

# Newton Place Surgery

## Quality Report

Newton Road,  
Faversham,  
Kent,  
ME13 8FH.

Tel: 01795530777

Website: [www.newtonplacesurgery.nhs.uk](http://www.newtonplacesurgery.nhs.uk)

Date of inspection visit: 20 October 2016

Date of publication: 12/12/2016

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to Newton Place Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Newton Place Surgery on 20 October 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. Learning and outcomes from these events was systematically shared throughout the practice.
- Risks to patients were assessed and well managed. The practice had identified some areas of infection prevention and control that required improvements and at the time of inspection had begun to implement a range of improvements.
- 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.
- Patients told us on the day of the inspection that they were able to get appointments when they needed them.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice was a member of Encompass (a multi-centred community venture consisting of 16 other GP practices, the CCG, three other NHS trusts, the local council and local social services, the local hospice and numerous voluntary groups), which aimed at providing services in the community and reducing the need for patients to travel to secondary care.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.

# Summary of findings

- Members of the PPG told us they felt very involved in running the practice and had worked in collaboration with the practice management and staff to formulate and implement the Practice's Vision Statement.
- The practice was forward thinking and had a systematic approach to working with staff, the PPG and other organisations to bring research in to primary care as well as developing and implementing a comprehensive range of services.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- The practice should continue with their plans to provide the infection control lead with additional relevant infection control training and carry out an infection prevention and control risk assessment.

**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. Learning from these events was systematically shared throughout the practice.
- 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. The practice had identified some areas of infection prevention and control that required improvements and at the time of inspection had begun to implement a range of improvements.
- The practice had formed a team to manage prescribing in the practice. This team worked closely with the local CCG to complete CCG led and practice specific audits to help improve prescribing safety and effectiveness within the practice. This included annual medicine reviews for elderly patients on multiple medications.

### 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

Comparable with local and national averages.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff, teams and services were committed to working collaboratively. Patients who had complex needs were

# Summary of findings

supported to receive coordinated care and there were innovative and efficient ways to help deliver joined-up care to vulnerable patients. For example the practice participated in Community Hub operating Centres (CHOC) pilot aimed at improving communication between health and social care services.

- In conjunction with a local health care provider, the practice hosted physiotherapy led musculoskeletal clinics four days a week for patients in and around the Faversham area. This reduced the necessity for patients to travel to secondary care and meant they were able to receive physiotherapy treatment locally. As well as supporting patient choice this had provided significant cost savings for the NHS.

## Are services caring?

The practice is rated as good for providing caring services.

- Results from the national GP patient survey showed patients were positive about their care and the practice was in line with local and national averages.
- 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 noticed a number of local farms were employing workers from Eastern Europe and was engaging with the farmers to encourage these employers to register with a local GP.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was a member of Encompass (a multi-centred community venture consisting of 16 other GP practices, the CCG, three other NHS trusts, the local council and local social services, the local hospice and numerous voluntary groups). As part of this collaboration patients at the practice had access to a paramedic practitioner for home visits.

Good



# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had reviewed unplanned admissions and found many patients were visiting secondary care with catheter issues and in response initiated a catheter clinic with urgent access during opening hours. This was also available to patients in the area not on the practice list.
- Patients had access to a wide range of services which meant the necessity to travel to services in secondary care had been reduced. Feedback from surveys undertaken by the patient participation group (PPG) indicated that the additional clinics were appreciated by patients.
- Due to a high demand for appointments the practice had introduced two urgent care clinics, one in the morning and one in the afternoon. This was to make appointments accessible and convenient for all the population groups. The PPG had undertaken a review of the service via 'drop in sessions' and a patient survey. Most of the comments were favourable regarding the new service.

## 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. Members of the PPG told us they felt very involved in running the practice and had worked in collaboration with the practice management and staff to formulate and implement the practice's vision statement.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



# Summary of findings

- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.
- Staff told us there was a high level of communication across the practice and with other health care professionals. For example, each team was represented by different team member on a rota basis at the daily 'tea and discussions' governance meetings and there was a weekly email newsletter for staff.
- There was a strong focus on continuous learning and improvement at all levels including providing training opportunities for the next generation of GPs and the progression of staff within the practice.
- The practice was forward thinking and had a systematic approach to working with staff, the PPG and other organisations to bring research in to primary care as well as developing and implementing a comprehensive range of services.

