

The Eastry Surgery

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?	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 The Eastry Surgery on 11 August 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff were experienced and had been trained to provide them with the skills and knowledge 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

The practice manager maintained an "at risk" register for the most vulnerable patients. In addition, recent hospital

Summary of findings

discharges and Accident & Emergency attendances were reviewed for this group on a daily basis, and patients contacted to check on their wellbeing or current needs post discharge or hospital attendance.

The areas where the provider must make improvement are:

The provider must ensure that staff who are used as chaperones are subject to Disclosure and Barring Service checks, or there is a risk assessment recording why such checks are not necessary.

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 help 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. However there was no risk assessment of which staff needed to have Disclosure and Barring Scheme checks and staff were being use to chaperone patients without such checks.
- Most risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below the national average. This had been identified as a mainly reporting, as opposed to a service issue. The practice was aware of this and had implemented effective plans to address it.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and 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 incident reporting. This information was shared with staff to help that ensure appropriate action was taken.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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 had developed customised frailty assessments and memory loss assessments to better identify and support patients with these problems.
- The practice manager maintained an “at risk” register for the most vulnerable patients, most of whom were older patients. In addition, recent hospital discharges and Accident & Emergency attendances were reviewed for this group on a daily basis, and patients contacted to check on their wellbeing or current needs post discharge or hospital attendance.

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.
- The aggregate QOF figures for diabetes were 78% against the national average of 89%. This had been identified as a mainly reporting, as opposed to a service issue. The practice was aware of this and had implemented effective plans to address it.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and most had 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.

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 and Emergency 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.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 83% and the national average of 82%. This result placed the practice in the top 25% of practices nationally.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice established itself as "C" card center (for the distribution of condoms) after a local town pharmacy had stopped providing this service.

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 practice offered a full range of online services
- The practice offered 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. We were told of examples where these checks had identified conditions which might otherwise have gone undiagnosed. Patients were signposted to the relevant service.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. All learning disability patients were able to decide whether to have an annual health check at their home or at the practice, most chose to have it at home. The checks and other visits were generally carried out by a specific GP, who had completed additional training, and was accompanied by the community learning disability nurse. 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.

Good



Summary of findings

- 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).

- Performance for patients diagnosed with dementia was compatible national averages, the practice achieved 92% the national figure being 94%.
- Performance for mental health related indicators was low with the practice achieving 71% against a national average of 92%. This had been identified as a mainly reporting, as opposed to a service issue. The practice was aware of this and had implemented effective plans to address it.
- 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 and contained data collected from January to March 2015 and July to September 2015. The results showed the practice was performing in line with local and national averages. Two hundred and thirty eight survey forms were distributed and 113 were returned. This represented 1.4% of the practice's patient list.

- 78% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 54 comment cards which were all positive about the standard of care received, save for one comment which was about an individual issue. There were consistently positive comments about the quality of the care from GPs and nurses as well as about the reception and administration staff. There were significant number of comments about the listening and perception skills of the GPs and nurses.

Results from the NHS friends and family test showed that 81% of the 63 respondents would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

The provider must ensure that staff who are used as chaperones are subject to Disclosure and Barring Service checks, or there is a risk assessment recording why such checks are not necessary.

Outstanding practice

The practice manager maintained an "at risk" register for the most vulnerable patients. In addition, recent hospital

discharges and Accident & Emergency attendances were reviewed for this group on a daily basis, and patients contacted to check on their wellbeing or current needs post discharge or hospital attendance.

The Eastry 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, a second CQC inspector and a practice manager specialist adviser.

Background to The Eastry Surgery

The Eastry Surgery is a GP practice located in the village of Eastry Kent. It provides care for approximately 8200 patients. It is one part of a larger practice, the Market Place Surgery in Sandwich, Kent and the 8200 patients are cared for from both practice locations. The Eastry practice is in a rural area.

There are two partners, both male GPs. There are two salaried GPs both male. There are four nurses and two healthcare assistant all female. There is a practice manager and administrative and reception staff.

The demographics of the population the practice serves is more complex than the national averages. There are fewer patients under the age of 10 and markedly fewer patients between the ages of 16 and 40. There are more patients over the age of 45 and there is a significant increase, over the national averages in the numbers of patients in all the age groups from 65 to 85 plus years. The majority of the patients describe themselves as white British. Income deprivation and unemployment are low. Although the practice as a whole is not in an area of deprivation there are pockets of rural deprivation within it.

The practice has a general medical services contract with NHS England for delivering primary care services to local communities. The practice offers a full range of primary medical services. The practice is not a training practice.

The practice is open between 8am and 6.30pm Monday, Wednesday and Friday. It is open 8am to 5pm on Tuesdays and 8am to 4pm on Thursdays. On those days the patients can go to the Market Place surgery which is open to 6.30pm each day.

