

# Drs Robertson-Ritchie, de Caestecker, Mukherjee, Mah and Meera Patel

## 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?

Requires improvement



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 Drs Robertson-Ritchie, de Caestecker, Mukherjee, Mah and Meera Patel on 10 May 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.
- Most risks to patients were assessed and well managed. However, the practice did not routinely collect employment or character references for new members of staff.
- 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. However, the practice had not replied to comments on the NHS Choices website.
- Patients said that they were able to get appointments, but that getting through to the practice on the telephone could be difficult. 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. However, the entrance door to the premises did not have an automatic opening system to allow access for patients who were wheelchair users. The reception desk did not have a lower area to allow this patient group to communicate with the reception staff.

# Summary of findings

- 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.

The areas where the provider must make improvement are:

- Ensure the recruitment process is robust and includes collecting employment and character references.

The areas where the provider should make improvement are:

- Review how patients who use wheelchairs access the premises and communicate with members of staff at the reception desk.
- Review and reply to complaints on the NHS Choices website.

- Review the care of patients diagnosed with dementia, including face to face reviews, to ensure all care needs for this group of patients were being met.
- Revise the system that identifies patients who are also carers to help ensure that these patients are offered relevant support.
- Review clinical audit activity to ensure improvements to patient care are driven by the completion of clinical audit cycles.
- Review the process for appraisals for the nursing team.
- Review how patients access appointments by telephone.

**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 requires improvement for providing safe services.

**Requires improvement**



- 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 keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. However, the practice did not routinely collect employment or character references for new members of staff.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar when compared to local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was evidence of audit activity including one completed audit cycle. There was range of one cycle audits and the practice had plans to complete these audit cycles to continue to drive quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice slightly lower than others for several aspects of care. The practice was aware of these results and was consulting with the patient participation group to gain more patient feedback.
- 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.
- The practice had adopted a 'health awareness' month which promoted one aspect of health improvement each month via a notice board in the waiting room.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said that they were able to get appointments, but that getting through to the practice on the telephone was sometimes difficult. The practice was aware of this and was promoting online services with the support of the PPG alongside releasing appointments at 12noon as well as 8.30am to reduce the amount of incoming telephone calls when the practice first opened. There was continuity of care, with urgent appointments available the same day.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, the entrance door to the premises did not have an automatic opening system to allow access for patients who were wheelchair users and the reception desk did not have a lower area to allow this patient group to communicate with the reception staff.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was 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 a system for notifiable safety incidents and ensured this information was shared with staff to so that appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on. The patient participation group had been recently formed and had plans to meet regularly.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- 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.
- The practice collaborated with other GPs in the area to provide urgent home visits with a paramedic practitioner.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 90% of patients with Chronic Obstructive Pulmonary Disease (COPD - the name for a collection of lung diseases) had a review undertaken in the last 12 months (local and national average 90%)
- 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.

Good



### Families, children and young people

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of 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, and we saw evidence to confirm this.

Good



# Summary of findings

- The practice's uptake for the cervical screening programme was 80%, which was similar to the CCG average of 83% and 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 ensure these were accessible, flexible and offered continuity of care.
- The practice and the PPG were working together to promote online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice collaborated with other GPs extended hours for patients from 8am to 8pm at Queen Victoria Hospital hub, Folkestone.
- There were extended hours from 6.30pm to 8pm every Monday for working patients who could not attend during normal opening hours.
- In response to a suggestion from a member of staff some late afternoon appointments were reserved for working patients who could not attend during normal opening hours.

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

Good





# Summary of findings

- Patients who used wheelchairs could access the premises using a ramp; however, the front door did not have an automatic access system. There was no lowered area at the reception front desk to allow wheelchair users to communicate with receptionists.

## 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).

- 76% of patients diagnosed with dementia had received a face to face review meeting in the last 12 months, which was lower than the local and national average of 84%
- 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.

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 slightly below local and national averages. Two hundred and ninety eight survey forms were distributed and 119 were returned. This represented 1.2% of the practice's patient list.

- 62% of respondents found it easy to get through to the practice by phone compared to the national average of 73%. People told us on the day of the inspection that they were able to get appointments when they needed them, but that booking appointments by telephone could be difficult. The practice was aware of this and was trialling a system of releasing appointments at 8.30am and 12noon to reduce telephone calls at 8.30am. The practice was promoting online services and had registered 1122 patients of which 213 had activated their accounts. The practice was also consulting with the PPG about promoting online access and responding to patient concerns.
- 73% of respondents were able to get an appointment to see or speak to someone the last time they tried (local average 78%, national average 76%).
- 80% of respondents described the overall experience of this GP practice as good (local average, 86% and the national average 85%).
- 72% of respondents said they would recommend this GP practice to someone who has just moved to the local area (local average 78%, national average of 79%).

