

The Ivy Court Surgery

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?

Outstanding 

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 The Ivy Court Surgery on 13 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment for patients.
- The practice provided training and mentorship for future healthcare professionals including trainee GPs and student nurses.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice 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 several areas of outstanding practice:

- The practice offered a community 'virtual' ward which met once a fortnight. Team members included GPs, an elderly care consultant, social care staff, community nurses and representatives from the voluntary sector. The aim of the virtual ward was to help to ensure that patients' emotional and social needs were met and given equal importance.

Summary of findings

- The practice had recognised their patient list contained a higher than average amount of elderly patients and had chosen to focus on dementia as a particular issue for their population. There was an aim to raise the profile of dementia locally and one of the GP partners collaborated with other healthcare professionals and the Alzheimer's Society to give a series of talks in the local church. Two members of staff had attended dementia awareness training courses and were being released once a fortnight to support patients and their carers at the local Dementia Café.
- The practice provided access to services seven days a week through a collaboration with two neighbouring surgeries. This service provided access to urgent appointments at the weekend from 9am to 12pm on Saturday at The Ivy Court Surgery and Sunday at The Hamstreet Surgery for over 25,000 patients. This meant patients did not have to travel to Hospital Accident

and Emergency Departments and could access services locally. GPs and staff providing this service had access to patients' notes providing continuity of care for patients attending urgent care clinics.

- There were regular consultant led frailty clinics undertaken at the practice. This service was provided through collaboration with neighbouring practices. Sixty seven patients at The Ivy Court Surgery had accessed this service.

The areas where the provider should make improvements are:

- 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.

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. Significant events were analysed, discussed and actioned. When appropriate, training had been provided for staff at full practice meetings to improve safety in the practice.
- We saw evidence that lessons were shared across the practice.
- When there were unintended safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to reduce the chance of 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.
- The nursing team told us they undertook daily and weekly infection prevention activities. However, there were no records to confirm this.

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.

Summary of findings

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

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For Example, two members of staff had attended dementia awareness training courses and were being released once a fortnight to support patients and their carers at the local Dementia Café
- There were innovative approaches to providing integrated person-centred care. The practice ran a community 'virtual' ward which met once a fortnight. Team members included GPs, an elderly care consultant, social care staff, community nurses and representatives from the voluntary sector. The ward's purpose included ensuring that patients' emotional and social needs were met and given equal importance alongside their healthcare needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, following feedback from patients in the Ashford Rural Medical Services (ARMS – is a collaboration between the Ivy Court Surgery and two neighbouring GP practices located in Woodchuch and Hamstreet), the practice had collaborated with neighbouring GP practices to hold regular clinics for patients who required advice before travelling abroad.
- The practice provided access to care seven days a week through collaboration with a neighbouring surgery. This service provided access to urgent appointments at the weekend from 9am to 12pm on Saturday at The Ivy Court Surgery and Sunday at The Hamstreet Surgery for over 25,000 patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Outstanding



Summary of findings

- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were 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.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels, including mentoring and training for future healthcare professionals.

Good



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 community 'virtual' ward which met every fortnight. The majority of these patients were elderly. Team members included GPs, an elderly care consultant, social care staff, community nurses and representatives from the voluntary sector. The ward's purpose included ensuring that patients' emotional and social needs were met and given equal importance alongside their healthcare needs.
- There were regular consultant led frailty clinics undertaken at the practice.
- The practice had conducted a survey of its older population and received 1300 hundred responses. By undertaking this survey the practice to identified 300 patients that may require further support.