The surgery building is single story with consulting, treatment rooms and administration rooms on the ground floor.

Services are provided from

Eastry Surgery,
High Street,
Eastry,
Kent,
CT13 0HE

The practice has opted out of providing out-of-hours services to their own patients. This is provided by Integrated Care 24. There is information, on the practice building and website, for patients on how to access the out of hours service when the practice is closed.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 August 2016. During our visit we:

- Spoke with a range of staff including the principal GP, a member of the nursing staff, the practice manager, administrators and patients.
- Observed how patients were being cared in the reception area.
- Reviewed comment cards where patients had 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. There had been an alert recalling certain branded blood glucose test strips because they could give false readings, causing patients to inject too much insulin. The practice had searched the patients' records and found that there were no patients using that brand of test strip. They had drawn up a procedure so that reception staff could confidently deal with concerned patients who called into the practice as the alert had received considerable media attention.

We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a prescription had not been processed for a patient prior to a bank holiday weekend and this had caused problems for the patient and work for the out of hours services. The practice contacted the patient. The practice manager investigated the circumstances. We saw minutes of a staff meeting where the issue was discussed. There were changes to processes to help to reduce the possibility of the same error occurring.

Overview of safety systems and processes

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

- There were 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. There was a lead GP for safeguarding. Both GPs were trained to the appropriate standard (Child safeguarding level three). The GPs 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. We saw evidence (anonymised) of occasions when staff had informed the lead GP of their concerns and the GP had contacted the safeguarding authority.
- A notice in the waiting room advised patients that chaperones were available if required. There were similar notices in all of the consulting rooms. All staff who acted as chaperones were trained for the role. Records showed that most staff who acted as a chaperone had not received Disclosure and Barring Service (DBS) clearance. 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 was unable to demonstrate that risk assessments had been carried when using staff in this role without DBS clearance.
- The practice maintained appropriate standards of cleanliness and hygiene. The premises were clean and tidy. We spoke with the lead for infection control. They 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 actions taken included changes to the type of hand sanitiser, and improved personal protective equipment in each of the consulting rooms.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

Are services safe?

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 clinical commissioning group (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.

- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They had received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines 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 four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, records of employment, qualifications and registration with the appropriate professional body. However the practice had not carried out the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Most 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 to staff. The practice had up to date fire risk assessments and carried out regular fire

drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The arrangements for planning and monitoring the number and skill mix of staff helped to ensure that there were sufficient staff to meet patients' needs. For example the practice employed locum GPs where their forward planning had identified the need.

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 regular basic life support training.
- The practice had a defibrillator and medical oxygen with adult and children's masks. There was a first aid kit and an accident book. 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. For example by using ambulatory blood pressure monitoring for the diagnosis of patients where hypertension (raised blood pressure) was suspected. The practice used local clinical commissioning group (CCG) guidelines such a template for frailty assessment of older patients.
- The practice monitored that these guidelines were followed through audits and sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 85% of the total number of points available.

The practice had had a significant event related to the reporting of data used to determine QOF results. As a result the veracity of the latest QOF data was not certain and the practice was shown as an outlier for some QOF clinical targets. It was not an outlier for any other national targets. The event had been correctly reported to the CCG, NHS England and to other parties concerned. As part of their response to the incident GP partners and administration staff had worked to identify consultations which were incorrectly coded and initiated an audit plan to reduce the possibility of a similar event happening again.

Performance for diabetes related indicators was worse than the national average. The figures for 2015 were 78% against the national average of 89%. Similarly performance for mental health related indicators was low against the national standards with the practice achieving 71% against a national average of 92%. In other areas the practice was

better than the national performance. For example in the care of patients with atrial fibrillation, cancer and chronic kidney disease the practice marginally bettered the national averages.

The apparent poor QOF performance was also impacted by the practice's low 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. The exception reporting was significantly below the national averages. For example the overall clinical exception rate for the practice was 4.3%, the CCG average was 9.4% and the national average 9.2%. In diabetes and chronic obstructive pulmonary disease (COPD) for example the difference was even more marked. For diabetes the clinical exception rate for the practice was 2.3%, the CCG average was 9.4% and the national average 8.9%. For COPD the clinical exception rate for the practice (for patients receiving an annual review) was 2.6%, the CCG average was 8.8% and the national average 11.1%.

There was evidence of quality improvement including clinical audit.

