

# Church Lane Surgery

## Quality Report

Church Lane  
New Romney  
Kent

TN28 8ER

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Date of inspection visit: 29 March 2018

Website: [www.churchlanesurgerynewromney.nhs.uk](http://www.churchlanesurgerynewromney.nhs.uk) Date of publication: 08/05/2018

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 caring?

Good



Are services responsive to people's needs?

Good



# Key findings

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## Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall.** (Previous inspection October 2017 – requires improvement)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Church Lane Surgery on 3 October 2017. The overall

rating for the practice was requires improvement. The practice was found good in providing safe, effective and well led services but required improvement for caring and responsive services. The full comprehensive report on the October 2017 inspection can be found by selecting the 'all reports' link for Church Lane Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

A desk-based review was carried out on 29 March 2018. This was to confirm that the practice had carried out their plan to make improvements in respect to the breach of the Health and Social Care Act 2008 identified in our previous inspection on 3 October 2017. We found the practice to be good in providing caring and responsive services.

Overall the practice is rated as good.

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

- The practice had appointed salaried GPs providing stability and onsite leadership to the clinical team.
- The practice and their patient participation group were working together to better understand and respond to patient needs.
- The practice had improved the support provided to carers.
- The practice was working with a local charity to improve their services to patients with hearing loss.

# Summary of findings

- The practice had reviewed their disease registers to accurately reflect patient's needs.
- We found the practice had revised their coding of the resuscitation status of patients within their care plans. Therefore, ensuring the wishes of patients were appropriately represented and shared with out of hour's services.
- The practice had a system to identify where safety alerts had not been consistently actioned.
- The practice had followed up on children who failed to attend appointments with the practice and secondary care.
- The practice identified patients who had not responded to national screening programme requests and provided them with information and support to access services should they so wish.

**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 caring?

The practice is rated as good for providing caring services.

- The practice actively identified carers and had improved the support provided to them.
- The practice was working with a local charity to improve their services to patients with hearing loss.
- The practice had appointed salaried GPs to provide stability and onsite leadership to their clinical team.
- Patient satisfaction had improved in many aspects of patient care and treatment.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had a weighted patient population in recognition of their aging demographic and the complex needs of many of their patients. The practice had reviewed their disease registers to accurately reflect patient's needs.
- Patients had responded positively to the introduction of easy access appointments every Monday.
- Further improvements were required to continue to improve the accessibility of the service for patients

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. The provider is rated as good for safe, effective, caring, responsive and well led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice had a diverse clinical team consisting of GPs, practice matron, clinical pharmacist and the paramedic practitioner to respond to the needs of the older patients in its population.
- The practice offered home visits and urgent appointments were available on the day.
- The practice nurse was the clinical lead and point of contact for patients in supported living, residential and nursing accommodation.
- The needs of palliative care patients were reviewed during clinical meetings.
- Patient care plans were prepared in partnership with relevant health and social care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The provider is rated as good for safe, effective, caring, responsive and well led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Nursing staff had lead roles in long-term disease management. However, some services were provided off site at a neighbouring practice.
- The practice had revised their disease registers to ensure they were reflective of the patient's clinical needs and appropriate reviews were being conducted.
- The practice prepared and reviewed care plans during clinical meetings in partnership with their health and social care partners.

Good



# Summary of findings

- The practice had a diverse clinical team to respond to patients including GPs, nurse practitioners, practice nurses, paramedic practitioners, clinical pharmacists and a practice matron.
- The needs of palliative care patients were reviewed during clinical meetings.

## Families, children and young people

The practice is rated as good for the care of families, children and young people. The provider is rated as good for safe, effective, caring, responsive and well led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Children living in disadvantaged circumstances and/or who were at risk were flagged on the patient record system. The practice maintained a register of vulnerable children and actively monitored their non-attendance for appointments with primary and secondary care.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that they were not always able to get an on the day appointment for their child.
- The practice worked with midwives and health visitors.

Good



## 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 provider is rated as good for safe, effective, caring, responsive and well led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice was reviewing their disease registers to ensure they were reflective of the clinical needs of their patients.
- The practice provided travel vaccinations.
- The practice offered health promotion and screening services.

