

# Dr LM Wright and Partners

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr LM Wright and Partners on 24 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 effective systems for reporting and recording significant events. However, whilst near misses in the dispensary were discussed they were not always recorded.
- 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.

- Feedback from patients about their care was consistently and strongly positive.
- 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. Urgent appointments were available on the same day and patients had access to daily morning walk in clinics.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff we spoke with told us they felt supported by management. The practice 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 one area of outstanding practice:

- The nursing team regularly visited and telephoned patients in local care homes to monitor their health and wellbeing and ensure that care plans reflected

# Summary of findings

individual needs. These patients and their carers had direct access to the nursing team for support. This initiative had helped reduce unplanned admissions to secondary care for patients over 75 years from 44 in 2013/14 to 33 in 2014/15.

The areas where the provider should make improvement are:

- Review how near misses are recorded in the dispensary to reduce the risk of errors in the future.
- Review Standard Operating Procedures in the dispensary to ensure that recorded dates reflect review dates.
- Review patient confidentiality in the waiting room.

**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 were effective systems for reporting and recording significant events. However, although staff told us near misses were discussed in the dispensary they were not always recorded.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- 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 to 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 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 all staff.
- Staff worked with multidisciplinary teams 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 patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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 the practice had collaborated with the CCG to reduce the number of appointments lost due to patients failing to attend by piloting a text message scheme to remind patients about their next appointment.
- There was a good skill mix in the GP and nursing teams and patients we spoke with told us they could make an appointment with the appropriate GP or nurse which provided continuity of care. Urgent appointments were available on the same day and patients had access to a daily morning walk in clinic.
- 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 we spoke with 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.

Good



# Summary of findings

- 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 and shared this information with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active and collaborated with other patient groups in the CCG to share learning and new ideas.
- 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.
- There was a weekly pharmacy delivery service for patients who were not able to attend the surgery.
- The nursing team regularly visited and telephoned patients in local care homes to monitor their health and wellbeing and to ensure that care plans reflected individual patient's needs. These patients and their carers had direct access to the nursing team for support, which had helped prevent unnecessary admissions to secondary care. This initiative had helped reduce unplanned admissions to secondary care for patients over 75 years from 44 in 2013/14 to 33 in 2014/15.

### 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.
- 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.
- The nursing team collaborated with the CCG to deliver an educational program on Chronic Obstructive Pulmonary Disease (the name for a collection of lung diseases, including chronic bronchitis and emphysema) to other local health care providers.

### Families, children and young people

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

Good



# Summary of findings

- The practice had 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.
- Patients we spoke with told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- 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)

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 offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- There was a daily morning walk in clinic.
- The practice was piloting a text message service to remind patients about their appointments.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability; this had recently been extended to 40 minutes for nursing appointments.
- 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.

Good





# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- There was a hearing loop and braille signs for visually or hearing impaired patients.
- A counselling service was available for patients at the practice.

## 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 patients with dementia).

- The practice regularly worked with multi-disciplinary teams in the case management of people 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 accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The nursing team had developed an information sheet to support staff, patients and their carers in difficult aspects of care such as consent. Information included how to contact health care professionals, various support groups and voluntary organisations.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey published results on 2 July 2015, 253 survey forms were distributed and 129 were returned. This represented 2.9% of the practice's patient list. The results showed the practice was performing better or in line with local and national averages. For example

- 99% found it easy to get through to this surgery by phone compared to a CCG and national average of 73%.
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 91% described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 92% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 80%).

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards all contained positive

comments about the standard of care received. However, three contained both negative and positive comments. The negative comments were about confidentiality in the waiting room and waiting times during the walk in clinics. In contrast, other patients commented positively that the walk in clinic and dispensary were convenient. The positive themes that ran through the comment cards were the cleanliness of the premises and the caring, dignified, respectful and professional manner in which staff treated patients.

We spoke with ten patients during the inspection including three members of the patient participation group. Their views aligned with the comment cards, indicating that the practice listened and responded to patients' need in order to improve the care provided. The patients we spoke with said they were happy with the care they received and thought staff were approachable, committed and caring. However, one of the patients we spoke with also raised concerns about confidentiality in the waiting room.