- There were 92 responses (which represented 1% of the practice list) in the Friends and Family Test, displayed on the NHS Choices website, 96% respondents recommend this practice.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards 18 were positive about the service provided at the practice, although two of these comment cards also contained negative comments. There was one negative comment card. 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 arranging appointments by telephone and not being listened to by a GP. Conversely, other patients commented positively about GPs listening and being responsive.

We spoke with four 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, several patients said it was difficult to book an appointment on the phone. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected. Although the PPG had only recently been formed (March 2016), the PPG member we spoke with told us the PPG were supported by the practice and recent suggestions made by the PPG had been listened to and actioned.

## Areas for improvement

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

- Ensure the recruitment process is robust and includes collecting employment and character references.

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

- Review how patients who use wheelchairs access the premises and communicate with members of staff at the reception desk.

- Review and reply to complaints on the NHS Choices website.
- Review the care of patients diagnosed with dementia, including face to face reviews, to ensure all care needs for this group of patients were being met.
- Revise the system that identifies patients who are also carers to help ensure that these patients are offered relevant support.

# Summary of findings

- Review clinical audit activity to ensure improvements to patient care are driven by the completion of clinical audit cycles.
- Review the process for appraisals for the nursing team.
- Review how patients access appointments by telephone.

# Drs Robertson-Ritchie, de Caestecker, Mukherjee, Mah and Meera Patel

## 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 Drs Robertson-Ritchie, de Caestecker, Mukherjee, Mah and Meera Patel

Drs Robertson-Ritchie, de Caestecker, Mukherjee, Mah and Meera Patel, also known as The New Surgery, delivers services from purpose built premises in a residential part of Folkestone. There are approximately 9500 patients on the practice list. The practice population is close to national averages but the surrounding area has a higher than average amount of people living in deprived circumstances. There are less elderly patients on the practice list than the national average and more children under the age of nine.

The practice holds General Medical Service contract and consists five GP partners (2 female and 3 male) and one salaried GP (female). The New Surgery is training practice so, alongside their clinical roles, two of the GP partners

provide training and mentorship opportunities for trainee GPs. There are three practice nurses (female); two of the practice nurses are Independent Prescribers, and two healthcare assistants (one female and one male). 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 8.30am to 6.30pm. Morning appointments are from 9am to 11.30am and afternoon appointments are from 3.30pm to 5.50pm. There are extended hours from 6.30pm to 8pm every Monday. The practice collaborates 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.

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:

The New Surgery, 128 Canterbury Road, Folkestone, Kent, CT19 5SR.

# Detailed findings

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 May 2016. During our visit we:

- Spoke with a range of staff including five GPs, three practice nurses, two healthcare assistants, the practice manager, receptionists, 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 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, after one patient was given incorrect information about test results, protocols were examined, revised and learning was shared appropriately.

### Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse, which reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP partner was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Two of the nurses had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. A third practice nurse was booked onto training, in June 2016, to become an independent prescriber. The GPs provided mentorship and support for this extended role. 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.
- We reviewed three personnel files and found that not all the appropriate recruitment checks had been undertaken prior to employment. Whilst the files contained proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and

## Are services safe?

Barring Service, the practice told us they did not routinely collect employment references for new members of staff. There were no employment or character references in the staff files we reviewed.

### 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 but had failed to carry out regular fire drills. The practice had recognised this and submitted evidence to the CQC that a fire drill had taken place within the required 48hrs following our visit. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments to monitor the safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received 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 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). The most recent published results were 96% of the total number of points available, with 9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 01/04/2014 to 31/03/2015 showed;

- Performance for diabetes related indicators were similar to the national average. For example, 82% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (local average 85%, national average 88%).
- Performance for mental health related indicators were mixed when compared to the national average. For example, 99% patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months which was better than the local average of 87% and national average of 88%. However, 76% of patients diagnosed with dementia had received a face to face review meeting in the last 12 months, which was lower than the local and national average of 84%. The practice was aware of this and was investigating whether there was a coding issue.

### There was evidence of quality improvement including clinical audit.

- The practice had one completed audit cycle. There was range of one cycle audits in areas such as hormone replacement therapy, admissions to secondary care and prescribing. The practice had plans to complete the second stage of these audit cycles.
- The practice participated in local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve services. For example, the practice audited patients who were taking hormone replacement therapy to ascertain whether prescribing was in line with national guidelines. As a result some patients were slowly reducing and stopping their medication 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, nurses reviewing patients with long-term conditions had lead roles which were underpinned with extra training in areas such as asthma, diabetes and wound care. Two members of the nursing team had trained to be independent prescribers.
- 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, 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



# Are services effective?

## (for example, treatment is effective)

months. However, the nurses, including those who were independent prescribers, appraised each other; this activity was not systematically supported or reviewed by the practice manager or GP partners.

- 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 in weekly lunchtime meetings when care plans were routinely reviewed and updated for patients with complex needs. Organisations from the voluntary sector were invited to quarterly meetings.

### 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 and Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80%, which was similar to the CCG average of 83% and 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. The practice ensured a female sample taker was available. 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.