- The practice had undertaken clinical audits over the last two years. These included completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to maintain and improve services. For example there had been an audit of patients taking a chemotherapy agent, a medicine with known adverse side effects. The practice had found that these patients were having the required blood test to monitor the impact of the medicine and were taking the supplementary vitamin which was recommended by current guidance.
- The practice had recognised that its orthopaedic referrals, to the local hospital, were considerably higher than other practices in the area, even when the larger proportion of older patients was taken into account. They conducted an audit which identified that improvements in GP education were needed. Following the training there a further audit which showed that referral had been reduced by approximately 30%.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- Though they had not recently recruited staff there was a template for new staff's induction. 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 one of the GPs had recently received additional diabetic training so as to be able to initiate insulin treatment for patients.
- 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 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. We looked at the outstanding test and pathology results. There were very few outstanding results and no result was more than two days old.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. We examined the two week

(also called rapid access) referrals for suspected cancer. The targets had been met and we saw referrals that had been made on the same day as the patient's consultation with the GP.

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

The practice cared for patients at several local learning disability homes. We saw that staff had positive relationships with the patients and staff at the homes. For example all learning disability patients were able to decide whether to have an annual health check at their home or at the practice, most chose to have it at home. The checks and other visits were generally carried out by a specific GP, who had completed additional training, and was accompanied by the community learning disability nurse.

Consent to care and treatment

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

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

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.

Are services effective?

(for example, treatment is effective)

- At the premises there were audiology, ultrasound, physiotherapy and counselling services as well as a cognitive behavioural therapist. The practice hosted these services which were delivered by community providers.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 83% and the national average of 82%. This result placed the practice in the top 25% of practices nationally. There was a policy to telephone patients who failed to attend their cervical screening test to remind them of its importance. 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. Female sample takers were available.

Childhood immunisation rates for the vaccinations given were better than the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 96% and five year olds from 88% to 98%. These exceed national results by between two and six percent. .

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. We were told of examples where these checks had identified conditions which might otherwise have gone undiagnosed. Patients were signposted to the relevant service.

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.
- The waiting room and reception desk area was open plan and welcoming but this meant that incoming telephone calls and private conversations between patients and staff at the reception desk could be overheard. However, in discussions staff were careful to keep confidential information private.
- Patient confidentiality was respected. There was a private area where patients could talk with staff if they wished and there were notices telling patients about this facility. Staff told us that they regularly made use of this.
- No comment cards mentioned that confidentiality at the front counter was an issue.

We received 54 comment cards which were all positive about the standard of care received, save for one comment which was about an individual issue. There were consistently positive comments about the quality of the care from GPs and nurses as well as about the reception and administration staff. There were a significant number of positive comments about the listening and perception skills of the GPs and nurses.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice results were consistent with those nationally for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients 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%. When asked the same question about nursing staff the response was 92% compared to a CCG average of 94% and a national average of 91%.

- 89% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%. When asked the same question about nursing staff the response was 93% compared to a CCG average of 94% and a national average of 92%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%. When asked the same question about nursing staff the response was 100% compared to a CCG average of 98% and a national average of 97%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%. When asked the same question about nursing staff the response was 88% compared to a CCG average of 93% and a national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% 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 looked at several anonymised care plans. They considered individual patient's needs. Many followed templates that had been adapted from national organisations or from the CCG. For example there were customised plans for frailty assessment in the older patients and for patients with memory loss problems.

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:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG

Are services caring?

average of 90% and the national average of 86%. When asked the same question about nursing staff the response was 92% compared to a CCG average of 92% and a national average of 90%.

- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and a national average of 82%. When asked the same question about nursing staff the response was 86% compared to a CCG average of 88% and a national average of 85%.

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, though there was rarely a need for them.
- 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 51 patients as carers. These patients were offered services opportunistically and were signposted to relevant services. Other patients such as those with mental health or depression, dementia and stroke, who had informal carers who were known to the practice, were offered similar help. In total the practice had identified about 1% (about 80 patients) of the patient list as carers, formal and informal. The mechanisms available to support them included an alert signal on the electronic patient record.

The practice manager maintained an "at risk" register for the most vulnerable patients. In addition, recent hospital discharges and Accident & Emergency attendances were reviewed for this group on a daily basis, and patients contacted to check on their wellbeing or current needs post discharge or hospital attendance. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice offered

- 24 hour blood pressure monitoring and electrocardiogram (ECG) monitoring (a simple test that can be used to check the heart's rhythm and electrical activity).
- 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 as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice used alerts on the computer system to ensure they were aware when someone needed extra assistance, for example alerting them to a patient with hearing issues.
- The GP collected all patients from the waiting room so was able to provide assistance to patients with mobility or sensory issues. This also assisted with an assessment of the patients physical condition.