## Areas for improvement

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

- Review how near misses are recorded in the dispensary to reduce the risk of errors in the future.
- Review Standard Operating Procedures in the dispensary to ensure that recorded dates reflect review dates.
- Review patient confidentiality in the waiting room.

## Outstanding practice

- The nursing team regularly visited and telephoned patients in local care homes to monitor their health and wellbeing and ensure that care plans reflected individual needs. These patients and their carers had direct access to the nursing team for support. This initiative had helped reduce unplanned admissions to secondary care for patients over 75 years from 44 in 2013/14 to 33 in 2014/15.

# Dr LM Wright and 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 practice manager specialist adviser and a CQC Pharmacy Inspector.

## Background to Dr LM Wright and Partners

Dr LM Wright and Partners (also known as Lydden Surgery) provides services from a purpose built property located the village of Lydden, Kent, supporting a largely rural community. There are just under 5000 patients on the practice list. The practice population is close to national averages, although there are slightly more patients aged between 40 and 70.

The practice holds a General Medical Services contract (a contract between NHS England and general practices for delivering general medical services). There are three GP partners, two males and one female and one long term locum GP (male). Dr LM Wright and Partners is a training practice so alongside their clinical roles, the GPs are training one doctor to become a GP. There are two practice nurses (female) and one health care assistant (female).

Dr LM Wright and Partners is able to provide dispensary services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy premises. This service is delivered by a dispensary manager and two dispensers. The GPs, nurses and dispensers are supported by a practice manager and a team of administration and reception staff.

The practice is open 8am to 6.30pm Monday to Friday. Patients from Dr LM Wright and Partners are able to access extended hours appointments at the Buckland Hospital in Dover from 8am to 8pm seven days a week.

An out of hour's service is provided by Integrated Care 24, outside of the practices open hours and there is information available to patients on how to access this.

Services are delivered from:

Lydden Surgery,  
Dover,  
Kent

CT15 7ET

## 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 and asked other organisations to share what they knew. We carried out an announced visit on 24 February 2016. During our visit we:

- Spoke with a range of staff including three GPs, two nurses, one health care assistant, two dispensers, the practice manager and a range of reception and administration staff.
- Spoke with patients and members of the patient participation group who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

The practice used a range of information to identify risks and improve patient safety. For example, significant events or incidents and national patient safety alerts as well as comments and complaints received from patients or other providers. There was a significant event recording form available to staff on the practice's intranet. Staff we spoke with knew how to report events and did so. However, staff in the dispensary told us near misses were discussed but not always recorded.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. There had been 20 incidents recorded in the last 12 months. We reviewed two incidents and saw evidence of analysis, learning and action. For example, after patient identifiable information was inappropriately shared with the local clinical commissioning group (CCG), this error was discussed with staff and followed by an email reminding staff to use the practice's confidentiality protocols.

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 and reduce the chance of same thing happening again.

### 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 that reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details for the practice safeguarding lead and external agencies were available and staff we spoke with told us how these had been used to raise safeguarding concerns in the past. 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 relevant to their role. GPs were trained to child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse prescriber was the infection prevention control lead and liaised with the local infection prevention teams to keep up to date with best practice. However, infection prevention duties were shared equally across the nursing team and they maintained a combination of daily, weekly and monthly checks alongside an annual infection control audit. We saw evidence that learning and action arose from these audits. Staff had received infection prevention training. They were able to refer to the practice's policies which enabled them to plan and implement measures to control infection. For example, we saw that gloves and aprons were available to staff and they were able to describe to us how they used this equipment to comply with the policy. Patients we spoke with told us the practice was always clean and tidy.
- The arrangements for managing medicines at the surgery, including emergency medicines and oxygen kept patients safe (obtaining, prescribing, recording, handling, storing and security). Medicines which required refrigeration were kept between 2oC and 8oC and clear, consistent records were available to demonstrate this. We also saw evidence to show that medicines safety alerts and recalls were received and acted upon.
- Arrangements for controlled drugs (medicines which are more liable to misuse and so need closer monitoring) were appropriate. We checked records for ordering, receipt, supply and disposal of controlled drugs and found that these met legal requirements.
- We saw evidence to show that staff involved in dispensing activities were trained to an appropriate level. Staff had annual appraisals and we saw evidence of continuous learning through completion of

## Are services safe?

additional training relevant to their roles. There were standard operating procedures (SOPs) and we were told these were reviewed annually, and were due for review later this year. However, staff told us that some SOPs, including those related to controlled drugs, had been reviewed but the date had not been changed to reflect this.

