

Drs G Streeter, N Potter, J Morgan & R Estall

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs G Streeter, N Potter, J Morgan & R Estall on 5 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- 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 results of the GP patient survey and comments we received as part of our inspection indicated that patients' satisfaction with the service they received from the practice was high.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff made efforts to promote healthy living choices with patients and the wider community.
- There was a clear leadership structure and staff felt supported by management. There was an open culture and staff worked well together as a team.
- The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw the following areas of outstanding practice:

- The practice was an integral part of the local community and actively promoted the health of the population through regular exercise classes, fundraising projects and a health fair.

Summary of findings

- The Patient Participation Group (PPG) was highly engaged and empowered by the practice to improve services. The PPG had recruited a young person to the committee to represent the needs of this population group.

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.

- There was an effective system for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Data demonstrated that the practice was good at ensuring patients received appropriate screening and immunisations.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice was committed to carrying out clinical audits and these 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.
- The practice actively promoted the health of its patients and the wider community, and identified patients who may be in need of extra support.

Good



Are services caring?

The practice is rated as outstanding for providing caring services.

Outstanding



Summary of findings

- Feedback from patients was consistently positive about the service they received from the practice. Data from the national GP patient survey showed patients rated the practice more highly than others for several aspects of care.
- Friends and family test results for January, February and March 2016 showed that 100% of respondents were extremely likely to recommend the practice to members of their families and friends.
- 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.
- There was a strong caring culture at the practice and we saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- An informal buddy scheme had been set up to support patients newly diagnosed with a long-term condition.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was working to ensure it could meet the needs of an expanding local population.
- 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.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- 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
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was highly engaged and empowered.
- There was a culture of openness and staff commented that they worked well as a team at all levels. Staff were highly motivated and committed to the practice.
- 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.
- Patients had a named “usual” doctor who oversaw their care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A health and social care co-ordinator attended the practice’s multidisciplinary team meetings. Older patients could be referred to the co-ordinator to support them in accessing additional support services.

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.
- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 95% compared to the Clinical Commissioning Group (CCG) average of 93% and the national average of 94%.
- 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.
- The practice held weekly exercise classes for patients with specific health conditions, such as Parkinsons Disease.
- The practice had set up an informal buddy system to link newly diagnosed patients to other patients with the same long term conditions who could support them.

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 A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70% to 96% (CCG rate 69% to 91%) and five year olds from 77% to 100% (CCG rate 82% to 95%).
- 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 79%, which was comparable to the CCG average of 79% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The PPG had recruited a young person to the committee to represent the needs of patients in this age group.

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 offered evening appointments for patients whose working hours made it difficult to attend during core surgery hours.
- 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. For example, staff ensured that translation services were available to meet the needs of around 30 seasonal fruit pickers working in the area who were treated as temporary residents at the practice.

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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers 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).

- 83% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the 12 months from 1 April 2014 to 31 March 2015, which is comparable to the CCG (85%) and national average (84%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing significantly and consistently better than local and national averages, 234 survey forms were distributed and 116 were returned. This represented 1.9% of the practice's patient list.

- 93% of respondents found it easy to get through to this practice by phone compared to the national average of 73%.
- 89% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 99% of respondents described the overall experience of this GP practice as good compared to the national average of 85%.
- 97% of respondents 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 35 comment cards which were all positive about the standard of care received. Twenty four respondents commented that the care they received was very good. Six patients commented that they found getting appointments easy and seven stated that the practice was always clean and tidy.

We spoke with five patients during the inspection. All five patients were extremely positive about their experience of the practice and said they were satisfied with the care they received and thought staff were approachable, committed and caring. One hundred percent of the ten patients who completed the friends and family test in January, February and March 2016 said that they were extremely likely to recommend the practice to members of their families and friends.

Drs G Streeter, N Potter, J Morgan & R Estall

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Drs G Streeter, N Potter, J Morgan & R Estall

Drs G Streeter, N Potter, J Morgan & R Estall, also known as Marden Medical Centre, provides primary care services for Marden, Kent and the surrounding area.

Patient areas are accessible to patients with mobility issues, as well as parents with children and babies.