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 was similar to the national average. For example, 92% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (national average 88%).
- Longer appointments and home visits were available when needed.
- Patients from this population group 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 car

Summary of findings

Families, children and young people

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

Good



- 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 A&E attendances. The practice provided access to care seven days a week through collaboration with a neighbouring surgery. This service provided access to urgent appointments at the weekend from 9am to 12pm on Saturday at The Ivy Court Surgery and Sunday at The Hamstreet Surgery for over 25,000 patients. As a result the practice showed a reduction in accident and emergency (A&E) attendances. For example, A&E attendance for under 10s had been reduced by 13%. Childhood immunisation rates were similar to national averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 83%, which was similar to 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).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice provided access to care seven days a week through collaboration with neighbouring GP practices.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Summary of findings

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

People experiencing poor mental health (including people with dementia)

The practice is rated as outstanding for the care of people experiencing poor mental health (including people 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 practice was involved in an initiative to make Tenterden a 'Dementia Friendly Town' and raise the profile of dementia locally. One of the GP partners collaborated with other healthcare professionals and the Alzheimer's Society to give a series of talks in the local church. In 2012, 65% of patients, at the practice, diagnosed with dementia had received a face to face review; this had increased to 81% in 2015, which was similar to the local clinical commissioning group (CCG) average of 82%.
- There were 156 patients recorded on the dementia register. Two members of staff had attended dementia awareness training courses and were being released once a fortnight to support this group of patients and their carers at the local Dementia Café.

Outstanding



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 consistently performing better than national averages. Two hundred and thirty nine survey forms were distributed and 133 were returned. This represented 0.9% of the practice's patient list.

- 76% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 83% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 93% described the overall experience of their GP surgery as fairly good or very good (national average 86%).
- 88% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection.

We received 30 comment cards 28 were positive about the service provided at the practice. Patients commented very positively about the clinical expertise of the GPs and nurses, but also appreciated the friendly, efficient and compassionate support provided by all members of the team. Two comment cards contained mixed comments; one negative comment was about telephone access and the other highlighted that clinics occasionally ran late.

We spoke with seven patients, including one member of the patient participation group (PPG). They all talked positively about the personalised and responsive care provided by the practice. Patients told us they appreciated the extensive services available at the practice including the dispensary, ultrasound and urgent care clinics, which provided patients with access to services at the weekend. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected.

Areas for improvement

Action the service **SHOULD** take to improve

- 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.

Outstanding practice

- The practice offered a community 'virtual' ward which met once a fortnight. Team members included GPs, an elderly care consultant, social care staff, community nurses and representatives from the voluntary sector. The aim of the virtual ward was to help to ensure that patients' emotional and social needs were met and given equal importance.
- The practice had recognised their patient list contained a higher than average amount of elderly patients and had chosen to focus on dementia as a particular issue for their population. There was an

aim to raise the profile of dementia locally and one of the GP partners collaborated with other healthcare professionals and the Alzheimer's Society to give a series of talks in the local church. Two members of staff had attended dementia awareness training courses and were being released once a fortnight to support patients and their carers at the local Dementia Café.

- The practice provided access to services seven days a week through a collaboration with two neighbouring surgeries. This service provided access

Summary of findings

to urgent appointments at the weekend from 9am to 12pm on Saturday at The Ivy Court Surgery and Sunday at The Hamstreet Surgery for over 25,000 patients. This meant patients did not have to travel to Hospital Accident and Emergency Departments and could access services locally. GPs and staff providing this service had access to patients' notes providing continuity of care for patients attending urgent care clinics.

- There were regular consultant led frailty clinics undertaken at the practice. This service was provided through collaboration with neighbouring practices. Sixty seven patients at The Ivy Court Surgery had accessed this service.

The Ivy Court Surgery

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 advisor.

Background to The Ivy Court Surgery

The Ivy Court Surgery serves a wide rural area in and around Tenterden from a purpose built surgery in the town. There are approximately 14,200 hundred patients on the practice list. The practice has more patients aged over 64 years and fewer patients aged nine and under than national averages.

The practice holds General Medical Service contract and consists of four GP partners (male) and six salaried GPs (3 female and 3 male). The Ivy Court Surgery is a training practice so, alongside their clinical roles, the GPs and nurses provide training and mentorship opportunities for trainee GPs and student nurses. The practice is currently mentoring one trainee GP and one student nurse. There are six practice nurses (female) and three healthcare assistants.

