St Anne's Group Practice

Quality Report

161 Station Road,
Herne Bay,
Kent
CT6 5NF
Tel: 01227742226
Website: www.stannesgrouppractice.co.uk

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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?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Anne's Group Practice on 5 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- The practice had clearly defined and embedded systems, processes and practices to help keep patients safe and safeguarded from abuse. However, during the inspection we found one out of date sharps box which had not been identified during the infection prevention and control or waste audits. This was removed by the practice during the inspection.
- 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 we spoke with and some comment cards indicated that patients sometimes found it difficult to get through to the practice on the telephone and to access routine GP appointments. The practice was aware of this and was in the process of implementing an action plan to improve patient access. Urgent appointments were available on the same day and patients had access to telephone appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff, which it acted on. Whilst the practice told us there was a virtual patient participation group (PPG), members from the group that we spoke with felt that they did not receive or have regular communication with the practice. The practice had contacted the clinical commissioning group (CCG) to access support from Healthwatch in order to improve how it accessed patient feedback.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice:

- The involvement of other organisations and the local community was integral to how services were planned to help ensure that services met patients' needs. There were innovative approaches to providing integrated patient-centred pathways of care that involved other service providers, particularly for patients with multiple and complex needs. For example, there was seven days a week access to minor surgery including cataract surgery, dermatology and carpal tunnel surgery. The practice had performed approximately 2800 carpal tunnel procedures (equalling about 40% of the total carpal tunnel procedures undertaken in East Kent). An audit examining outcomes for this procedure demonstrated the practice had better outcomes, in some areas, than other providers in East Kent. For example, for grade three carpal tunnel surgery the practice had a success rate of 89%, East Kent 82% (data supplied by practice). Records showed that 1400 hundred cataract operations had been undertaken at the practice in 2015 and 1200 in 2016 to date. The practice had performed approximately 2800 vasectomies. One of the GP partners was able to offer a wide range of dermatological procedures including skin grafts.
- There was a proactive approach to understanding the needs of different groups of patients and to deliver care in a way that met these needs and promoted equality. This included patients who were in vulnerable circumstances or who had complex needs. For example, the practice ran a GP led substance misuse service in partnership with a national health and social care provider that provided patients with access to weekly clinics.

The areas where the provider should make improvement are:

- Review infection prevention and control audits and waste audits to help ensure effectiveness.
- Review the process for recording temperatures on fridges that are used for storing medicines to include a column to explain any out of range temperatures.
- Review opportunities for patient feedback and communicate regularly with the PPG.
- Continue to review and improve patients' experience of the service, including in areas such as telephone access and access to GP appointments.
- Review the recruitment process to help ensure employment checks are completed for all new members of staff.
- Review how meetings and communication with staff from the reception and administration teams is undertaken.
- Continue to improve systems and processes to monitor and recall patients with long-term conditions including asthma and Chronic Obstructive Pulmonary Disease (COPD- the name for a collection of lung diseases).

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?

Good

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.
- The practice had clearly defined and embedded systems, processes and practices to help keep patients safe and safeguarded from abuse. However, during the inspection we found one out of date sharps box which had not been identified during audits for infection prevention and control or waste. This was removed by the practice during the inspection.
- Temperature checks for refrigerators used to store medicines and vaccines had been carried out and records of those checks were made. However, the recording sheets did not contain a column to explain what action was taken when temperature ranges were temporarily exceeded. For example, fridge restocking.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed most patient outcomes were comparable with local and national averages. However, some areas were lower than national and local averages. For example, asthma and Chronic Obstructive Pulmonary Disease (COPD- the name for a collection of lung diseases).
- 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.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice used a physiotherapy triage system to review all orthopaedic referrals. This had resulted in a 38% reduction (362 to 239) of orthopaedic referrals from the practice to secondary care (data provided by practice from 2014/15 to 2015/16). This meant fewer patients had to travel to secondary care and were able to receive their treatment locally.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. However, the practice was below average in some areas of care. For example, 44% of respondents found it easy to get through to this practice by phone compared to the clinical commission group CCG average of 80% and the national average of 73%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

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, there was a minor surgery unit at Beltinge Surgery that provided services to patients across Kent seven days a week. This reduced the necessity for patients to travel to secondary care to access services.
- Patients we spoke with and some comment cards indicated that patients sometimes found it difficult to get through to the practice on the telephone and to access routine GP appointments. The practice was aware of this and was in the process of implementing an action plan to improve patient access. Telephone consultations and urgent appointments were available on the same day.

