

# Dr R Sigurdsson & Partners

## Quality Report

The Park Surgery  
116 Kings Road  
Herne Bay  
Kent  
CT6 5RE

Tel: 01227 742568

Website: [www.parksurgery.net](http://www.parksurgery.net)

Date of inspection visit: 16 November 2016

Date of publication: 23/01/2017

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 | 4    |
| The six population groups and what we found | 7    |
| What people who use the service say         | 10   |
| Areas for improvement                       | 10   |
| Outstanding practice                        | 10   |

### Detailed findings from this inspection

|  |    |
|--|----|
| Our inspection team                      | 11 |
| Background to Dr R Sigurdsson & Partners | 11 |
| Why we carried out this inspection       | 11 |
| How we carried out this inspection       | 11 |
| Detailed findings                        | 13 |

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr R Sigurdsson & Partners on 16 November 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 experience, and had been trained to provide them with the skills and knowledge, to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment 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.

We saw areas of outstanding practice:

- There was an over age 75's health check and frailty assessment offered in the patient's home. These

# Summary of findings

checks were carried out by health care assistants. The practice said that this helped with the early identification of patients who were becoming confused, frail or socially isolated.

- There was a quarterly governance report which summarised complaints, complements and significant events and the learning from them

There is one area where the provider should make improvements:

- The practice should review the systems used to identify patients who are caring for others so as to develop a carers' register which is more reflective of the patient population.

**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 clearly defined and embedded systems, processes and practices to help keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



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

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed the practice was performing in line with national averages for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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 there was a nurse home visiting service for anti coagulation monitoring and influenza vaccinations for housebound patients.
- 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.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure 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 a quarterly governance report which summarised complaints, complements and significant events and the learning from them.
- 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 the management of notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



# Summary of findings

- 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

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- In partnership with the other three practices in Herne Bay the practice operated a visiting paramedic practitioner service for the over 75s considered at risk of hospital admission.
- There was an over 75 health check and frailty assessment offered in the patient's home. These checks were carried out by health care assistants. The practice said that this helped with the early identification of patients who were becoming confused, frail or socially isolated.
- GPs from the practice carried out a daily (Monday - Friday) ward round at the local community hospital. The ward has step down beds for discharge from the acute trust. Recently the ward round had been conducted jointly with consultants specialising in the health care of older people.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The indicators for the best management of diabetes showed that the practice achieved 97% which is 3% above the clinical commissioning group (CCG) and 7% above 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.

# Summary of findings

- There was a nurse home visiting service for anti coagulation monitoring and influenza vaccinations for housebound patients.

## Families, children and young people

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- There was nurse led walk in family planning clinic from 4pm – 6pm every Wednesday, no appointment was required.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 83%%, which was comparable to the clinical commissioning group (CCG) and national average of 82 %.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services and 17% of practice patients were registered to use this service.
- 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.

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.

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. There were alerts on the clinical system to identify vulnerable patients for example, child protection, domestic abuse and vulnerable adults
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

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

- Seventy six percent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the local average (80%).
- The percentage of patients with specific diagnosed mental health problems who had had an agreed care plan was 92% which is 2% above the CCG and 3% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended A&E where they might 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 local and national averages. Of the 243 survey forms that were distributed 114 were returned. This represented less than 1% of the practice's patient list.

- 62% found it easy to get through to the practice by telephone compared with the clinical commissioning group (CCG) average of 80% and the national average of 73%.
- 81% were able to get an appointment to see or speak with someone the last time they tried compared with the CCG average of 81% and the national average of 76%.
- 85% described their overall experience of the practice as good compared to the CCG average of 89% and the national average of 85%

- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 86% 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 48 comment cards which were all positive about the standard of care received. The themes that ran through included, caring and helpful reception staff, clinical staff who listened and often went further than was required by their formal obligations. The smoking cessation service received several positive mentions.

We spoke with four patients during the inspection. All the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Information from the NHS Choices website showed the 100% of patients who responded to the "friends and family" test would recommend the practice.