The Ivy Court Surgery 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. There are currently 6835 dispensing patients registered to use this service. This service is delivered by a dispensary manager and five dispensers. The GPs, nurses and dispensers 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, weight management minor surgery and diagnostic ultrasound.

The practice works with two neighbouring GP practices located in Woodchurch and Hamstreet as part of a GP collaboration known as Ashford Rural Medical Services (ARMS).

The practice is open from 8am to 6.30pm. Morning appointments are from 8am to 10.30am and afternoon appointments are from 2.30pm to 4.30pm. There are two early morning clinics on varied days Monday to Friday from 6.50am to 8am each week. The practice collaborates with The Hamstreet surgery to provide access to urgent appointments at the weekend from 9am to 12pm on Saturday at The Ivy Court Surgery and Sunday at The Hamstreet Surgery.

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 at the practice, in the practice information leaflet and on the website.

Services are delivered from:

Recreation Ground Road, Tenterden, Kent, TN30 6RB.

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

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 13 April 2016. During our visit we:

- Spoke with a range of staff including GP partners, salaried GPs, practice nurses, a student nurse, a community midwife and healthcare assistants, the practice manager, team leaders, receptionists and administrators and patients who used the service.
- Observed how 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records and incident reports. There were 19 significant events recorded in the last 14 months, the practice had analysed and learnt from these events in order to improve safety in the practice. For example, a sample labelling error resulted in a review and amendment of protocols. The event had been analysed, discussed and training had been provided at a full practice meeting. Staff we spoke with were aware of this significant event and subsequent changes.

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

Overview of safety systems and processes

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

- There were arrangements to safeguard children and vulnerable adults from abuse that 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 attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GPs were trained to Safeguarding Children level 3.
- A notice in the waiting room and clinical areas 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. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The nursing team told us they undertook daily and weekly infection prevention activities.
- The arrangements for managing medicines at the practice, including emergency medicines and oxygen kept patients safe (obtaining, prescribing, recording, handling, storing and security). Records demonstrated that medicines, including vaccines, requiring refrigeration were kept between 2oC and 8oC, appropriate action was taken when temperatures went outside the required range.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There was a named GP responsible for the dispensary and we saw evidence that staff involved in dispensing activities were trained to an appropriate level. Any medicines incidents or 'near misses' were recorded for learning and the practice had systems to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). The SOPs were subject to regular review and when necessary amended.

Are services safe?

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.
- We reviewed seven 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.

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

of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Team leaders managed the rota system for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received 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 fit for use.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' 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 people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, with 9.5% 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 01/04/2016 to 31/03/2016 showed;

- Performance for diabetes related indicators was similar to the national average. For example, 92% of patients on the diabetes register, had a record of a foot examination and risk classification within the preceding 12 months (national average 88%)
- 82% of patients with hypertension had regular blood pressure tests, which was similar to the national average 84%.
- 92% of patients with Chronic Obstructive Pulmonary Disease (COPD - the name for a collection of lung diseases, including chronic bronchitis and emphysema) had received a review including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (national average 90%).

Clinical audits demonstrated quality improvement

- There was an ongoing program of clinical audits in areas such as diabetes, antibiotic prescribing, ultrasound, minor surgery and prostate cancer. 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, a rolling audit reviewing patients at risk of prostate cancer resulted in two patients being recalled for review. There were plans to run this audit three times a year.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering 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 access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, 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.

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, an audit had been undertaken to review how consent was taken for patients undergoing minor surgical procedures.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 83%, which was similar to the national average of 82%. There was a policy to telephone patients who failed to attend their cervical screening test to remind them of the test. A female sample taker was available.

The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening. For example, 64% of patients aged between 60 – 69 years had been screened for bowel cancer, which was above the CCG average of 61% and the national average of 58%. Eighty one percent of females aged 50 – 70 years had been screened for breast cancer, which was above the CCG average of 73% and the national average of 72%.