- All prescription forms (FP10s) were stored securely. We saw records to show that prescriptions forms for handwritten use were tracked through the practice. Prescription forms for use in printers were not tracked which meant it would be difficult to identify any misappropriation. The practice manager told us that they would apply the current tracking system to all prescriptions in future.
- There were procedures to ensure vaccines were administered safely. Staff were able to demonstrate that they followed procedures to ensure that patients did not obtain medicines which were not on repeat or needed further checks (such as a blood test). Staff told us that prescriptions for controlled drugs were not dispensed prior to them being signed. Random checks on prescriptions confirmed this was the case.
- A barcoded system was used for dispensing which helped to reduce the risk of errors. The practice recorded dispensing errors and there was evidence of learning from them. Additionally, there was a risk management protocol to help reduce dispensing errors. Formal recording of near misses (dispensing errors which do not reach a patient) was not undertaken. Staff told us they discussed these within the dispensary team when they happened. We saw examples of how the practice responded to patients' needs, particularly those who had been affected by long term medicines shortages.
- We reviewed five 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.

- There were 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had 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 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 the safety of the premises, such as control of substances hazardous to health, 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.

### Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available.
- 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# 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.
- 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 patients

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 showed the practice had received 539 out of the total number of 559 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). Data from 01/04/2014 to 31/03/2015 showed;

- Performance for diabetes related indicators was better than the CCG and national average. For example, 98% percent of patients with diabetes received a foot examination compared to a CCG average 85% and national average of 88%.
- Eighty three per cent patients with hypertension were having regular blood pressure tests which was similar to the national average of 84%.
- Performance for mental health related indicators was better than the national average. For example, 100% patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to a national average of 88%.

Data from the Prescribing Authority and Cost Data (PACT) and the local clinical commissioning group (CCG) indicated the practice was an outlier for the number of Ibuprofen and

Naproxen Items prescribed as a percentage of all non-steroidal anti-inflammatory drugs (NSAIDs) (01/07/2014 to 30/06/2015), Dr LM Wright and Partners 58%, national 77%. The practice had recognised this and conducted a two stage audit and had reduced inappropriate prescribing by 19%. The practice remained dissatisfied with this result and undertook further action; including scrutiny of secondary care prescribing, a GP review of patients receiving NSAIDs and the inclusion of the nursing team in ongoing audit, action and education. Further audit was planned in the next 12 months.

### Clinical audits demonstrated quality improvement.

- There had been several clinical audits completed in the last two years, in areas such as, clinical, minor surgery and dispensing.
- The practice participated in local audits, national benchmarking, accreditation and peer review
- Findings were used by the practice to improve services including prescribing. For example, a two cycle audit investigating asthma prescribing showed a 56% improvement in prescribing the most cost effective inhaler.

### 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 and ongoing training for existing staff. Subjects covered included: safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff had access to and made use of e-learning training modules and in-house training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes.
- 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



# Are services effective?

## (for example, treatment is effective)

scope of their work. This included 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.

### 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 available alongside bespoke information sheets developed by the nursing team for conditions such as dementia.
- 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, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.
- The nursing team regularly visited and telephoned patients in local care homes to monitor their health and wellbeing and ensure that care plans reflected individual needs. These patients and their carers had direct access to the nursing team for support. This initiative had helped reduce unplanned admissions to secondary care for patients over 75 years from 44 in 2013/14 to 33 in 2014/15.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits. For example, the practice had carried out an audit to test staff compliance in gaining written consent for minor surgery, results showed 100% compliance.

### Supporting patients to live healthier lives

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

- These included patients receiving palliative care, those at risk of developing a long-term condition, carers and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A counselling service was available on the premises.

The practice's uptake for the cervical screening programme was 86%, which was better than the national average of 82%. The practice followed up on patients who did not attend for their cervical screening test by telephone or in writing. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for vaccines given were better than national averages. For example, childhood immunisation rates for under two year olds ranged from 94% to 100% compared to national averages of 90% to 96% and for five year olds from 95% to 98%, compared to national averages of 82% to 96%.

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 health assessments and checks were made, where abnormalities or risk factors had been identified.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- When patients wanted to discuss sensitive issues or appeared distressed staff were able offer them a private room to discuss their needs.