## Areas for improvement

### Action the service **SHOULD** take to improve

- The practice should review the systems used to identify patients who are caring for others so as to develop a carers' register which is more reflective of the patient population

## Outstanding practice

- There was an over age 75's health check and frailty assessment offered in the patient's home. These checks were carried out by health care assistants. The practice said that this helped with the early identification of patients who were becoming confused, frail or socially isolated.
- There was a quarterly governance report which summarised complaints, complements and significant events and the learning from them

# Dr R Sigurdsson & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr R Sigurdsson & Partners

Dr R Sigurdsson & Partners is a GP practice located in the town of Herne Bay, Kent. It provides care for approximately 16,000 patients. It is the main part of a larger practice, with a branch surgery approximately 2.5 miles away in Broomfield Road, Herne Bay. The two sites are referred to as the Parks and the Broomfield surgeries. All 16,000 patients are cared for from both surgeries.

There are five GP partners. There are seven salaried GPs in total, four male and eight female GPs. There are eight practice nurses and a healthcare assistant, all female. Practice management is spread across a range of disciplines including: a practice manager, a human resources and patient liaison manager, a finance manager and an information technology manager. The practice is supported by a full range of administrative and reception staff.

The demographics of the population the practice serves is more complex than the national averages. There are fewer patients under the age of 20 to 40 years. There are more patients aged over 55 years. There is a significant increase, over the national averages, in the numbers of patients in all the age groups from 65 to 85 plus years, particularly in the age groups 65 to 75 and over 85 years of age.

The majority of the patients describe themselves as white British. Income deprivation and unemployment are marginally below average. Although the practice as a whole is not in an area of deprivation, there are pockets of deprivation within it.

The practice has a personal 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 a training practice.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered between 6pm and 8pm each Monday, Tuesday and Wednesday and between 7.30am and 8am every weekday.

Both the surgeries are two-story buildings with consulting and treatment rooms on the ground floor.

Services are provided from

The Park Surgery

116 Kings Road,

Herne Bay,

Kent.

CT6 5RE

and

Herne and Broomfield Surgery

38 Broomfield Road,

Herne Bay,

Kent.

CT6 7LY.

We visited both sites during our inspection.

# Detailed findings

The practice has opted out of providing out-of-hours services to their own patients. This is provided by Primecare through the NHS 111 service. There is information, on the practice buildings and website, for patients on how to access the out of hours service when the practice is closed.

## 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 16 November 2016. During our visit we:

- Spoke with a range of staff including GPs, both partners and salaried, the GP registrar, practice nurses, receptionists and other administrative staff. We spoke with patients.

- Observed how patients were being looked after in the reception area and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw a patient safety alert that had been received by the practice, passed to the relevant clinicians and checked to ensure the correct action had been taken. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

There had been 16 significant events since August 2015. They had been reported across the whole range of the practice including reception, administration, clinical both GP and nurses and building security. Lessons were learned from events. For example an urgent matter had been raised as a "task" on the practice electronic record system, this had led to it being treated as a routine matter. This might have had grave consequences but fortunately did not. It was discussed at a team meeting and staff were reminded to use the Dictaphone system for this type of referral. This action was monitored by the practice secretaries and no further incidents reported

### Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff knew the name of the lead. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. We discussed anonymised cases that had been reported to the relevant authorities and saw that staff were alert to safeguarding issues both for children and vulnerable adults.
- Notices in the waiting room, 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 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 that where improvements were needed as, for example where there were outdated sinks, there was a planned replacement schedule. In other cases such as providing more appropriate clinical waste bins we saw that replacements had been ordered and were waiting delivery
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept 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 audits, with the support of the local clinical commissioning group (CCG)

## Are services safe?

pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. 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 three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments 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 for all the different staffing groups to ensure enough staff were on duty

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received appropriate basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Examples included the use of 24-hour ambulatory blood pressure monitoring as a means of confirming a diagnosis of primary hypertension as recommended by NICE clinical guidance number 127.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available. The practice 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) was 11% which was comparable to the national average of 9%.

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

- There are 11 indicators for the best management of diabetes. When these figures were correlated the practice achieved 97% which is 3% above the clinical commissioning group (CCG) and 7% above the national average.
- The percentage of patients with chronic obstructive pulmonary disease who had had an annual review, as recommended was 93% which is 3% above both the CCG and the national averages.