The practice staff consists of five GPs (3.55 whole time equivalents (WTE)), four of whom are partners, two nurses (1.12 WTE), a healthcare assistant (0.75 WTE) and three dispensary staff (2.05 WTE) as well as reception and administrative staff. There is a finance manager and an operations manager. Two of the GPs are female and three are male. All of the nurses and healthcare assistants are female. Marden Medical Centre is a training practice and has a registrar, a doctor who is training to become GPs.

The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

The practice has a patient population of approximately 6,039. The proportion of patients who are aged over 45 is

higher than the national average. The practice is in an area with a low deprivation score and lower than average levels of unemployment. 93.5% of the population in the area of the practice is white British.

The practice is a dispensing practice, providing pharmaceutical services to approximately 1,900 of its registered patients.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 1pm and 2pm to 6.30pm daily. Extended surgery hours are offered from 6.30pm to 8pm on Mondays. There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

Services are provided from Church Green, Marden, Tonbridge, TN12 9HP.

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 5 May 2016. During our visit we:

- Spoke with a range of staff including four GPs, one nurse, one HCA, one practice manager, two reception and two dispensary staff and spoke with five patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- 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 system for recording incidents that supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had reviewed guidelines for checking and dispensing medicines following identification of a dosage error on a prescription.

Overview of safety systems and processes

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

- There were arrangements to safeguard children and vulnerable adults from abuse. 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 were lead members of staff for both adults' and children's 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 three; nurses were trained to level two.

- Notices in the waiting room and consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken, for example of hand washing technique and of waste disposal, and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storage, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Approximately 1,900 patients were registered with the dispensary. Any medicines incidents or 'near misses' were recorded for learning and the practice had a

Are services safe?

system to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to dispense medicines safely).

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

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment rooms.
- The practice had a defibrillator and oxygen available on the premises. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for suppliers and 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 risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available. Exception reporting rates were generally lower than CCG and national averages.

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

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 August to 31 March was 95% compared to the clinical commissioning group (CCG) average of 93% and the national average of 94%.
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 83% compared to the CCG average of 85% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been ten clinical audits completed in the last two years, six of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, as a result of an audit of patients with urinary tract infection symptoms, the practice had revised the protocol for the collection of samples, which had reduced unnecessary sampling.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, reception staff had received basic training in the interpretation of blood test results.
- 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 we spoke with told us they had received supervision of their work with detailed feedback provided. They also told us that they had a personal development plan.
- 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.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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 cessation and alcohol consumption were signposted to the relevant service. Information leaflets were available and a large television screen in the waiting area detailed services available to patients. Staff told us that they took opportunities to talk to patients about healthy living choices when possible.

The practice's uptake for the cervical screening programme was 82%, which was similar to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 77% of female patients aged 50-70 had been screened for breast cancer in the last 36 months compared to a CCG average of 74% and a national average of 72%.

There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The percentage of patients aged 60-69, who had been screened for bowel cancer in the last 30 months was 63% compared to a CCG average of 62% and a national average of 58%. (Figures relate to data published in March 2015.)

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70% to 96% (CCG rate 69% to 91%) and five year olds from 77% to 100% (CCG rate 82% to 95%).

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

Staff were motivated and inspired to provide care that was kind and promoted patients' dignity. We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Patients were respected and valued as individuals.

- 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 that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Following feedback from patients, the practice had erected a glass screen between the reception desk and the office to reduce the possibility of confidential patient telephone calls being overheard.

Feedback from patients was consistently positive about the way staff treated them. Patients told us that they felt that the care they received exceeded their expectations.

All of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said the care they received was compassionate. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

All of the patients who completed the friends and family test in January, February and March 2016 said that they were extremely likely to recommend the practice to members of their families and friends.

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

- 99% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 97% of respondents said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 98% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 98% 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% and the national average of 85%.
- 94% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 93% of respondents 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

Staff told us that they regarded patients as partners in their care. 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.

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 better than the local and national averages. For example:

- 97% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 96% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 90% 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%.



Are services caring?

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

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

Patient and carer support to cope emotionally with care and treatment

Patients' emotional and social needs were seen as important as their physical needs.

