept in reception. Patients' family members have a flag on their care record which encourages treatment with extra care and concern.

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 patient 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 offered extended hours on a Monday evening from 6.30pm to 7pm with a GP or a practice nurse and on a Wednesday from 6.30pm to 7pm with a nurse practitioner for working patients who could not attend during normal opening hours.
- The practice had an Advanced Nurse Practitioner to help provide patients with a female clinician where required.
- There were longer appointments available for patients with a learning disability and for those who required them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities, a portable hearing loop and translation services were available.
- The practice offered a phlebotomy service.
- The practice had responsibility for the care of patients at a nursing home and at three residential homes and a designated GP visited each on a weekly basis.

Access to the service

The practice was open from Monday to Friday from 8.30am until 12.30pm and from 2pm until 6.30pm. The telephone lines were open from 8am and during the lunch break period. Extended hours appointments were available every Monday evening from 6.30pm until 7pm with a GP or a practice nurse and on a Wednesday evening from 6.30pm to 7pm with a nurse practitioner. In addition to routine appointments that could be booked up to three months in advance, urgent on the day appointments were available for people that needed them. Appointments could be

booked over the telephone or in person at the practice. There were arrangements with other providers (Integrated Care 24) 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 were better than the national average.

- 73% of respondents were satisfied with the practice's opening hours compared to 72% at the CCG average and the national average of 76%.
- 69% of respondents said they could get through easily to the practice by telephone compared to the CCG average of 64% and the national average of 73%.
- 65% of respondents said that they always or almost always see or speak to the GP they prefer which was higher than the CCG average of 56% and the national average of 60%.

CQC comment cards received during the inspection confirmed that patients were able to get appointments when they needed them, however, one of these did also express that there was sometimes difficulty in getting an appointment.

The practice had a system to assess:

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

Staff told us that a GP would make the decision regarding a home visit. 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 in an emergency situation and when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system, for example, there was a poster in the waiting area, and the information was available as a leaflet and on-line.

We looked at 18 complaints received in the last five months and found that they had been recorded, investigated and responded to within the specified time frames. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. The learning from complaints was shared at practice meetings. Patients we spoke with were aware of the process to follow if they wanted to make a complaint. For

example, where a relative of a patient was unhappy that a home visit was not carried out when requested, the practice apologised to the complainant and gave an open account of why this had happened and the practice protocol regarding referrals for home visits was amended. This was discussed at a practice meeting and learning was shared and action taken. The partners and nurse practitioner met to discuss complaints and identify trends. As a result of this a high level of complaints regarding telephone access were identified and the practice implemented a new telephone appointment system and access to web based appointments.

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 and the staff we spoke with were aware of the aim to provide good quality patient centred care. The practice intention was to deliver safe, good quality care all of the time.

The practice had succession planning for the future strategy and a supporting business plan which reflected the vision and values and was regularly monitored. The ethos of the partners was to work with a team approach where no one single person was the lead and to engage in group discussions to decide the direction of the practice.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The governance framework was established and embedded and systems were apparent and observed to be working in practice. 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. The practice had adopted a delegated management approach whereby they utilised an external practice management team to manage the practice. The GPs also took a hands-on approach and each GP had a particular area of the practice to take the lead in, such as reception, nursing, finance, QOF and appointments.
- Practice specific policies were implemented and were available to all staff on the IT system. These were reviewed and updated annually and as required.
- There was a clear system for reporting incidents and for sharing these and learning from them.
- 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.
- All staff were encouraged to attend training that supported their role and professional development, and this was on-going

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to help 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 sharing information with all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to help ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. Formal partner meetings took place weekly and whole practice meetings were every two months and as necessary. Multi-disciplinary meetings and complex case meetings were held on a monthly basis.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or at any time and they felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good 

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

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

- The practice had previously gathered feedback from patients through patient surveys and complaints received. The practice had a patient participation group (PPG) however the last meeting was in February 2016 and the group had not carried out any practice specific surveys, but had fed ideas and ways to improve into meetings, which were held annually.
- The practice had gathered feedback from staff through informal discussion, team meetings and appraisals. 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. Staff told us that there was good staff retention and a low staff turnover at the practice and that their aim was to have a friendly, happy working environment.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. Staff told us they were given the opportunity to develop at the practice and partners undertook training to help ensure improved outcomes for patients. The practice clinicians attended locality meetings, protected learning time for training purposes and Clinical Commissioning Group (CCG) update meetings as well as identifying self-directed areas for learning and improvement. The practice was accredited as a training practice for doctors intending to become GPs. The practice had been assessed by Health Education Kent, Surrey and Sussex for accreditation on behalf of the Postgraduate Medical Education Board. The practice was currently the host for one GP registrar.