- The percentage of patients with specific diagnosed mental health problems who had had an agreed care plan was 92% which is 2% above the CCG and 3% above the national average.

There was evidence of quality improvement including clinical audit.

- There had been a range of clinical audits in the last two years, two of these were completed audits where the improvements had been made and monitored. One audit involved the monitoring of women with gestational diabetes because recent NICE guidance suggests that they are at higher risk of diabetes in the future. The initial audit showed that only 31% of relevant women had been tested. It also highlighted that there was no consistent approach to recalling the women, either by the practice or by other services. The findings were discussed at practice meetings and a system instituted to improve recall. The second audit showed that 72% of relevant women had been tested and that all eligible woman had been offered testing
- Another audit concerned the use of antiepileptic medicines and contraception. This audit showed that the practice adherence to relevant guidelines was generally high. It identified areas for improvement and these had been discussed at a clinical meeting. A third cycle was planned to follow up on the improvements that had been made.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, there had been training in managing dementia and in advising patients on the best use of the many nebulizers currently available.
- 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- In partnership with the other three practices in Herne Bay the practice operated a visiting paramedic practitioner service for the over 75s considered at risk of hospital admission.
- The practice ran an over 75 health check and frailty assessment, offered in the patient's home. These checks were carried out by health care assistants. The practice said that this helped with the early identification of patients who were becoming confused, frail or socially isolated.
- GPs from the practice carried out a daily (Monday - Friday) ward round at the local community hospital. The ward has step down beds for discharge from the acute trust. Recently the ward round had been conducted jointly with consultants specialising in the health care of older people.

- Care home staff and district nurses had a direct telephone number to the practice to facilitate communication with and help ensure prompt response from practice staff. This helped the practice to meet the needs of these patients in a timely manner.

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. For example a number of consultants from secondary care led clinics at the practice and we saw evidence of working with care homes and providers of accommodation for patients with learning disabilities. 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.

### 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 (MCA) 2005. Staff had had recent training on the MCA and the associated Deprivation of Liberty Standards
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### 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 for example on their diet and alcohol cessation. Patients were signposted to the relevant service.



# Are services effective?

(for example, treatment is effective)

- Smoking cessation advice was available from at the practice. The smoking cessation service received several positive mentions in the patient's comment cards. The service had won an award for having the highest number of patients, in Kent, ceasing smoking in 2015.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG and national average of 82 %. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and information in suitable formats for those with a learning disability. A female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There

were effective systems to 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.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example,

- Childhood immunisation rates for the vaccines given to under two year olds ranged from 78% to 96% compared to CCG averages of 85% to 93%.
- Childhood immunisation rates for the vaccines given to five year olds ranged from 89% to 98% compared to CCG averages of 87% to 96%..

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We saw 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 48 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Several patients mentioned instances when they had come into reception very distressed, even in tears, and had been treated with the utmost compassion.

We spoke with three members of the patient participation group (PPG). 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. Most of the practice results were in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% 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 95% compared to the CCG average of 93% and national average of 91%.
- 97% 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 97%.

- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%. When asked the same question about nursing staff the results were 97% compared to the CCG average of 92% and national average of 91%.
- 75% find the receptionists at this surgery helpful compared with the clinical commissioning group (CCG) average of 90% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They said they were listened to and had sufficient time during consultations to make an informed decision about the choice of treatment. Patient feedback from the comment cards we received was also positive and aligned with these views. We saw that care plans were personalised.

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%. When asked the same question about nursing staff the results were 95% compared to the CCG average of 92% and national average of 90%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%. When asked the same question about nursing staff the results were 95% compared to the CCG average of 87% and national average of 85%.

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

- There were translation services available and notices about the service in the reception.
- Information leaflets were available in easy read format.

## 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 42 patients as carers less than 1% of the practice list. Staff told us that they had only recently started identifying carers by means

of a code on the electronic record and the number of carers was increasing each day. There were leaflets on display in the reception 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 if they felt that support was appropriate. This call might be followed by a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Services included In house physiotherapy, anticoagulation, an ear, nose and throat specialist, ultrasound and an orthopaedic hand clinic.

