

Folkestone East Family Practice

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 Folkestone East Family Practice on 9 June 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 been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.
- There was continuity of care, with urgent appointments available the same day. However, some patients reported they had to wait for routine appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Despite a high number of patients on the practice list living in deprived circumstances the practice achieved better Quality and Outcomes Framework (QOF) figures than national and local averages in some areas of care (QOF is a system intended to improve the quality of general practice and reward good practice). For example, in the care of patients with diabetes.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- During the course of the inspection we found that some family planning activities were taking place such as implants. The practice was not registered with the CQC to deliver family planning services from this location. Once informed of the situation the practice

Summary of findings

submitted an application to deliver family planning services from this location. Evidence of the application was submitted to the CQC inspection team within the required 48 hours.

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review how infection prevention audits are carried out to help ensure effectiveness.
- Continue to identify patients who are also carers and build on the current carers register to help ensure that all patients on the practice list who are carers are offered relevant support if required.
- Continue to review the security of prescription forms.

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. However, during the inspection we found one out of date sharps box which had not been identified during the monthly infection prevention audits. These were subsequently removed by the practice.
- There were systems to monitor blank prescription forms but some prescription forms were left in printer drawers over night when external contract cleaning staff had access. However, since the inspection the practice submitted new prescription security protocols to the CQC within the required 48 hours addressing this issue.
- Risks to patients were assessed and well managed. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines..

Are services effective?

The practice is rated as good for providing effective services.

Good



- Despite a high number of patients on the practice list living in deprived circumstances the practice often achieved better Quality and Outcomes Framework (QOF) figures than national and local averages in some areas of care. For example, the care of patients with diabetes. The most recent published results showed that the practice achieved 100% of the total number of points available.
- 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.

Summary of findings

- 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 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.
- 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.

Good



- Practice staff reviewed the needs of its local patient population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- There was continuity of care, with urgent appointments available the same day. However, some patient's reported they had to wait for routine appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- 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

Summary of findings

procedures to govern activity and held regular governance meetings. There was a program to review and amend governance documents as required led by the practice manager and practice matron.

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to help ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active and told us they felt well supported and listened to by the practice.
- There was a strong focus on continuous learning and improvement at all levels.
- During the course of the inspection we found that some family planning activities were taking place such as implants. The practice was not registered with the CQC to deliver family planning services from this location. Once informed of the situation the practice submitted an application to deliver family planning services from this location. Evidence of the application was submitted to the CQC inspection team within the required 48 hours.

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 patient population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice collaborated with other GPs in the area to provide urgent home visits with a paramedic practitioner and extended hours for patients from 8am to 8pm at Queen Victoria Hospital hub, Folkestone. This service is funded by The Prime Minister's Challenge Fund.
- The practice had been selected to take part in an international project called Sustain (sustainable tailored integrated care for older people in Europe). The project was a European collaboration involving academic and healthcare partners from nine countries aimed at improving integrated care for older people.
- After taking part in the Pro-Active care project, the practice continued to run an over 75's service led by the practice matron.

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.
- Performance for diabetes related indicators were higher than 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.

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 strong focus on safeguarding in response to the needs of the local patient population and the whole team was engaged in improving and reporting safeguarding concerns for this population group.
- 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.
- 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 89%, which was better than the 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.

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 help ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Patients registered at Folkestone East Family Practice had access to extended hours every Monday to Friday from 6.30pm to 7pm at Sandgate Road Surgery.

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 and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and those who would benefit from this.

Good



Summary of findings

- 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.
- The practice was part of collaboration, funded by the Prime Minister's Challenge Fund, which sought to encourage people who were homeless to engage and access healthcare services.

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).

- 83% of patients diagnosed with dementia had received a care review in a face to face meeting in the last 12 months, which was similar to the clinical commissioning group (CCG) and national average of 84%.
- The practice had completed a two cycle audit to help ensure dementia patients were being identified. As a result seven patients were added to the dementia register.
- 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 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 practice had provided a training day enabling all staff to become 'dementia friends'.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and ninety nine survey forms were distributed and 132 were returned. This represented 3% of the practice's patient list.

- 88% of respondents found it easy to get through to this practice by telephone compared to the clinical commissioning group (CCG) and national average of 73%.
- 71% of respondents were able to get an appointment to see or speak with someone the last time they tried compared to the CCG average of 80% and the national average of 76%.
- 87% of respondents described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 79% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards, 17 were positive about the service provided at the practice and nine of these

comment cards also contained negative comments. Patients commented positively about the clinical expertise of the GPs and nurses, but also appreciated the polite, friendly and helpful care given by all members of staff. Negative comments were about the small waiting room and having to wait for routine appointments. Conversely, some patients commented positively about that they could see a GP on the same day if they needed to.