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 provider is rated as good for safe, effective, caring, responsive and well led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



# Summary of findings

- The care needs of patients receiving end of life care was reviewed during clinical meetings in partnership with health and social care professionals.
- Longer appointments were available on request.
- Some staff had received training of supporting patient's access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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). The provider is rated as good for safe, effective, caring, responsive and well led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice nurse was the clinical lead for patients in supported living, residential and nursing accommodation and worked in partnership with the clinical pharmacist.

Good



# Church Lane Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

The inspection was conducted by a CQC lead inspector.

## Background to Church Lane Surgery

Church Lane Surgery is also known as Church Lane Health Centre. It is part of Invicta Health Community Interest Company (CIC) who took on the APMS contract in September 2016. The practice is located in the south of Kent and provides services to rural communities.

All clinical rooms are situated on the ground floor and there is ramp access and assisted entry doors into the premises. There is car parking at the front of the premises and unrestricted parking on the public roads.

Church Lane Surgery provides services to 6,794 patients with a weighted population of 8,174 patients. The practice has an aging population, with above the national average numbers of male and female patients 45 years to 89 years of age. The practice has higher than the local and national prevalence for some chronic diseases such as chronic kidney disease, hypertension, heart failure, rheumatoid arthritis, diabetes, cancer and epilepsy. The service also has a high number of patients cared for within assisted living accommodation, nursing or residential homes. One percent of their patient list has learning disabilities. As a popular rural and coastal location the practice experiences seasonal increases in their patient list.

The practice employs four salaried GPs (male) and six regular locum GPs (male and female). The practice employs three GPs a day, two GPs provide clinical sessions

and the third GP is responsible for conducting wider clinical duties. The practice share clinicians across both their practices. There are two practice nurses (female) covering clinics five days a week, a health care assistant (female) who conducts phlebotomy four mornings a week, a nurse practitioner who works two days a week and an assistant practitioner who works four days. All members of the nursing team are salaried employees.

The practice matron (female) is employed directly by the provider and works one day a week (Monday). They also employ a paramedic practitioner (male) who works full time but shares duties across two Invicta Health CIC practices. There are two clinical pharmacists (male and female) employed by the practice. One of the clinical pharmacists works full time and the other clinical pharmacist works two days a week. The practice has two female community health visitors aligned to the practice. The clinical and administrative team (receptionists, medical secretaries, administrators) are overseen by an interim practice manager and the Invicta management team.

There are arrangements with other providers such as IC24 to deliver services to patients outside of the practices working hours.

The practice address is; Church Lane Surgery, Church Lane, New Romney, Kent, TN28 8ER.

## Why we carried out this inspection

We undertook a follow up a desk-based focused inspection of Church Lane Surgery on 29 March 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.



# Are services caring?

## Our findings

At our previous inspection on 3 October 2017, we rated the practice as requires improvement for providing caring services. Some results from the national GP patient survey published in July 2017 were lower than local clinical commissioning group (CCG) and national averages.

We found the practice had been monitoring the delivery of their services and had made significant improvements when we undertook a follow up inspection on 3 April 2018.

### Kindness, dignity, respect and compassion

Previously we found the practice was comparable with local and national averages for its satisfaction scores on consultations with their nursing team. However, their patients reported below average satisfaction scores on the service they received from the GPs and their reception team. In response, the practice conducted a survey in February 2018 and March 2018 aligned to the national GP patient survey. The survey is still open but at the time of reporting the practice had received 57 completed surveys. Ninety eight percent of the patients had attended the practice within the past 12 months.

The practice had identified significant improvement in their patient satisfaction rates. For example;

- In the previous national GP patient survey published in July 2017 74% of respondents said they found the GP was good at listening to them compared with the CCG average of 87% and the national average of 89%. This had increased to 84% in the March 2018 survey.
- The July 2017 national GP patient survey found 64% of respondents said the last GP they spoke with was good at treating them with care and concern compared to the CCG average of 83% and the national average of 86%. This had increased by 16% in the March 2018 survey to 80% comparable with the local and national average.
- In the previous national GP patient survey published in July 2017 65% of respondents said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%. The practice had responded to this by trying to recruit further receptionists and improve their training and

understanding of patient's needs. The March 2018 survey showed this had increased to 92% of respondents who stated they were fairly or very satisfied with the service they received from the reception team.