All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. However, three contained both negative and positive comments. The negative comments were about confidentiality in the waiting room and waiting times during the walk in clinics. In contrast, other patients commented positively that the walk in clinic and dispensary were convenient. The positive themes that ran through the comment cards were the cleanliness of the premises and the caring, dignified, respectful and professional manner in which staff treated patients. The three members of the patient participation group we spoke with 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, who responded, felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG and national average of 87%.
- 89% said the GP gave them enough time (CCG average 86%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).

- 98% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 90%).
- 92% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%)

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

Patients we spoke with 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. Feedback from the comment cards supported 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 consistently better than local and national averages. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84%, national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 81%)
- 95% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%)

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

### Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. 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 or sent them a sympathy card. This call was either 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. For example the practice had collaborated with the CCG to reduce the number of appointments lost due to patients failing to attend, by piloting a timely text message scheme to remind patients about an imminent appointment.

- There were longer appointments available for patients with a learning disability or dementia. The practice had responded positively to a request by the nursing team to extend these appointments to 40 minutes to enable nurses to respond to patients' emotional and social needs alongside their health issues.
- Home visits were available for older patients and patients who would benefit from these. The nursing team regularly visited and telephoned patients in local care homes to monitor their health and wellbeing and ensure that care plans reflected individual patients' needs. These patients and their carers had direct access to the nursing team for support, which had helped to prevent unnecessary admissions to secondary care.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS.
- There were disabled facilities, a hearing loop for patients with a hearing impairment and braille signs for visually impaired patients.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Daily appointments were from 9am to 11.20am and 3.30pm to 5.20pm; routine appointments could be booked four weeks in advance. The practice provided a walk in clinic each weekday from 8.45am to 10.30am and additional appointments were available at the Buckland Hospital in Dover from 8am to 8pm seven days a week.

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

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 99.5% patients said they could get through easily to the surgery by phone (CCG and national average 73%).
- 73% patients said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 60%).

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

### Listening and learning from concerns and complaints

#### The practice had effective systems for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance.
- The practice manager was responsible for handling all the complaints in the practice.
- We saw that information was available to help patients understand the complaints system, there was a complaints policy which included timescales by which a complainant could expect to receive a reply. Information was available to help patients understand the complaints system in the form of leaflets, notices and material on the website.
- Staff were encouraged to record and report patients' comments, concerns, compliments and complaints on a contact record sheet enabling the practice to capture patient feedback without patients' having to formally write to the practice manager.

The practice saw complaints and significant events as learning opportunities and demonstrated learning in areas such as communication and patient confidentiality as well learning from clinical issues.

There had been 10 complaints received in the last 12 months: six clinical, three for communication and attitude and one for prescribing. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, after investigating a complaint about waiting times during walk in clinics, the practice reviewed their protocols and introduced a system to provide patients with an estimated waiting time.

# 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 focused on responsive and supportive care aimed at reducing unnecessary visits to secondary healthcare providers. The staff knew and understood these values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values.

### 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 that ensured:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The GP partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff we spoke with 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 we spoke with told us they felt supported by management.

- Staff we spoke with 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 when they did. There was a notice board in the staff room for staff to reflect on what was going well and where improvements could be made. This was regularly reviewed by the practice manager and the management team.
- Staff said they felt respected, valued and supported, particularly by the partners and the practice manager. The staff we spoke with told us they 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 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, the practice had responded to concerns about confidentiality in the waiting room by adding signage to remind patients about confidentiality and a radio was playing to make confidential conversation more difficult to overhear. However, patients we spoke with and comment cards indicated some patients still felt this was a concern.
- There was a poster in the waiting room which contained the latest patient views and details of how the practice was responding to them.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss

# Are services well-led?

Good 

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

any concerns or issues with colleagues and management. Staff we spoke with told us they felt involved and engaged to improve how the practice was run. For example, the practice had responded positively when the nursing team requested 40 minute appointments for patients with dementia.

## Continuous improvement

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

team was forward thinking and took part in local pilot schemes to improve outcomes for patients in the area. The initiative to improve communication with local care homes, by developing the role of the nursing team, had reduced unnecessary admissions to secondary care and was in line with the practice's aim to provide responsive and supportive care locally.