Access to the service

The practice was open between 8am and 6.30pm Monday, Wednesday and Friday, between 8am and 5pm on Tuesday and between 8am and 4pm on Thursday. On the afternoons when the practice closed early the sister practice, the Market Place Surgery, was open to patients. The practice had introduced a triage system to help manage the high demand for appointments. However, they had reduced the use of triage to four days per week as part of a review of the system for appointments.

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;

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 78% 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.

The practice had a system to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. Reception staff took details from the patient and passed the matter on to a GP or nurse so that, in any cases of doubt, the decision was clinically based. 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. Those arrangements included a paramedic home visiting service in cases where the duty doctor deemed it suitable. The paramedic service had access to the patients' notes through a mobile device. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

There was an effective system for handling complaints and concerns.

- The 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, for example in leaflets, posters and on the practice website.

We looked at a log of all the complaints received in the last 12 months and found that they had been recorded, investigated and responded to in a timely way. Lessons were learnt from individual concerns and complaints and action was taken to improve the quality of care. The learning from complaints were shared with relevant staff.

One complaint concerned a referral letter that had been delayed. The practice identified that they did not have enough staff to process referrals and so recruited an extra

Are services responsive to people's needs?

(for example, to feedback?)

member of staff to do this. Another complaint concerned a patient, who been referred for a test, and had complained about a long wait. On investigation it was clear that the

patient had not been informed very clearly about the timescales involved. This was discussed at a clinical meeting to help ensure the better management of patients' expectations.

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 waiting areas and staff knew and understood the values. The objectives included, but were not confined to: providing high quality, safe, professional care; working in partnership with patients, their families and carers involving them in decision making about their treatment and care and listening and supporting people to express their needs and wants. The patient comment cards contained significant number of remarks about the listening and perception skills of the GPs and nurses.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. We saw for example that the practice was involved in promoting the local clinical hub (a clinical hub aims to provide timely, specialist advice to both patients and clinicians via a single point of access) in line with the NHS “Five-year vision for general practice in England”.

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.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The practice understood that the decline in their QOF performance was a multifactorial issue. They had addressed the issue of the inaccuracy of the QOF data and were now focussing on other areas for improvement. For example ensuring that locum GPs opportunistically followed up on the QOF reminders, displayed on the patient’s record during consultations. The practice questioned its performance when it realised that its orthopaedic referral rate was significantly above the other local practices and took action to investigate and address the issue.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. There had been audits of the use of high risk medicines and of referrals such as orthopaedic and dermatology cases. There had been an audit/review of patient appointments, this had resulted in the introduction of a triage system, this had been only partially successful and been further reviewed and adjusted. Staff, particularly reception staff, told us that they had been involved in all stages of this process.
- There were arrangements for identifying, recording and managing risks, with the exception of the use of chaperones without DBS checks, 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 help 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). The partners encouraged a culture of openness and honesty. The practice had systems to help 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 in place and staff felt supported by management.

- 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. For example the issue of QOF inaccuracy had been identified because an individual member of staff had noticed inconsistencies in some patients’ records. They had felt able to bring this to the attention of the partners and had been supported in so doing.

Are services well-led?

Good 

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

- We noted that there were whole practice and departmental meetings, usually when the practice was closed for training. There were meetings at three monthly intervals to discuss strategic issues such as providing new services, recruitment and performance against the fundamental care standards.
- Staff 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 the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. This was evidenced by staff involvement in developing changes to the appointments system.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, in July 2016 the practice had carried out a survey of its anticoagulation services. This found that 100% of respondents were satisfied with the appointments they were offered, understood why they needed to attend regularly and found the professional staff knowledgeable, helpful and understandable. Ninety eight per cent found the reception staff helpful and welcoming. The PPG had

encouraged the practice to re-establish itself as a "C" card centre (for the distribution of condoms) after a local town pharmacy had stopped providing this service and the practice had adopted the suggestion.

- The practice had gathered feedback from staff through staff meetings, supervisions, appraisals and informal feedback. 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. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was involved in the "town team" initiative for Sandwich. This forum met every two months to discuss changes and improvement to local services as well as to compare performance between practices and learn from this. From the minutes we saw that the July 2016 meeting considered the introduction of social prescribing and compared paediatric admissions data across different members of the town team.

One of the partners was leading as representative of the town team for the Community Hub Outreach Centre (CHOC) for Sandwich and Ash. The aim of this was to provide person centred, co-ordinated and accessible care that promoted wellness and helped enabling people to live independently for as long as possible. The development of CHOCs was part of the local Vanguard initiative. Vanguard sites are individual organisations or partnerships, selected under an NHS scheme, who are driving innovation for the new care models programme.

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Records demonstrated that not all relevant staff had received Disclosure and Barring Service (DBS) clearance (a criminal records check) or an assessment of the potential risks involved in using those staff without DBS clearance.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	