Chilton Place Surgery

Quality Report

Ash Surgery,
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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

Contents

Summary of this inspection

Page

Overall summary 2

The five questions we ask and what we found 3

The six population groups and what we found 6

What people who use the service say 8

Areas for improvement 8

Detailed findings from this inspection

Our inspection team 9

Background to Chilton Place Surgery 9

Why we carried out this inspection 9

How we carried out this inspection 9

Detailed findings 11

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Chilton Place Surgery on 2 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

There are areas where the provider should make improvement:

- Should review systems so that actions for improvement, arising from complaints, significant events or other sources, are monitored to help ensure that they completed.
- Should review recruitment process to ensure that all the relevant personal information has been collected.

Professor Steve Field CBE FRCP FFPH FRCGPChief 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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice. However it was not always possible to tell whether the actions that were generated as a result of incidents or complaints had been carried out because there was no systematic monitoring.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- We found some staff files lacking in certain areas for example references not taken up.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice similar to others for some aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example through the provision of monitoring of patients prescribed warfarin
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for

Summary of findings

knowing about notifiable safety incidents and ensured this information was shared with staff. However it was not always possible to identify if mitigating actions had been implemented.

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs and provided a paramedic practitioner home visit service.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 87% which was comparable to other practices. The CCG indicator was 93% and national indicator was 89%.
- 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.

Families, children and young people

Good

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Summary of findings

- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that included an assessment of asthma control using the three Royal College of Physicians' questions was 66%, this was comparable to the national performance of 75%.
- The practice's uptake for the cervical screening programme was 90 %, which was above the CCG average of 83% and the national average of 82%. The practice had exceeded the CCG and national averages by between 4% and 10% each year for the last five years.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified. The practice provided services that 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.

People whose circumstances may make them vulnerable

Good

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 for example those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

What people who use the service say

The national GP patient survey results, published in January 2016, showed the practice was performing in line with local and national averages. Two hundred and thirty three survey forms were distributed and 132 were returned. This represented three per cent of the practice's patient list.

- 85% found it easy to get through to the practice by phone compared with the clinical commissioning group (CCG) average of 80% and the national average of 73%.
- 85% were able to get an appointment to see or speak with someone the last time they tried compared with the CCG average of 88% and the national average of 85%.
- 82% described their overall experience of the practice as good compared to the CCG average of 89% and the national average of 85%.
- 84% said they would recommend the practice to someone new to the area compared to the CCG average of 83% and the national average of 78%.

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 which were all positive about the standard of care received. In particular the helpfulness of staff, including reception staff, and the listening skills on GPs and nurses were commented on

We spoke with six patients during the inspection. All said they were happy with the care they received and thought staff were approachable, committed and caring. The NHS Friends and Family Test score indicated that 100% of those who responded to the survey said that they would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- Should review systems so that actions for improvement, arising from complaints, significant events or other sources, are monitored to help ensure that they completed.
- Should review recruitment process to ensure that all the relevant personal information has been collected.

Chilton Place Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised a CQC inspector, a GP specialist adviser and a practice manager specialist adviser.

Background to Chilton Place Surgery

Chilton Place Surgery, also known as the Ash surgery is a GP practice located in the village of Ash Kent. It provides care for approximately 4700 patients. The practice is in a rural area.

There are four GP partners, two male and two female. There is a practice nurse (female) and a healthcare assistant (female).

There are marginally fewer children (aged less than 5 years) and about a third more older people (aged over 64 years) in the practice population than in the national average population. Income deprivation is about two thirds the national average. Unemployment is about half the national average.

The practice has a general medical services contract with NHS England for delivering primary care services to local communities. The practice offers a full range of primary medical services. The practice is not a training practice.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 11.30am and 3.30pm until 6pm.

The practice has opted out of providing out-of-hours services to their own patients. This is provided by Integrated Care 24**.** There is information, on the practice building and website, for patients on how to access the out of hours service when the practice is closed.

Services are provided from

Chilton Place Surgery

Ash Surgery,

Chilton Place,

Ash,

Canterbury

Kent,

CT3 2HD

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. This included demographic data, results of surveys and data from the Quality and Outcomes Framework (QOF). QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice.

We asked the local clinical commissioning group (CCG), NHS England and the local Healthwatch to share what they knew about the service.

The visit was announced and we placed comment cards in the practice reception so that patients could share their views and experiences of the service before and during the inspection visit. We carried out an announced visit on 2 February 2016. During our visit we spoke with a range of staff including three partner GPs, the practice manager, receptionists and administrators. We spoke with patients who used 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Generally lessons were shared to help ensure that action was taken to improve safety in the practice. However it was not always possible to tell from the records available who was responsible for some of the actions and whether they had been completed.

We saw that incidents were examined. For example, we saw that patient identity errors had been discussed and staff reminded to follow the protocols that there were to prevent them. One patient had not been told that a paramedic, rather than a GP, would be making a home visit and this led to confusion. The practice had drawn up a protocol to help to prevent this happening again.