# 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. For example, there was a warfarin service for patients who needed it but were not able to come in to the practice.
- Patients had access to geriatrician led clinics (geriatricians are doctors who specialise in the care of elderly patients).
- Through the Encompass collaboration patients requiring urgent home visits had access to 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.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to local and national averages.
- 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.
- Patients had access to tissue viability and catheter clinics.

Good



### Families, children and young people

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

Good





# Summary of findings

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident & Emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. In a review of the appointments system in 2015, the practice found that a high number of school-age children required an appointment after 3.30pm. In response the practice added urgent care drop-in clinics every day from 3.30pm.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- New parents were sent a card on the birth of their baby with details of their post-natal check, baby's first immunisations and information about local services for young families.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice told us there were limited family planning services in the local area and in response planned to start a 'drop-in contraception clinic' in November to run alongside the existing "coil and implant clinic".
- There was a text message reminder service where patients received a confirmation text of their appointment on the day it was booked and a reminder text the day before they were due to attend.
- Alongside the patient participation group (PPG) meetings, there was a virtual PPG and Virtual PPG notice board for patients that might not be able to come to PPG meetings due to work commitments but still wished to participate in PPG activities.

Good



# Summary of findings

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

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

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

Good



- 83% of patients diagnosed with dementia had received a face to face care review meeting in the last 12 months, which was similar to the local average of 80% and the national average of 84%.
- Performance for mental health related indicators were comparable with local and national averages.
- 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 emergency A&E where they might have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice collaborated with the local social care partnership trust to provide regular dementia clinics so that patients did not have to travel to access care and support.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and twenty six survey forms were distributed and 97 were returned. This represented 0.6% of the practice's patient list.

- 89% of respondents found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 80% and the national average of 73%.
- 86% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the compared to the CCG average of 89% and the national average of national average of 76%.
- 84% of respondents described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 88% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and the national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received ten comment cards; all were positive about the service provided at the practice. Patients commented about the supportive, efficient and caring attitude provided by all members of staff. 'Caring and helpful staff' and 'wide range of services' were common themes.

We spoke with fourteen patients, including four members of the patient participation group (PPG). Their views aligned with the comment cards and they talked positively about the personalised, responsive and comprehensive service provided by the practice. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected. Members of the PPG told us they felt very involved in running the practice and had worked in collaboration with the practice management and staff to formulate and implement the practice's vision statement.

## Areas for improvement

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

- The practice should continue with their plans to provide the infection control lead with additional relevant infection control training and carry out an infection prevention and control risk assessment.

# Newton Place 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, an assistant CQC inspector and a practice manager specialist adviser

## Background to Newton Place Surgery

Newton Place Surgery delivers services purpose built premises in Faversham, Kent. Most patient areas are on the ground floor and are accessible to patients with mobility issues, as well as parents with children and babies. There are approximately 16000 patients on the practice list. The practice has slightly more female patients aged over 85 years. However, there are also slightly more patients in paid work or full time education than national and local averages (practice average 65%, clinical commissioning group (CCG) average 60% and national average 62%).

The practice holds a Personal Medical Service contract and consists of 7 GPs partners (three female and four male) and five salaried GPs (four female and one male). Newton Place Surgery is training practice so, alongside their clinical roles, the GPs provide training and mentorship for trainee GPs (called registrars). There are currently two GP registrars working at the practice (female). There are three nurse practitioners (female), five nurses (female), four healthcare assistant (female) and two phlebotomists (phlebotomists take blood samples).

The GPs, nurses and healthcare assistants 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, minor surgery, antenatal and leg ulcer clinics.

The practice is open from 8am to 8pm Mondays and Thursdays and 7.30 to 6.30 Tuesdays, Wednesdays and Fridays. Morning appointments are from 9am to 11.30am and afternoon appointments are from 3pm to 5.40pm.

When the practice is closed, an out of hour's service is provided by Prime care. 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:

Newton Road, Faversham, Kent, ME13 8FH.