Summary of findings

- The practice provided a telephone travel consultation service reducing the need for patients to attend appointments to obtain advice. This was followed by an appointment if required.
- The practice ran a GP led substance misuse service in partnership with a national health and social care provider that provided access to weekly clinics.
- The practice offered extended hours Monday to Friday from 6.30pm to 8pm.
- 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?

Good

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.
- 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
- Patients' feedback was obtained and acted on from verbal and written complaints and the national GP patient survey. However, the practice did not have a proactive approach in gaining patient feedback.
- There was a focus on continuous learning and improvement at all levels within the practice including providing training opportunities for the next generation of doctors, nurses and healthcare professionals.
- The GP partners worked with other organisations to bring services to the local healthcare economy.

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

Good

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.
- Through collaboration with three GP practices located in Herne Bay Town, patients aged 75 years and over, had access to a paramedic practitioner and healthcare assistant.
- The practice worked with local charitable organisations to help patients from this population access non-medical support.

People with long term conditions

Good

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 were comparable with local and national averages. However, some performance indicators in other long-term conditions were below national and local averages. For example, asthma.
- 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.

Families, children and young people

Good

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident & Emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was comparable with local and national averages.
- 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 practice had introduced a 'baby card' system to support new parents and help direct them to local services.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Patients from this population group had access to GPs outside normal working hours as the practice was open until 8pm Monday to Friday.
- The practice provided a telephone travel consultation service, which was followed by an appointment if required.

People whose circumstances may make them vulnerable

Good

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.
- 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.

Summary of findings

- The practice ran a GP led substance misuse service in partnership with a national health and social care provider that provided patients with access to weekly clinics.

People experiencing poor mental health (including people with dementia)

Good

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

- 77% of patients diagnosed with dementia had received a face to face care review meeting in the last 12 months, which was comparable to the local average of 80% and the national average of 84%.
- Some performance for mental health related indicators were below local and national averages in some areas of care.
- 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.

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 was mixed when compared with local and national averages. Two hundred and nineteen survey forms were distributed and 114 were returned. This represented 0.7% of the practice's patient list.

- 44% of respondents found it easy to get through to this practice by phone compared to the clinical commissioning group CCG average of 80% and the national average of 73%.
- 86% of respondents described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 77% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and the national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards, 33 contained positive comments about the service provided at the practice.

Patients commented positively about the supportive, efficient and caring attitude provided by all members of staff. 'Helpful staff' was a common theme. However, nine of the comment cards also contained some negative points and two cards only contained negative comments. The negative comments were about difficulty in getting through to the practice by telephone during peak times and difficulties in getting GP appointments.

We spoke with ten patients, including one member of the virtual patient participation group (PPG). Their views aligned with the comment cards and they talked positively about the personalised and responsive care provided by the practice, but also commented that getting through on the phone and accessing GP appointments could be difficult. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected. The PPG member we spoke with told us that the virtual PPG was not active and that there was minimal contact between the PPG and the practice.

Areas for improvement

Action the service SHOULD take to improve

- Review infection prevention and control audits and waste audits to help ensure effectiveness.
- Review the process for recording temperatures on fridges that are used for storing medicines to include a column to explain any out of range temperatures.
- Review opportunities for patient feedback and communicate regularly with the PPG.
- Continue to review and improve patients' experience of the service, including in areas such as telephone access and access to GP appointments.
- Review the recruitment process to help ensure employment checks are completed for all new members of staff.
- Review how meetings and communication with staff from the reception and administration teams is undertaken.
- Continue to improve systems and processes to monitor and recall patients with long-term conditions including asthma and - the name for a collection of lung diseases).