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

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices to help keep people safe.

- There were arrangements to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies, and notices at strategic points within the building, showed who to contact for further guidance if staff had concerns about patients' welfare. Staff told us of examples where matters had been reported to and investigated by the appropriate authorities. There was a GP lead for safeguarding. All GPs were trained in child safeguarding to level three, nursing staff and healthcare assistants were trained to level two.
- A notice in the waiting room advised patients that chaperones were available if required. All clinical staff who acted as chaperones were trained for the role and 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). Where non-clinical staff acted as chaperones the practice had assessed the risks and decided, as they were not left alone with the patient, that the practice would not require a DBS check.
- The practice maintained high standards of cleanliness and hygiene. We saw that the premises were clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.
- We reviewed three personnel files and found most of the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references where required, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and

Good

Are services safe?

Barring Service. We found two staff files lacking in certain areas such as references not taken up. These related to administrative staff recruited locally and known to the practice.

- 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were processes for monitoring and managing risks to patients and staff. For example, there had been a recent fire risk assessment. There was a system governing security of the practice with visitors required to sign in and out using the dedicated book in reception. The staff reception area in the waiting room was always occupied when patients were in the building. Electrical equipment had been tested for safety and equipment which needed regular calibration had been calibrated. There were assessments for other risks such as for the control of substances hazardous to health and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The number of staff needed to provide the required services had been assessed by the practice and a rota developed to meet those needs. For example one staff member needed to have a prolonged period of absence. The practice had ensured as much of their work as possible had been done before the staff member left and there was a locum to provide cover.

Arrangements to deal with emergencies and major incidents

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

- There was a business continuity plan to deal with a range of emergencies such as power failure, adverse weather, unplanned sickness and access to the building. The plan had been reviewed annually and contained current contact numbers for the various agencies who might need to be contacted in the event of an emergency.
- There was an instant messaging system on all the practice computers which could be used to alert staff to an emergency.
- All staff received annual basic life support training
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. A first aid kit and accident book were available.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

- The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) guidelines and had systems to help ensure GPs and nurses were kept up to date. The practice had access to these guidelines and others about local practice such as local clinical commissioning group (CCG) referral pathways.
- These guidelines and pathways were available to staff on the practice's intranet and were regularly used. For example in considering antibiotic prescribing and by using ambulatory blood pressure monitoring for the diagnosis of patients where hypertension (raised blood pressure) was suspected.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 86% of the total number of points available, with 8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF showed

- Performance for diabetes related indicators was 87% which was comparable to other practices. The CCG indicator was 93% and national indicator was 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was comparable to other practices. The CCG indicator was 99% and national indicator was 89%.
- Performance for mental health related indicators was 82% and was comparable to other practices. The CCG indicator was 84% and national indicator was 89%.
- The practice felt it had been under diagnosing dementia and had been proactive in identifying dementia patients. In the last year the number of patients diagnosed had gone from 16 to 43. Despite this large increase the practice had still managed to have face to face review with 30 of those patients.

Clinical audits demonstrated quality improvement.

- There had been several clinical audits in the last two years, one of these was a completed audit cycle where the improvements were implemented and monitored. Other audits included the monitoring and use of warfarin (an anti-coagulant medicine), where changes had been implemented and the monitoring of the effect of the changes was under way. There had been an audit of rapid access referrals of potential cancer patients and a further audit of this area was planned for later this year.
- The practice participated in local audits for example they worked with the CCG medicines optimisation scheme to help ensure prescribing was in line with best practice.
- Findings were used by the practice to improve services. For example, recent action taken as a result of reviewing medicines included moving some patients to novel oral anti-coagulant medicines and the discussion with patients as to whether this was something they wanted to consider.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Good

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring 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 ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. The practice communicated concerns to other providers. For example where there had been a significant event concerning an X-ray result the practice had written to the other provider to draw their attention to it.
- We saw evidence that multi-disciplinary team meetings took place monthly 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.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients who needed palliative care and those who were likely to be have an unplanned admission to hospital.

- The practice had identified the 2% of patients most likely to have an unplanned admission. This work was recently extended to identify patients who were frail. "Frailty "is a recognised medical syndrome. The practice had assessed records and assigned a frailty score on to patients over 75 years. The practice was working through the patients so identified to ensure that they had a care plan and medicines reviews if indicated.
- The practice's uptake for the cervical screening programme was 90 %, which was above the CCG average of 83% and the national average of 82%. The practice had exceeded the CCG and national averages by between 4% and 10% each year for the last five years.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 97% and five year olds from 88% to 100%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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.
- 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.

All of the 32 comment cards we received were positive about the service patients experienced. In particular patients commented on the helpfulness of staff, including reception staff, and the listening skills of GPs and nurses. Patients said the practice offered an excellent service and staff were caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 90% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and national average of 89%. When asked the same question about nursing staff the results were 92% compared to the CCG average of 94% and national average of 91%.
- 80% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%. When asked the same question about nursing staff the results were 90% compared to the CCG average of 94% and national average of 92%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%. When asked the same question about nursing staff the results were 98% compared to the CCG average of 97% and national average of 95%.
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%. When asked the same question about nursing staff the results were 86%compared to the CCG average of 93% and national average of 91%.
- 82% said they found the receptionists at the practice helpful compared to the CCG average of 89% 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 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 comparable with local and national averages.