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

Previously patients told us there was a lack of consistent GPs. The practice told us that since their inspection in October 2017 they had appointed a further two salaried GP's. The practice clinical team now consists of four salaried GPs (male) and six regular locum GPs (male and female). There are two practice nurses (female) covering clinics five days a week, a health care assistant (female) who conducts phlebotomy four mornings a week, a nurse practitioner who works two days a week and an assistant practitioner who works four days.

The practice matron (female) is employed directly by the provider and works one day a week (Monday) as is the paramedic practitioner (male) who works full time but shares duties across two Invicta Health CIC practices. There are two clinical pharmacists (male and female) employed by the practice. One of the clinical pharmacists works full time and the other clinical pharmacist works two days a week. The practice has two female community health visitors aligned to the practice. The clinical and administrative team (receptionists, medical secretaries, administrators) are overseen by an interim practice manager and the Invicta management team.

The practice has also seen improvements in patient satisfaction levels when compared to the findings of the July 2017, national GP patient survey. For example, previously 69% of respondents said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 86%. The March 2018 survey found satisfaction rates had improved to 74%.

The practice told us they continued to actively monitoring patient experiences with their patient participation group. They believed the appointment of salaried GPs to their clinical team will increase patient confidence in the practice.

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

## Are services caring?

The practice had improved their identification and support provided to patients following our last inspection. The practice had identified 42 carers an increase of 11%. Staff had received training on identifying and supporting patients to register as carers. The practice provided carers

with information leaflets and promoted referrals to social care for patients to receive carer assessments and receive practical and financial support. Ninety six percent of carers had received flu vaccinations.

The practice was also working with a local charity to improve their services to patients with hearing loss.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 3 October 2017, we rated the practice as requires improvement for providing responsive services. Some results from the national GP patient survey published in July 2017 were lower than local clinical commissioning group (CCG) and national averages.

We found the practice had been monitoring the delivery of their services and had made significant improvements when we undertook a follow up inspection on 3 April 2018. The results of their own local patient survey showed the national GP patient survey results for July 2017 were not fully representative of the current experiences of their patients.

### Access to the service

Patients told us in October 2017 they had had to queue in cold weather to try and secure an appointment. The practice told us they wished to assure patients this established practice was not necessary. In response, they reviewed their appointment system and patient demand and identified nearly twice the number of patient appointments were requested on a Monday. The practice has responded by introducing easy access clinical appointments on a Monday.

The easy access appointments operated from 9am to 10.30am and 11am to 12.30pm every Monday. Appointments could be made for the clinic between 8am and 10am on the day, when the patient was provided with an appointment time. The appointments were intended for patients with a single issue to discuss. For patients with long term conditions routine follow up appointments were offered later in the week.

Where demand exceeded the appointments available on a Monday, additional on the day appointments were made

available in the afternoon. The practice and their PPG asked patients to assist them in reducing unnecessary wastage of clinical time due to high non-attendance rates and late cancellation rates by patients.

The practice told us they were pleased to have the support and involvement of their patient participation group. They felt this had assisted them to establish a stronger working relationship with the community. They spoke positively about the group and their success in establishing the Church Lane Patient Participation Group (PPG) Facebook page. The group used this and other information to actively helping the practice identify and respond to concerns in a timely manner. They also shared good news stories, improvements to the practice systems and they monitored patient's comments and reflected as a team on their experiences.

The practice and the PPG were pleased to have identified an increase in regular positive responses being posted on social media by their patients. Patients had commented on the recent changes made to their appointment system acknowledging the benefits.

The practice had conducted a survey during February 2018 and March 2018 aligned to the national GP patient survey. The survey is still open but at the time of reporting the practice had received 57 completed surveys. Ninety eight percent of the patients had attended the practice within the past 12 months. The practice had seen some improvements in patient satisfaction levels for consultations with clinicians. However, their patient survey data remained below the local and national averages for several aspects of care. The practice accepted that the changes would take time to embed and influence patient satisfaction ratings.