- The practice offered a 'Commuter's Clinic' on a Monday, Tuesday and Wednesday evening until 8pm and between 7.30am and 8am every weekday, for working patients who could not attend during normal opening hours.
- There was a nurse home visiting service for anti coagulation monitoring and influenza vaccinations for housebound patients.
- The practice hosted diabetic education sessions for patients.
- The practice was proactive in offering online services, 17% of practice patients were registered to use this service.
- Counselling services were provided on site.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday Extended hours appointments were offered between 7.30am and 8am daily and 6.30pm and 8pm each Monday, Tuesday and Wednesday. Appointments could be booked up to four weeks in advance and there were urgent appointments available on the day.

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.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 62% of patients said they could get through easily to the practice by telephone compared to the national average of 73%.

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

The practice had a system to assess:

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

Cases were referred to the duty doctor who contacted the patient by telephone to assess their needs. 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.

We were told that there was strong support for the service from the public and GPs and that when admission to accident and emergency was necessary having paramedics improved the speed and process of admission. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had an effective system for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, in the practice leaflet, on posters within the practice and on the practice website.

We looked at the eleven complaints received since December 2015. We saw that they had been dealt with in a timely fashion. Where there were delays, for example where the practice was waiting for another agency to respond as part of the investigation, the complainant was kept

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

informed. Replies were open and honest and addressed the issues raised by the complainants. Lessons were learnt from individual concerns and complaints as well as from analysis of trends.

For example, there had been a complaint concerning staff attitude. The practice noted that it was second complaint of that nature in a few months. Staff had had training in communication skills but the practice felt that further

training could enhance those skills. Training in conflict resolution was held (May 2016) and no similar complaints had since been received. Another complaint had identified that clinical staff needed to be more knowledgeable about a specialised area of cancer. A consultant in cancer treatment facilitated an training session attended by all the relevant clinical staff.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas. The statement included;

- a commitment to provide a high standard of clinical care, in the best possible facilities with a friendly and personal relationship with patients.
- and working collaboratively with the other general practices in the area to provide services traditionally only available in hospital settings, to enable more patients to be treated closer to home.
- staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Leading staff members had responsibility for key roles such as, human resources and quality and safety.
- Practice specific policies were implemented and were available to all staff.
- The practice had a comprehensive understanding of its performance
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was a quarterly governance report which summarised complaints, compliments and significant events and the learning from them.

### 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.

We saw that 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 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 training for all staff on communicating with patients about notifiable safety incidents.
- The partners encouraged a culture of openness and honesty.

When things went wrong with care or 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.

The leadership structure was clear and staff felt supported by management.

- There were regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the 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. For example in early 2015 the practice manager proposed to the partners that there was insufficient professional management time devoted to operational management. At that time there was a full time practice manager and a part time finance manager totalling 61.5 hours per week. After a full assessment and consultation the partners agreed a new management structure. This comprised; full time practice and information technology managers and part time human resources/patient and finance managers. Together totalling 129 hours management time per week. Staff told us this had resulted in better leadership, better patient management and less stress for staff.

# Are services well-led?

Good 

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

## 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) as well as through surveys and complaints received. The PPG met regularly. The PPG members we met said that the change to the management structure (set out above) had resulted in the revitalisation of the PPG as there was now a patient liaison manager. Initiatives developed collaboratively included; a newsletter, more information to patients about the reasons for medicines reviews and addition of photographs of staff on the practice website. One PPG member has produced directory of services for people experiencing poor mental health and the practice have made this available to their patients and patients from surrounding practices.

The practice had gathered feedback from staff through meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

- The practice was an accredited training practice. As a training practice, it was subject to scrutiny and inspection by Health Education Kent, Surrey and Sussex (called the Deanery) as the supervisor of training. Therefore GPs' communication and clinical skills were regularly under review.
- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was involved in the development of a local integrated care centre, it worked with Age UK on 'Living Well Co-ordinator' service, with the league of friends of the local community hospital to maintain and improve service operating from the site and with a local mental health charity supporting therapy groups for people with mental health problems.
- There were regular educational events at practice, for clinical staff, with talks or question and answer sessions by local consultants for example by a cardiac consultant.