Childhood immunisation rates were similar to national averages. For example, vaccines given to children aged two years and under ranged from 82% to 96% (national average 81% to 97%), five year olds ranged from 84% to 96% (national average 79% 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 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.
- Reception staff were able to offer patients who wanted to discuss sensitive issues or appeared distressed a private room to discuss their needs.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards 28 were positive about the service provided at the practice. Patients commented very positively about the clinical expertise of the GPs and nurses, but also appreciated the friendly, efficient and compassionate support provided by all members of the team. Two comment cards contained mixed comments; one negative comment was about telephone access and the other highlighted that clinics occasionally ran late.

We spoke with seven patients, including one member of the patient participation group (PPG). They all talked positively about the personalised and responsive care the practice provided. Patients told us they appreciated the extensive services provided by the practice including the dispensary, ultrasound and urgent care clinics, which patients could access at the weekend. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected.

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

- 88% of respondents said the GP was good at listening to them compared to the CCG average of 86% and national average of 87%.
- 92% of respondents said the GP gave them enough time (CCG average 85%, national average 87%).

- 98% of respondents said they had confidence and trust in the last GP they saw (CCG average 98%, national average 97%)
- 89% of respondents said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 98% of respondents said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 86% of respondents 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 told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 87% said the last GP they saw was good at involving them in decisions about their care (national average 82%)
- 93% said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 171 patients who

Are services caring?

were also carers which was 1.2% of the practice list. The practice was attempting to identify more carers and had posters displayed in the waiting room. There were protocols and referral forms to prompt staff to identify carers. 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 patient 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 involved the local community; neighbouring GPs and a range of healthcare professionals to plan services and ensure patients received holistic care that met their needs. There were innovative approaches to providing integrated patient-centred pathways of care that had a multidisciplinary approach particularly for patients with multiple and complex needs.

- The practice offered a community 'virtual' ward which met once a fortnight, team members included GPs, an elderly care consultant, social care staff, community nurses and representatives from the voluntary sector. The virtual ward was aimed at ensuring that patients' emotional and social needs were met and given equal importance to their healthcare. Patients at risk of hospital admissions were reviewed in the community virtual ward, but doctors and nurses were able to refer patients who would benefit from a review by the virtual ward team. This was supplemented by regular consultant led frailty clinics.
- Home visits were available for older patients and patients who would benefit from these. The practice had conducted a survey of its older population and received 1300 hundred responses. From these responses, the practice was able to identify 300 patients that may need further support. The practice offered these patients a face to face review and referred patients that required support to other services such as social services, occupational therapy and physiotherapy.
- Same day appointments were available for children and those with serious medical conditions. The practice provided access to care seven days a week through collaboration with a neighbouring surgery. This service provided access to urgent appointments at the weekend from 9am to 12pm on Saturday at The Ivy Court Surgery and Sunday at The Hamstreet Surgery for over 25,000 patients. As a result the practice showed a reduction in accident and emergency (A&E) attendances. For example, A&E attendance for under 10s had been reduced by 13%.
- The practice had shown a steady increase in diagnosing patients with dementia in recent years. In 2013 there were 84 patients on the dementia register this had increased to 156 in 2015, which was 1% of the practice list. The practice was involved in an initiative to make

Tenterden a 'Dementia Friendly Town' and raise the profile of dementia locally. One of the GP partners collaborated with other healthcare professionals and the Alzheimer's Society to give a series of talks in the local church, approximately 160 people attended these talks. Two members of staff had attended dementia awareness training courses and were being released once a fortnight to support patients at the local Dementia Café.