We spoke with five patients, including one member of the patient participation group (PPG). Most of the patients we spoke with talked positively about the personalised and responsive care provided by the practice. However, some patients told us they had to wait for a routine appointment. The inspection team raised this issue waiting for a routine appointment with the practice and the practice explained the appointment system contained more urgent than routine appointment slots to ameliorate the high 'do not attend rates' and in response to the needs of the local patient population.

Patients we spoke with told us their dignity, privacy and preferences were always considered and respected. The PPG member we spoke with told us the PPG were supported by the practice and suggestions made by the PPG had been listened to and actioned where possible.

Areas for improvement

Action the service SHOULD take to improve

- Review how infection prevention audits are carried out to help ensure effectiveness.
- Continue to identify patients who are also carers and build on the current carers register to help ensure that all patients on the practice list who are carers are offered relevant support if required.
- Continue to review the security of prescription forms.

Folkestone East Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Folkestone East Family Practice

Folkestone East Family Practice shares purpose built premises with several other health care providers in a residential part of Folkestone, Kent and has access to a reception area, office space and four clinical rooms. As well as providing services at Folkestone East Family Practice, the provider (known as Sandgate Road) also provides services from another separately registered location, Sandgate Road Surgery, Folkestone, Kent.

There are approximately 4,700 patients on the practice list. The practice population is close to national averages. However, there are more patients with a long-standing health condition than the national average (practice average 63%, national average 54%). The surrounding area has a high prevalence of people living in deprived circumstances.

The practice holds General Medical Service contract. Between the locations there are nine GP partners (three female and six male). Three of the partners (two male and one female) work regularly at Folkestone East Family Practice to provide continuity of care for patients, however, the remaining six partners provide cover at the practice as

required. There are six practice nurses (female); one of which has started training to become an Independent Prescriber, and two healthcare assistants (female). The nursing team work across both sites. The GPs and nurses are supported by a practice manager and a team of administration and reception staff. A wide range of services and clinics are offered by the practice including asthma, diabetes and childhood immunisations.

The practice is open from 8am to 6.30pm. Morning appointments are from 8.10am to 11am and afternoon appointments are from 2.30pm to 5.20pm. Patients registered at Folkestone East Family Practice have access to extended hours every Monday to Friday from 6.30pm to 7pm at Sandgate Road Surgery. Alongside several other local GPs in the South Kent Coast Clinical Commissioning Group (CCG) patients from the practice can also access services between 8am to 8pm at the Queen Victoria Hospital Hub in Folkestone and an urgent home visit service by a paramedic practitioner via funding from the Prime Minister's Challenge Fund.

Services are provided from 15-25 Dover Road, Folkestone, Kent, CT20 1JY.

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

Detailed findings

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 9 June 2016

During our visit we:

- Spoke with a range of staff including three GPs, the practice matron, one healthcare assistant, the practice manager, receptionists, administrators and patients who used the service.
- Observed how reception staff talked with patients, carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager 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 evidence that lessons were shared and action was taken to improve safety in the practice. For example, a vaccination error resulted in a review and revision of vaccine protocols.

Overview of safety systems and processes

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

- The practice had strong focus on safeguarding in response to the needs of the local patient population and the whole team was engaged in improving and reporting safeguarding. There were arrangements to safeguard children and vulnerable adults from abuse which included alerts on the computer system to inform staff about safeguarding concerns. Once a safeguarding concern had been identified the alert system was extended to other patients living at that address to help ensure staff were able to provide appropriate care and support. The practice had eight children on the child protection register. In addition to this, 137 children were recorded on the 'additional needs register' which encompassed children that staff were concerned about, were under surveillance or in looked after care. In total there were 230 alerts for child safeguarding on the system which was equivalent to 5% of the practice list. Safeguarding arrangements reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP partner was the lead member of staff for safeguarding. The GPs 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 and nurses were trained to child protection or child safeguarding level 3.
- Information on the practice's website and notices in clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and most 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). Where staff undertaking this role did not have a DBS the practice had completed a risk assessment.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be 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. Monthly infection control audits were undertaken which showed 100% compliance with no remedial action required. However, during the inspection we found one out of date sharps box which had not been identified during the monthly infection prevention audits. These were subsequently removed by the practice.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice helped keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical

Are services safe?

commissioning group (CCG) pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. There were systems to monitor blank prescription forms but some prescription forms were left in printer drawers in locked rooms overnight when external cleaning staff had access. However, the practice submitted new prescription security protocols to the CQC within the required 48 hours.