Outstanding practice

- The involvement of other organisations and the local community was integral to how services were planned to help ensure that services met patients' needs. There were innovative approaches to

providing integrated patient-centred pathways of care that involved other service providers, particularly for patients with multiple and complex needs. For example, there was seven days a week access to minor surgery including cataract surgery, dermatology and carpal tunnel surgery. The practice had performed approximately 2800 carpal tunnel procedures (equalling about 40% of the total carpal tunnel procedures undertaken in East Kent). An audit examining outcomes for this procedure demonstrated the practice had better outcomes, in some areas, than other providers in East Kent. For example, for grade three carpal tunnel surgery the practice had a success rate of 89%, East Kent 82% (data supplied by practice). Records showed that 1400 hundred cataract operations had been undertaken at the practice in 2015 and 1200 in 2016 to date. The practice had performed approximately 2800 vasectomies. One of the GP partners was able to offer a wide range of dermatological procedures including skin grafts.

- There was a proactive approach to understanding the needs of different groups of patients and to deliver care in a way that met these needs and promoted equality. This included patients who were in vulnerable circumstances or who had complex needs. For example, the practice ran a GP led substance misuse service in partnership with a national health and social care provider that provided patients with access to weekly clinics.

St Anne's Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, an assistant CQC inspector and a practice manager specialist adviser.

Background to St Anne's Group Practice

St Anne's Group practice delivers services from two sites, St Anne's Surgery and Beltinge Surgery. Both are located in Herne Bay, Kent. At St Anne's Surgery all patient areas are on the ground floor and are accessible to patients with mobility issues, as well as parents with children and babies. There is one consulting room on the first floor at Beltinge Surgery which is primarily used by the counselling service. A lift is available to help make this service accessible for all patients. There are approximately 14400 patients on the practice list. The practice has more patients aged 85 years and over (practice average 4%, local average 3% and national average 2%). There are also more unemployed patients on the practice population list (practice average 9%, local average 4% and national average 5%).

The practice holds General Medical Service contract and consists of ten GP partners (eight male and two female) and one salaried GP. Together the GPs provide 76 sessions per week. St Anne's Group Practice is training practice so, alongside their clinical roles, the GPs provide training and mentorship for trainee GPs. There are currently two GP registrars training at the practice. There are seven practice nurses (female), one pharmacist (female), three healthcare assistants (female), a phlebotomist (phlebotomists take blood samples). Alongside their clinical roles the nurses provide training and mentorship for student nurses.

The GPs, nurses and pharmacist are supported by a practice manager and a team of administration and reception staff. A wide range of services and clinics is offered by the practice including: asthma, diabetes and antenatal clinics. There is a seven day a week minor surgery unit at Beltinge where patients across Kent can receive services such as cataract surgery.

The practice is open from 8am to 8pm. Morning appointments are from 8.40am to 11.30am, afternoon appointments are from 2.30pm to 5.30pm and evening appointments are from 6.30pm to 7.30pm.

An out of hour's service is provided by Primecare, outside of the practices opening hours. There is information available to patients on how to access this at the practice, in the practice information leaflet and on the website.

Services are delivered from:

161 Station Road, Herne Bay, Kent, CT6 5NF and

269 Reculver Road, Beltinge, CT6 6SR.

We visited both sites during the inspection

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 October 2016. During our visit we:

- Spoke with a range of clinical staff including GPs, practice nurses and healthcare assistants. We also talked with the practice manager, receptionists, administrators and patients who used the service.
- Observed how reception staff talked with patients, carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a fridge used to store vaccines was left open all staff were reminded of the vaccine storage procedures and protocols.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP partner was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- Notices in the practice advised patients that chaperones were available if required. Nurses and healthcare assistants acted as chaperones, they had been trained to undertake this 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 had recently been appointed as the infection control clinical lead and had received extra training with the local infection prevention and control team to support this role. There was an infection control protocol and staff had received up to date training. Annual infection prevention and control audits were undertaken. However, during the inspection we found one out of date sharps box which had not been identified during audits for infection prevention and control or waste. This was removed and disposed of by the practice during the inspection.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to help 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. Temperature checks for refrigerators used to store medicines and vaccines had been carried out and records of those checks were made. However, there was no option on the recording sheets to note what action would be taken in the event that permitted temperature ranges were temporarily exceeded. For example, fridge restocking. 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 five personnel files and found in most cases 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. However, in some cases where staff had undertaken training as students at the practice not all recruitment checks had been completed. For example, references. The practice was aware of this and had an action plan to adhere to the practice's recruitment policy for new starters recruited from the practice's training programmes.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 practice had 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 help ensure enough staff were on duty. In response to patient feedback regarding telephone access, staff had received training to work across roles and teams. For example, during peak times or staff absences, members of staff from the administration team would move to reception to provide support.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. An accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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.