- 87% said the GP was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%. When asked the same question about nursing staff the results were 88% compared to the CCG average of 92% and national average of 90%.
- 80% said the GP was good at involving them in decisions compared to the CCG average of 85% and national average of 82%. When asked the same question about nursing staff the results were 84% compared to the CCG average of 87% and national average of 85%.

There were translation services available.

Patient and carer support to cope emotionally with care and treatment

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

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 29 patients who were carers within the practice. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and the family were offered a consultation at a suitable. There was also advice available on how to find support services.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example by providing in house monitoring of patients prescribed warfarin, these patients would otherwise have to travel some distance for this service.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these. There was a paramedic practitioner home visiting service. Paramedics would only visit when and if the GP felt the case was appropriate, or if an urgent visit was required and no GP was immediately available. The practice told us that patients supported this service. This service was provided cooperatively with other GP practices. Surveys of the service across the whole of the cooperative showed there was public support for it.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am and 3.30pm until 6pm.

Appointments could be pre-booked four weeks in advance. There were urgent appointments available. Patients told us on the day of the inspection that they were able to get appointments when they needed them. On the day of the inspection we heard a patient telephone, shortly after 9am, for an appointment and receive an appointment, with a GP, for two hours later.

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 85% patients said they could get through easily to the surgery by phone compared to the CCG average of 80% and national average of 73%.
- 85% patients said they could get an appointment when they needed one compared to the CCG average of 88% and national average of 85%, 79% said that their experience of making an appointment was good compared to the CCG average of 78% and national average of 73%.
- Patients saw the GP they wanted to and on time; 70% patients said they saw their GP of choice compared to the CCG average of 65% and national average of 59%, 36% patients feel they don't normally have to wait too long compared to the CCG and national average of 58%.

Listening and learning from concerns and complaints

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

- There was a complaints policy which included timescales by which a complainant could expect to receive a reply.
- The practice manager was designated to manage complaints.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint. We saw that information was available to help patients understand the complaints system in the practice leaflet and on the website.

We looked at seven complaints received in the last 12 months and saw that these had been thoroughly investigated, the complainants had been responded to within the timescales set out by the practice and all bar one had been resolved internally. One complaint was in the hands of the complainant's solicitor.

The practice was transparent in its complaints handling, for example we saw that, on one occasion, a patient had been encouraged to complain as the practice felt that this was the only proper course of action. Lessons were learnt from concerns as well as complaints and action was taken to as a result to improve the quality of care. For example, the practice has introduced more appointment slots and telephone consultations to reduce waiting times for 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 which was set out in its statement of purpose. It included providing safe high quality care, involving patients in decisions regarding their treatment, promoting health education and working in partnership.
- The practice's mission statement was posted on the website. Staff knew and understood the practice's ethos.

Governance arrangements

The practice had a 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.
- There was a comprehensive understanding of the performance of the practice. For example the practice recognised that its performance against some diabetic QOF indicators was below average. They found that some data relating to this had not been properly recorded and educated staff to help ensure this was corrected. The measures of practice performance had improved as a result.
- Clinical and administrative audits were used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues. Although it was not always possible to identify if mitigating actions had been implemented.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure and staff felt supported by management.
- There were regular team meetings. Staff told us that learning from complaints and significant events was discussed. However it was not always possible to tell whether the actions that were generated as a result of incidents or complaints had been carried out because there was no systematic monitoring.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.

Staff said they felt respected, valued and supported, by the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, there had been changes to the layout on the reception area to improve confidentiality, there were further changes under discussion which would make the reception area more comfortable for patients
- The practice's warfarin monitoring service had been considered for outsourcing to other, more distant, providers. The practice and PPG had surveyed the

Are services well-led?

Good

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patients who would have been affected by the proposals, 100% of the respondents expressed a preference to have their checks carried out by the practice. The service was retained at the practice.

- Staff told us that they felt involved in the running of the practice. Staff who could not attend practice meetings received the minutes by e-mail. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example staff told us of changes to how some records, such as the issuing of the ambulatory blood pressure machine to patients, had been made as a result of their suggestions.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. A GP had undergone training for initiating insulin for diabetic patients, though the practice had struggled to recruit a nurse with the necessary qualifications to support the introduction of such a service. Another GP had plans to be trained in joint injections.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. It was part of a local scheme called Encompass. The purpose of this scheme was to develop a new model of care, with the practice being part of a multi-speciality community provider (MSCP). An MSCP brings together nurses and community health services, hospital specialists and others to provide integrated out-of-hospital care. This had brought a great many outpatient consultations and the ambulatory care of the practice's patients to nearby "hubs" such as Whitstable and Northgate and reduced the need for patients to travel to the District General Hospital.