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, with support from the PPG, had helped to set up an informal patient support buddy scheme for patients recently diagnosed with long term conditions.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 81 patients as carers (1.4% of the practice list). A carers' support group at the practice had recently been withdrawn. However, carers were signposted to alternative nearby support groups. Written and on-screen information was available to direct carers to the various sources 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 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. Staff told us that the practice was an integral part of the community and worked with other local organisations such as the pre-school and children's centre and business forum.

We saw that the practice was considering how to meet the needs of an expanding patient population in response to house building in the area and that this had been discussed at practice meetings and with the patient participation group.

- The practice offered a 'Commuter's Clinic' on a Monday evening until 8pm 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.
- 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.
- There were disabled facilities, a hearing loop and a lowered area at reception for people who used wheelchairs.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, staff assisted members of the local population of approximately 95 fixed travellers to complete their registration forms.
- Translation services were available and staff ensured that these services were available to meet the needs of around 30 seasonal fruit pickers working in the area who were treated as temporary residents at the practice.
- The practice held weekly exercise classes for elderly patients and those with specific health conditions. They were attended by around 20 people each week.

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available from 8.30am to 1pm and 2pm to 6.30pm daily. Extended surgery hours were offered from 6.30pm to 8pm on Mondays. In addition to appointments that could be booked up to six weeks in advance, urgent appointments were available for people who needed them.

There were arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours. Details of opening hours and the telephone number of the practice were displayed at the front door. When the practice was closed, an answer phone message advised patients of the numbers to call for urgent care. However, there was no information displayed at the front door detailing the telephone numbers to call outside of the practice's opening hours.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was significantly higher than local and national averages.

- 89% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 78%.
- 93% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and 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.

Each GP had a list of patients allocated to them who were likely to require home visits and they assessed each request on an individual basis. 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.

Patients who had complex health needs or who were receiving end of life care were given a patient alert card which ensured that staff prioritised their calls to the practice and requests for appointments.

Access to the service

Are services responsive to people's needs?

(for example, to feedback?)

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 and contractual obligations 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, there was a leaflet explaining the policies and procedures relating to complaints, and a written guide on how to make a complaint. Information was also displayed on the television screen in the waiting room.

- The practice had a system for logging, analysing and learning from informal verbal complaints or “grumbles” where no action was required.
- In addition, staff completed forms when they received compliments from patients and these were shared with all staff.

We looked at seven complaints received in the last 12 months and found that they had all been satisfactorily handled in a timely way, and that the practice had been open and transparent when dealing with the complaints. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, the process for ordering repeat prescriptions had been reviewed following a complaint from a patient.

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 practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included 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 ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted that team away days were held and that the partners and staff were involved in a number of community projects. For example, staff participated in annual community fundraising events such as sponsored cycle rides.
- The patient participation group had recently helped organised a health fair with the practice, attended by staff from the practice and the local MP, where advice on a range of healthy living services was available to approximately 240 patients and other members of the community who attended.
- Staff were highly motivated and committed to the practice. They 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.

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, the PPG had also

Are services well-led?

Good 

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

carried out a survey of patients in the waiting room and had put forward suggestions regarding layout and cleanliness which had been implemented by the practice.

- The practice had gathered feedback from staff through staff 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 strong focus on continuous learning and improvement at all levels within the practice. One of the partners was chair of, and represented the practice at the local GP federation. One of the partners was also a GP training programme director, and there was a culture of learning and continuous improvement at the practice.

The practice was a training practice and all the staff were to some degree involved in the training of future GPs. The quality of GP registrar (GPs in training) decisions was under

near constant review by their trainers. The practice was subject to scrutiny by the Health Education Kent, Surrey and Sussex (called the Deanery) as the supervisor of training. Registrars were encouraged to provide feedback on the quality of their placement to the Deanery and this in turn was passed to the GP practice.

The practice team was forward thinking and had introduced innovative services such as a text message appointment reminder service for patients. The PPG had recruited a young person to the committee to represent the needs of this patient group.

The practice was committed to working with other healthcare providers, charitable organisations and local GP practices to promote and improve services in the local community. For example, patients had set up the Friends of Marden Medical Centre to manage funds that are donated to the practice and agree how it will be spent to improve the experience of patients at the practice. The charity was supported by staff at the practice who had raised funds to help purchase equipment for the practice.