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 93% of the total number of points available, with 13% exception reporting (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 01/04/2014 to 31/03/2015 showed:

- Performance for diabetes related indicators was comparable to the national average. For example, 83% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months. The CCG average was 89% and the national average was 88%. However, performance indicators in other long-term conditions were below national and local averages. For example, 53% of patients with asthma, on the register, had received an asthma review in the preceding 12 months compared to the CCG average of 71% national average of 75%.
- Some performance for mental health related indicators were comparable with local and national averages. However, there were some indicators that were below local and national averages. For example, 48% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared with a CCG average of 85% and a national average of 88%. This may have been partially due to the low use of exception reporting by the practice in this indicator (practice 3%, CCG 9% and national 13%).

The practice was aware that improvements were required in some areas of care and had identified potential underlying causes. For example, unexpected staff turnover in the nursing team had resulted in gaps in lead nursing roles such asthma and Chronic Obstructive Pulmonary Disease (COPD- the name for a collection of lung diseases). This was supported by QOF results which showed a sudden drop in asthma reviews from 73% in 2014 to 53% in 2015(detailed above). The practice had implemented an action plan for quality improvement. This included reviewing and increasing the skill mix across the nursing team and introducing new roles such as the practice pharmacist. Further actions were aimed at reducing exception reporting and promoting patient attendance to routine appointments for long-term conditions. For example, utilising the local pharmacists and prescriptions to highlight upcoming routine appointments.

There was evidence of quality improvement including clinical audit.

- There had been a range of clinical audits undertaken in the last two years, two of these were completed audits, two were ongoing and one single cycle. Improvements were made implemented and monitored where necessary. For example, risks for post-operative infections after cataract surgery had been reduced after the introduction of topical medicines.
- The practice participated in local audits, national benchmarking and accreditation.
- Information about patients' outcomes was used to make improvements. For example, the practice used a physiotherapy triage system to review all orthopaedic referrals. This had resulted in a 38% reduction (362 to 239) of orthopaedic referrals from the practice to secondary care (data provided by practice from 2014/15 to 2015/16). This meant fewer patients had to travel to secondary care and were able to receive their treatment locally.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- There was induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. To support the induction programme new members of staff were issued with a 'useful information' induction pack which included key information such as the practice's statement of purpose and a list of the practice's policies. We spoke with several members of staff who had recently joined the practice and they told us they had found the induction process both useful and supportive.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. In response to recent changes in the nursing team the practice was supporting the nurses to train and work across specialist areas, for example asthma and diabetes, to help ensure all areas of patient care could be effectively covered, especially during times of unexpected staff absence. For example, asthma and diabetes.
- 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 and mentoring, clinical supervision and facilitation and support for revalidating GPs. 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.
- 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. For example, minor surgery 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. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to contact patients who failed to attend their cervical screening test to remind them of the test. A female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems to

Good

Are services effective?

(for example, treatment is effective)

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

Childhood immunisation rates were similar to local averages. For example, vaccines given to infants aged 12 months and under, ranged from 88% to 93% (CCG average 86% to 93% and national average 73% to 93%), five year olds ranged from 93% to 98% (CCG average 88% to 96% and national average 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.

Good

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.
- Conversations between receptionists and patients could be overheard in the patient waiting areas. The receptionists were aware of patient confidentiality and we saw that they took account of this in their dealings with patients. There was a private area if patients wished to discuss sensitive issues or appeared distressed.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards, 33 contained positive comments about the service provided at the practice. Patients commented positively about the supportive, efficient and caring attitude provided by all members of staff. 'Helpful staff' was a common theme. However, nine of the comment cards also contained some negative points and two cards only contained negative comments. The negative comments were about challenges in getting through to the practice by telephone during peak times and difficulties in accessing GP appointments.