- There were disabled facilities and access to translation services. Staff showed us examples of how the translation service had been used recently to support patients who needed to access care.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. The practice collaborated with The Hamstreet Surgery to provide access to urgent appointments at the weekend. Patients could attend from 9am to 12pm on Saturday at The Ivy Court Surgery and Sunday at The Hamstreet Surgery. In addition to appointments that could be booked up to six weeks in advance, urgent appointments were 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 comparable to national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 75% patients said they could get through easily to the surgery by phone (national average 73%).

People 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 an effective system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance for GPs in England.
- The practice manager was responsible for managing 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



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

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 practices website.

There had been 12 complaints received in the last 12 months. Lessons were learnt from concerns and

complaints and action was taken to as a result to improve the quality of care. For example, investigating a complaint about a medicines shortfall resulted in a review of protocols in the dispensary.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the patient waiting area and the staff room. Staff we spoke with were aware of the mission statement and talked positively about how they were able to use the practice values to improve quality and outcomes for patients, particularly for patients whose circumstances made them vulnerable.
- The practice had a robust strategy and supporting business plan which reflected the vision and values; this was regularly monitored by the management team. There was a good awareness of the local community and this was influencing business planning. For example, the practice had acknowledged the existing premises required updating to accommodate existing patients and a potential increase in the practice list size when two local housing developments are completed.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and of good quality care. There were documents that set out the leadership structure with individuals allocated various areas of responsibility. For example, there were team leaders for nursing, reception, the support team and medical secretaries. Minutes from meetings demonstrated team leaders met regularly then disseminated information to each individual team, so staff remained well informed about changes and developments within the practice. 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 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 partners and the practice management team had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GP partners and practice manager were visible in the practice and staff we spoke with told us they were approachable and always took the time to listen to 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 unintended safety incidents:

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

There was a clear leadership structure and staff felt supported by management. Team leaders met regularly and disseminated relevant information to their teams, which meant that communication between the management and staff was efficient, effective and well documented.

- Staff we spoke with told us the practice held regular team meetings and we saw minutes from clinical, administrative and whole practice meeting to support this. Whole practice meetings were often used to support learning opportunities, including presentations about learning from significant events.
- There was an open culture within the practice and staff said they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. Staff we spoke with were proud of how members of the team supported each other and the local community. For example, the practice had entered a team in cycling and walking events in 2015 to raise funds for a local day centre. The practice had regular staff team building events throughout the year.
- Staff we spoke with 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.

Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients by undertaking regular patient surveys. A recent patient survey undertaken by the practice in 2015/16 generated 827 response and instigated review and action. For example, changes were made in the dispensary to improve how quickly medicines could be issued to patients. Findings from the practice patient surveys were shared on the website and in the quarterly practice newsletter. The patient participation group (PPG) had not been active in 2015. The practice had reviewed and learnt lessons from the lack of PPG activity and had reformed the PPG. We spoke on the telephone with one member of the PPG who told us a meeting had been arranged for the 26 April 2016 and we saw that this was advertised on posters at the practice and on the website.
- The practice had gathered and responded to feedback from staff through, staff meetings, appraisals and discussion. For example, after receiving feedback from the nursing team specific time had been allocated to allow nurses to manage samples that patients brought in to the practice. Staff we spoke with said 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 strong focus on continuous learning and improvement at all levels within the practice. The practice was a training practice and all the staff were to some degree involved in the training of future GPs and nurses. The quality of GP registrar (GPs in training) decisions was under near constant review by their trainers. The practice was subject to scrutiny by the Health Education Kent, Surrey and Sussex (called the Deanery) as the supervisor of training. Registrars were encouraged to provide feedback on the quality of their placement to the Deanery and this in turn was passed to the GP practice. Therefore GPs' communication and clinical skills were regularly under review.

The practice team was forward thinking and were part of local schemes to improve outcomes for patients in the area. For example, following feedback from patients in the Ashford Rural Medical Services (ARMS) the practice had collaborated with neighbouring GP practices to provide weekly travel advice clinics for patients. The practice was committed to working with other healthcare providers, charitable organisations and local GP practices to promote and improve services in the local community.