The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening. For example, 53% of patients aged between 60 – 69 years had been screened for bowel cancer in the last six months, which was similar the CCG average of 57% and the national average of 55%. Seventy eight per cent of female patients aged 50 – 70 years had been screened for breast cancer in the last three years, which was similar to the CCG average of 76% and the national average of 73%.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 98% (national average 90% to 96%) and five year olds from 83% to 98% (national average 80% 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. Incoming telephone calls were managed in an area away from reception to improve patient confidentiality.

We received 19 comment cards 18 were positive about the service provided at the practice, although two of these comment cards also contained negative comments. There was one negative comment card. 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 arranging appointments by telephone and not being listened to by a GP. Conversely, other patients commented positively about GPs listening and being responsive.

We spoke with four 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, several patients said it was difficult to book an appointment by telephone. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected. Although the PPG had only recently been formed (March 2016) the member of the PPG we spoke with told us the PPG were supported by the practice and recent suggestions made by the PPG had been listened to and actioned.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. However, the practice was slightly below 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%.
- 81% of respondents said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 89% of respondents said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.
- 81% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%
- 90% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average 92% and the national average of 91%.
- 78% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

However, in the Family and Friends Test displayed on NHS Choices, 96% of 92 respondents would recommend this practice.

### 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:

- 84% of patients 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%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%).
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, 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 65 patients as carers (0.7% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was taking part in the iPlato scheme. This scheme allows the practice to send patients a text to remind them of upcoming appointments. The practice told us 75% of their patients had signed up to take part in this scheme.

- There were extended hours from 6.30pm to 8pm every Monday for working patients who could not attend during normal opening hours.
- 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
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There was a translation service and disabled facilities were available. However, the door into the premises did not have an automatic opening system for patients who were wheel chair users.

### Access to the service

The practice was open from 8.30am to 6.30pm. Morning appointments were from 9am to 11.30am and afternoon appointments were from 3.30pm to 5.50pm. Extended hours appointments were offered at the following times on Monday evenings from 6.30pm to 8pm. In addition appointments could be booked up to four 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 comparable to local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 62% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them, but that booking appointments by telephone could be difficult. The practice was aware of this and was trialling a system of releasing appointments at 8.30am and 12noon to reduce telephone calls at 8.30am. The practice was promoting online services and had registered 1122 patients of which 213 had activated their accounts. The practice was also consulting with the PPG about promoting online access and responding to patient concerns.

### Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance for GPs in England.
- The practice manager was responsible for handling complaints in the practice.
- We saw that information was available to help patients understand the complaints system; there was a complaints policy which included timescales by which a complainant could expect to receive a reply. Information was available to help patients understand the complaints system in the form of leaflets, notices and material on the practices website.
- However the practice had not replied to comments left on the NHS Choices Website.

There had been 14 complaints received in the last 12 months in areas such communication, referrals to other healthcare providers and clinical diagnosis. Lessons were learnt from complaints and action was taken as a result to improve the quality of care. For example, after a patient named the wrong member of staff in a complaint, the practice adopted new protocols for staff receiving incoming external telephone calls to introduce themselves.

# 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 in the practice leaflet. Staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- The practice showed us plans for a programme of continuous clinical and internal audit but was only able to demonstrate one completed cycle at the time of our inspection. However, positive changes had arisen from some of the first stage audits undertaken and the practice had plans to repeat these in order to maintain these 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 in the practice 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 discussions at staff meetings on communicating with patients about

notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to 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.
- 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 GP partners and the practice manager. The staff we spoke with said they were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, a member of staff had suggested reserving appointments for patients who found it difficult to access services because they were in full time employment and the practice implemented this.

### 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 Friends and Family Test and complaints received. The patient participation group (PPG) formed in March 2016 and the member of the PPG we spoke with told us there were plans to carry out a patient survey in June 2016. The practice had arranged for guest speakers to come to PPG meetings including representatives from local PPGs and members of staff. The practice had joined the National Association for Patient Participation at the request of the PPG.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff we spoke with told us they would not hesitate to give

# Are services well-led?

Good 

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

feedback and discuss any concerns or issues with colleagues and management. They 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 had opportunities to develop their roles. For example, some members of the administration team had been trained into clinical roles such as health care assistants and practice nurses had been trained to become Independent Prescribers. Staff were encouraged to participate in role specific learning opportunities and had attended training courses and international conferences.

The practice had recognised that recruiting GPs was challenging and to ameliorate this had become a training practice. All the staff were to some degree involved in the training of future GPs. The quality of the GP registrar (GPs in training) decisions was reviewed 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 the GPs' communication and clinical skills were regularly under review. Several GPs who completed some of their training at the practice later joined the practice as members of staff.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to assess that persons employed for the purposes of carrying on a regulated activity were of good character,</p> <p>In that:</p> <ul style="list-style-type: none"><li>Records showed that the practice did not routinely collect references for new members of staff.</li></ul> <p>This was in breach of regulation 19(1)(a)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.