- One of the nurses had started training to become an Independent Prescriber and was receiving mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines. Health Care Assistants were trained to administer vaccines and medicines against a Patient Specific Prescription or Direction from a prescriber.
- 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 (DBS). There were risk assessments for staff who did not have a DBS check.

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. All electrical equipment was checked to help ensure the equipment was safe to use and clinical equipment was checked to help ensure it was working properly. The practice did not own the building and risk

assessments associated with the property such as fire risk assessments and legionella testing (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) were carried out by the landlords.

- The practice had arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to help ensure enough staff were on duty. Medical and administration staff worked across locations, when necessary, to help ensure continuity of care for patients and reduce the requirement to employ locum staff.

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 annual 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 help keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). Despite a high number of patients on the practice list living in deprived circumstances the practice often achieved better QOF outcomes than national and local averages in some areas of care, for example diabetes. The most recent published results showed that the practice achieved 100% of the total number of points available with 10% exception reporting (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better than local and national averages. For example, 94% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (clinical commissioning group (CCG) average 85%, national average 88%).
- Performance for mental health related indicators was similar to local and national averages. For example, 83% of patients diagnosed with dementia had been reviewed in a face-to-face review in the preceding 12 months (CCG and national average 84%).

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years, seven of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, the practice undertook an audit to check that all patients prescribed a specific medicine to control the formation of blood clots, had received a renal function test to monitor potentially damaging side effects of the medicine. The first cycle indicated this had not been achieved for every patient. The practice introduced new protocols and the second stage of the audit demonstrated all patients had received a renal function test in line with national guidance.

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 had attended training in areas such as diabetes and asthma. We saw minutes from the weekly nursing team meetings where nurses and healthcare assistants from both practices met to discuss a range of topics including national guidelines, learning needs, training opportunities and clinical supervision.
- 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, for example, by accessing on line resources and discussion at nurse team 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,

Are services effective?

(for example, treatment is effective)

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.

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 89%, which was better to the CCG average of 83% and the national average of 74%. There was a policy to conduct telephone reminders for patients who failed to attend for their cervical screening test. The practice ensured a female sample taker was available. There were systems to help ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged patients to attend national screening programmes for bowel and breast cancer, but was below national and local averages. For example, 51% of patients aged between 60 – 69 years had been screened for bowel cancer in the last 30 months, which was below the CCG average of 60% and the national average of 58%. Seventy one percent of females aged 50 – 70 years had been screened for breast cancer in last 36 months, which was similar to the CCG average of 72%, but below the national average of 76%.

However, childhood immunisation rates for the vaccinations given were better than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 97% (national average 82% to 90%) and five year olds from 86% to 96% (national average 82% 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 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.
- Staff had access to a private area if patients wished to discuss sensitive issues or appeared distressed. Telephone calls into the practice were managed in an area away from reception to improve patient confidentiality.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards, 17 were positive about the service provided at the practice, although nine of these comment cards also contained negative comments. Patients commented positively about the clinical expertise of the GPs and nurses, but also appreciated the polite, friendly and helpful care given by all members of staff. Negative comments were about the small waiting room and having to wait for routine appointments. Conversely, some patients commented positively about that they could see a GP on the same day if they needed to.

We spoke with five patients, including one member of the patient participation group (PPG). Most of the patients we spoke talked positively about the personalised and responsive care provided by the practice. However, some patients told us they had to wait for a routine appointment. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected. The patient participation group (PPG) member we spoke with told us the PPG were supported by the practice and suggestions made by the PPG had been listened to and actioned where possible.

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

- 86% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 86% of respondents said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 96% of respondents said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 81% of respondents said the last GP they spoke with was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 97% of respondents said the last nurse they spoke with was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 90% of respondents said they found the receptionists at the practice helpful compared to the 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 also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also 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:

- 81% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 86% of respondents said the last GP they saw or spoke with was good at giving them enough time compared to the CCG average of 85 % and the national average of 87%.
- 92% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average 87%, national average of 85%.

Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

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 39 patients as carers (this was slightly less than 1% of the practice list). Written information and leaflets were available to direct carers to the various avenues of support available to them. However, this was not well advertised in the waiting room.

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 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 patient population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was located in one of the most deprived areas in England and in recognition of this, funding from the Prime Minister's Challenge Fund was used to develop services for homeless and socially excluded people in Folkestone. The practice was part of a collaboration of local groups including the CCG, healthcare providers and charities, which sought to encourage people who were homeless to engage and access healthcare services. The project began in 2015 and on the 20 October 2015, 25 homeless patients were given a seasonal influenza vaccine. The vaccines were provided by the practice. The project was highlighted in a recent publication by the CCG.