## 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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 October 2016. During our visit we:

- Spoke with a range of clinical staff including four GPs, one nurse practitioner, three practice nurses and one healthcare assistant. We also talked with the practice management team, receptionists, prescription clerks, administrators and patients who used the service.
- Observed how reception staff talked with patients, carers and 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 help 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. There were 12 significant events recorded in the last 12 months, the practice had analysed and learnt from these events in order to help improve safety in the practice. For example, after an out of date medicine was found during the urgent care of a patient, protocols and equipment were reviewed.

### Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP partner was the lead 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).
- We observed the premises to be clean and tidy. There was a lead member of staff for infection control. Records showed that all relevant members of staff including the infection control lead were up to date with basic infection control training. However, the lead member of staff for infection control had not received additional infection control training to support this role. Staff told us that the practice was in the process of arranging for this member of staff to attend this training.
- There was an infection control protocol which stated one infection control audit and one infection prevention and control risk assessment were to be carried out annually. Annual site waste audits had been carried out and action plans developed and implemented to address issues identified. Records demonstrated that actions implemented were monitored to help ensure they were effective. The practice had carried out a hand hygiene audit and the contract cleaning company had carried out an audit of domestic cleaning. However, the practice was unable to demonstrate infection prevention and control risk assessments had been carried out. Staff told us and records confirmed that the practice planned to carry out an infection prevention and control risk assessment in the near future.
- Clinical wash-hand basins in clinical areas of the practice did not comply with Department of Health guidance. For example, clinical wash-hand basins contained overflows. There was, therefore, a risk of cross contamination when staff used them. Staff told us the practice had plans to replace clinical wash-hand basins at their next refurbishment. However, there were no records to confirm this.
- There was carpet on the floor of one of the clinical rooms where invasive procedures were carried out. For example, phlebotomy (the taking of blood samples). The carpet was porous and therefore cleaning may not

## Are services safe?

always be effective. However, staff told us the practice had applied for funding to replace this carpet with a non-porous floor covering and we saw records that confirmed this.

- 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 had formed a team to manage prescribing in the practice. This team worked closely with the local CCG to complete CCG led and practice specific audits to help improve safe prescribing and promote cost savings in the practice. In addition the prescription team undertook annual medicine reviews for elderly patients on multiple medications. One member of the prescription team had completed dispensing training to support this role and was due to begin training as dispensing technician in January 2017.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. The nurse practitioners and one of the practice nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. The GP partners provided mentorship and support for the medical staff for this extended role. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- 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.

### 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. 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. For example, administration staff were trained across roles to help ensure there was always enough skilled staff on the premises.

### 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. An accident book was 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 and regular clinical meetings.

### 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 98% of the total number of points available with 10% exception reporting (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was comparable to the national average. For example, 86% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months which was similar to the clinical commissioning group (CCG) average of 89% national average of 88%.
- Performance for mental health related indicators was comparable to the national average. For example, 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to the CCG average of 85% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- Alongside a comprehensive range of medicine audits managed by the prescription team, the practice had undertaken non-medicine audits in areas such as minor surgery, urinary tract infections, stroke intervention, the musculoskeletal triage service, patients' mode of travel to the practice and service reviews. For example, a review of the urgent clinic service. Some of these were completed audits where the improvements made were implemented and monitored. For example, an audit of patients with urinary tract infections noted an improvement in the management of this condition and 95% adherence to NICE guidelines for antibiotic prescribing. There was an action plan to address the 5% non-compliance.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, one GP partner was undertaking research in partnership with Kent University to improve renal care.
- Findings were used by the practice to improve services. For example, after the completion of an audit reviewing unplanned admissions to secondary care, the practice introduced a catheter clinic.

### 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 clinical and non-clinical staff. For example, those reviewing patients with long-term conditions had received training in areas such as diabetes, asthma and chronic obstructive pulmonary disease (COPD - the name for a collection of lung diseases).
- 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.