The practice had also been selected to take part in an international project called Sustain (sustainable tailored integrated care for older people in Europe). The project was a European collaboration involving academic and healthcare partners from nine countries aimed at improving integrated care for older people.

- Patients registered at Folkestone East Family Practice had access to extended hours every Monday to Friday from 6.30pm to 7pm at Sandgate Road Surgery and appointments between 8am to 8pm at the Queen Victoria Hospital Hub in Folkestone.
- 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. In addition, there was access to an urgent home visit service provided by a paramedic practitioner. This service was funded by the local clinical commissioning group through the Prime Ministers Challenge Fund.
- 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. Some vaccines only available privately were offered by the practice, if the practice was unable to offer the required vaccine patients were referred to other clinics.
- There were disabled facilities and translation services available.
- Patients had access to a health trainer.
- The practice maintained a register for homeless people but also registered homeless people as temporary residents enabling them to access services when required.
- The practice provided a training day to enable all staff to become dementia friends.
- After taking part in the Pro-Active care project, the practice continued to run an over 75's service led by the practice matron. This service was extended to patients that were not over 75 to ensure patients that would benefit from some extra help received it; meaning there was a focus on vulnerable and housebound patients as well as elderly patients.

Access to the service

The practice was open from 8am to 6.30pm. Morning appointments were from 8.10am to 11am and afternoon appointments were from 2.30pm to 5.20pm. Patients registered at Folkestone East Family Practice had access to extended hours every Monday to Friday from 6.30pm to 7pm at Sandgate Road Surgery. In addition to appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 80% of respondents were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 78%.
- 88% of respondents said they could get through easily to the practice by telephone compared to CCG and national average of 73%.

Some patients told us on the day of the inspection they had to wait for routine appointments; however, most patients said they were able to get appointments when they needed them.

The practice had a system to assess:

Are services responsive to people's needs?

(for example, to feedback?)

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits and medical emergency protocols were available to support staff.

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 guidance for GPs in England.

- 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 form of leaflets and material on the practice's website.

The practice wanted to learn from patients' feedback and recorded complaints from all available avenues and included verbal as well as written complaints in their analysis. There had been seven written complaints received in the last 12 months in areas such as communication and prescriptions. Six complaints had been resolved and one was still in progress. Lessons were learnt from complaints and action was taken as a result to improve the quality of care. For example after a complaint regarding a prescription delay staff were advised about remain vigilant about patients' changing needs.

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 whilst providing a safe and innovative workplace for staff.

- The practice had a vision and values statement and staff we talked with knew, understood and engaged with the vision and 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 helped to ensure that:

- There was a clear staffing structure. Staff were aware of their own roles and responsibilities, but were willing to support each other across roles and both locations when necessary to ensure continuity of care for patients.
- Practice specific policies were implemented and were available to all staff. There was a program to review, maintain and amend governance documents led by the practice manager and clinical staff. Staff we spoke with knew how to access policies.
- During the course of the inspection we found that some family planning regulated activities were taking place such as implants. The practice was not registered with the CQC to deliver family planning services from this location. Once informed of the situation the practice submitted an application to deliver family planning services from this location.
- A comprehensive understanding of the performance of the practice was maintained which focused on meeting the needs of the local patient population.
- A programme of continuous clinical and internal audit 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

On the day of inspection the partners and the practice manager demonstrated they had the experience, capacity

and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings and records confirmed this
- 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. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It 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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice has installed a suggestion box at the request of the PPG.

Are services well-led?

Good 

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

Two new seats with arms had been purchased by the practice in response to patients' request via the suggestion box. There was information about the PPG on the website; however, there was no information about the PPG displayed in the waiting room or at the practice.

- The practice had gathered feedback from staff through an annual, through staff 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

There was a focus on continuous learning and improvement at all levels within the practice. Staff were encouraged to develop their roles in order to improve

patient care. The practice team was forward thinking and part of local and international pilot schemes to improve outcomes for patients in the area and internationally. For example, locally the practice was committed to working with other healthcare providers, charitable organisations and local GP practices to promote and improve services for homeless and socially excluded people in Folkestone. Internationally the practice was taking part in the Sustain project. The project was a European collaboration across academic and healthcare partners from nine countries aimed at improving integrated care for older people.

The practice had a good understanding of their practice and local patient population and had developed systems, processes and staff to meet the challenges of delivering healthcare services in an area where patients on the practice list were living in deprived circumstances.