# Are services effective?

## (for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings, the staff suggestion box 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, facilitation and support for revalidating GPs and clinical supervision. For example, the practice hosted quarterly clinical supervision sessions for the nurses and healthcare assistants so that nurses from other practices could also take part and share learning. Staff from the personnel files we reviewed had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice also provided training after suggestions from staff, the patient participation group (PPG) and patients. For example, on the day of the inspection the administration and reception teams were undertaking customer care training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. Staff were committed to working collaboratively. For example, patients who had complex needs were supported to receive coordinated care and there were innovative and efficient ways to deliver more joined-up care to vulnerable

patients. The practice had developed a care co-ordinator role to work in conjunction with the University of Kent and Encompass on a pilot scheme called Community Hub operating Centres (CHOC). This scheme was aimed at improving communication between health and social care services. Attendees at CHOC meetings included the community nursing team, social services, nurse practitioners, physiotherapists and mental health nurses.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 83%, which was the same as the CCG average and comparable to the national average of 82%. There was a policy to contact patients who failed to attend their cervical screening test to remind them of the test. A female sample taker was available. There were systems to help ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates were similar to local and national averages. For example, vaccines given to infants aged 12 months and under, ranged from 94% to 98% (CCG average 86% to 93% and national average 73% to 93%), five year olds ranged from 90% to 98% (CCG average 87% to 96% and national average 81% to 95%).

## Are services effective?

(for example, treatment is effective)

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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice had noticed a number of local farms were employing workers from Eastern Europe and was engaging with the farmers to encourage these employees to register with a local GP.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received ten comment cards; all were positive comments about the service provided at the practice. Patients commented about the supportive, efficient and caring attitude provided by all members of staff. 'Caring and helpful staff' were common themes.

We spoke with four members of the patient participation group (PPG). They told us the practice was very caring and patient focused and that their dignity and privacy was always respected. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with 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 91% and the national average of 89%.
- 87% of respondents said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.

- 97% of respondents said they had confidence and trust in the last GP they saw which was the same as the CCG and similar to the national average of 95%.
- 80% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% the national average of 85%.
- 88% of respondents said the last nurse they spoke to was good at treating them with care and concern compared the CCG average of 92% and the national average of 91%.
- 92% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

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

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

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

- 92% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 79% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 84% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

## Are services caring?

- Translation services were available for patients who did not have English as a first language and staff we spoke with were able to give us examples of how they had used these services to support patients. Some staff members were bilingual.
- Information leaflets were available in easy read format.

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

Patient information leaflets and a 'community notice board' in the patient waiting area directed patients on 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 173 patients as carers (1% of the practice list) and these patients were invited for flu vaccines. There was a comprehensive display for Age UK in the patient waiting room and written information was available to direct carers to the various avenues of support available to them.

The practice had a sympathy card to send to families who had recently suffered bereavement. Information on the card offered relatives an appointment with their named GP and signposted them to other support services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was a member of Encompass (Encompass was a multi-centred community venture consisting of 16 other GP practices, the CCG, three other NHS trusts, the local council and local social services, the local hospice and numerous voluntary groups). As part of this collaboration patients at the practice had access to a paramedic practitioner for home visits.

- The practice offered early morning appointments from 7.30am on Tuesdays, Wednesdays and Fridays and evening appointments until 8pm on Mondays and Thursdays for working patients who could not attend during normal opening hours.
- 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.
- The practice had reviewed unplanned admissions to Accident and Emergency (A&E) and found significant number of patients were visiting secondary care with catheter issues and in response initiated a catheter clinic with urgent access during opening hours. This service was also available to patients not on the practice list.
- The practice provided a wide range of services; therefore, the necessity for patients to travel to secondary care had been reduced. For example, minor surgery including dermoscopy, physiotherapy, warfarin and leg ulcer clinics. Feedback from surveys undertaken by the patient participation group (PPG) and comments via the Friends and Family Test indicated that the additional clinics were appreciated by patients.
- New parents were sent 'baby' card on the birth of their baby with details of their post-natal check, baby's first immunisations and information about local services for young families.
- In a review of the appointments system in 2015, the practice found that a high number of school-age children required an appointment after 3.30pm. The practice also found an increasing demand for GP

appointments. In response the practice had introduced two urgent care clinics, one in the morning and one in the afternoon. This was to help make urgent care both accessible and convenient for all the population groups. The PPG had undertaken a review of the service via 'drop in sessions' and a patient survey. Most of the comments were favourable regarding the new service.

- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- The practice told us there were plans to extend the premises to accommodate the increasing patient list size; these plans included installing a lift to improve access to the first floor.
- The practice collaborated with the local social care partnership trust to provide regular dementia clinics so that patients did not have to travel to receive care and support. There was a 'community' board in the patient waiting area promoting this and other local support groups.

### Access to the service

The practice was open from 8am to 8pm Mondays and Thursdays and 7.30 to 6.30 Tuesday, Wednesdays and Fridays. Morning appointments were from 9am to 11.30am and afternoon appointments were from 3pm to 5.40pm. Appointments could be booked up to six weeks in advance. Patients received a text message to confirm the appointment on the day of booking and a reminder text the day before their appointment. This had helped the practice reduce missed appointments. There were 'urgent care clinics' from 8.15am to 10.15 am every morning and 3.30pm to 6pm every afternoon.

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

- 71% of respondents were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 89% of respondents said they could get through easily to the practice by phone compared CCG average of 80% to the national average of 73%.

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

The practice had a system to assess:

# Are services responsive to people's needs?

(for example, to feedback?)

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

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

## 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.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system in the form of material in the practice's leaflet and on their website.

There was an active review of complaints and the practice had recorded 55 verbal and written complaints in the last 12 months. We reviewed these and found they were handled with openness and transparency. Records demonstrated that lessons were learnt from concerns and complaints and action was taken as a result to help improve the quality of care. For example, GPs were reminded about orthopaedic and physiotherapy referral protocols after a complaint from a patient. Complaints and compliments were shared with the staff via the weekly staff newsletter. Patients were involved in the review of complaints through the patient participation group (PPG), as members from the PPG told us complaints were shared and discussed with them at the PPG meetings.

# 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 management had consulted with staff and the patient participation group (PPG) to develop the practice vision statement. This was displayed at the practice and on the website. Staff and PPG members we spoke with talked positively about how they were able to use the practice values to improve quality and outcomes for patients.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. This strategic awareness and planning had allowed the practice to manage and act responsively to a patient list size that had increased from 14,927 patients in 2011 to 17,139 in 2016.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities, but were also trained to work across roles and teams when necessary.
- 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. The practice was in the process of auditing and improving infection prevention and control.

### 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 we spoke with told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to help ensure that when things went wrong with care and treatment:

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

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

- There was a comprehensive programme of meetings throughout the practice including individual teams, department leads, multidisciplinary and partner meetings. This facilitated good communication across the practice including between teams, the practice management and partners, but also with other healthcare providers.
- 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 we spoke with told us one of the practice strengths was communication, between staff, patients and other healthcare providers. The practice had multiple ways to keep staff informed and engaged. This included the weekly email staff newsletter, the staff suggestion box and the daily 'tea and discussion' governance meeting. There were regular social events and staff who delivered services from the practice but were not employed by the practice were included in these events.
- Staff we spoke with said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice and regularly attended the daily 'tea and discussion' governance meeting where



# Are services well-led?

Good 

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

the partners encouraged staff to identify opportunities to improve the service delivered by the practice as well as sharing learning from complaints and significant events.

## 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.

- Patients were empowered to have a voice within the practice through the collaborative partnership between the patient participation group (PPG) and the practice. The practice and PPG had a strong focus on working together on a multitude of projects, both in the practice and to develop services in Faversham. The practice and PPG had gathered feedback from patients through surveys, complaints and by carrying out analysis of the results from the GP patient survey and Friends and Family Test. For example, the PPG and practice had used a patient survey to gain patient feedback about the new urgent care clinics. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG had provided support during the recent Saturday flu clinics and been able to suggest how these could be managed more efficiently.
- The practice had gathered feedback from staff through staff surveys, suggestion box, meetings, appraisals and discussion. Staff told us they would not hesitate to give

feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice, clinical and non-clinical. The practice was a training practice and all the staff were to some degree involved in the training of future GPs. The practice was also involved in apprenticeship programs and staff had progressed through the practice. For example, one member of staff had joined the practice through an apprenticeship program, then joined the prescription team and completed training as a dispenser. Further training for this role was planned in January next year.

The practice was forward thinking and had a systematic approach to working with staff, the PPG and other organisations to bring research in to primary care as well as developing and implementing a comprehensive range of services. These services had helped reduce the necessity for patients to travel outside the practice to access health care in areas such as dermoscopy, orthopaedics and warfarin clinics. There was an ethos to communicate effectively across the practice; between staffing groups, the management team and patients via the PPG with a common focus to improve the quality of care and patients' experience of services.