We spoke with ten patients, including one member of the virtual patient participation group (PPG). Their views aligned with the comment cards and they talked positively about the personalised and responsive care provided by the practice, but also commented that getting through on the telephone and accessing GP appointments could be difficult. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected.

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

- 92% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 91% of respondents said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 99% of respondents 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%.
- 85% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the to the CCG average of 87% and the national average of 85%.
- 88% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 92% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 89% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 88% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 81% 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%.

Good

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.
- The practice did not have many patient information leaflets available in the waiting rooms. However, information on services, how to complain and share feedback was shown on a television in the waiting room. Staff were able to print off material for patients when needed, for example in the event of a new diagnosis.

Patient and carer support to cope emotionally with care and treatment

A television in the waiting room provided patients with information on how to access services and 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 208 patients as carers (1.4% of the practice list). Carers were given a 'carers pack' which included written information to the various avenues of support available to them.

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

Good

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. Patients' individual needs and preferences are central to the planning and delivery of tailored services. The services are flexible, provide choice and ensure continuity of care. For example, the practice pharmacist was working with the CCG and local nursing and residential homes to improve prescribing for elderly patients. This included medicine reviews for elderly patients on multiple medicines and bi-annual medicine reviews for care homes.

- The practice offered extended hours Monday to Friday from 6.30pm to 8pm.
- 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 was leading and working with other healthcare providers to implement an extensive range of services for the local and wider health care community in order to help patients access care locally thereby avoiding the travel, waiting times and inconvenience of accessing treatment in secondary care.
- The involvement of other organisations and the local community was integral to how services were planned to help ensure that services meet patients' needs. There were innovative approaches to providing integrated patient-centred pathways of care that involved other service providers, particularly for patients with multiple and complex needs. For example, there was seven days a week access to minor surgery including cataract surgery, dermatology and carpal tunnel surgery. The practice had performed approximately 2800 carpal tunnel procedures (equalling about 40% of the total carpal tunnel procedures undertaken in East Kent). An audit examining outcomes for this procedure demonstrated the practice had better outcomes, in some areas, than other providers in East Kent. For example, for grade three carpal tunnel surgery the practice had a success rate of 89%, East Kent 82% (data supplied by practice). Records showed that 1400 hundred cataract operations had been undertaken at the practice in 2015 and 1200 in 2016 to date. The practice had performed approximately 2800 vasectomies. One of the GP partners was able to offer a wide range of dermatological procedures including skin grafts.
- There was a proactive approach to understanding the needs of different groups of patients and to deliver care in a way that meets these needs and promotes equality. This included patients who were in vulnerable circumstances or who have complex needs. For example, the practice ran a GP led substance misuse service in partnership with a national health and social care provider that provided patients with access to weekly clinics. Through collaboration with three GP practices located in Herne Bay Town, patients aged 75 years and over, had access to a paramedic practitioner and healthcare assistant.
- The practice had developed a 'baby card' system for new parents which detailed upcoming appointments and signposted them to other relevant services within the practice and local support groups.
- The practice provided a telephone travel consultation service, which was followed by an appointment if required.

Access to the service

The practice was open from 8am to 8pm. Morning appointments were from 8.40am to 11.30am, afternoon appointments were from 2.30pm to 5.30pm and extended hours appointments were from 6.30pm to 7.30pm. Appointments could be booked up to four weeks in advance and urgent appointments were available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages in some areas.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 75% of respondents were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 44% of respondents said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 73%.

Patients we spoke with on the day of the inspection commented about challenges in getting through to the practice by telephone during peak times and difficulties in getting GP appointments.

The practice was aware of these issues and had implemented an action plan to help address them. For example, telephone lines opened at 8am and the doors opened at 8.30am to allow more staff to answer telephones during peak times. Additional staff had been recruited to support reception activities, including a reception manager. The practice accessed support from other healthcare professionals to help reduce waiting times for GP appointments. This included employing a pharmacist and collaborating with local GPs to provide access to a paramedic practitioner.

The practice had a system to assess:

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

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance 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 in the form of material in the practice's leaflet and on their website.

The practice had recorded 17 complaints in 2015/16. We reviewed these and found they were handled with openness and transparency. Records demonstrated that lessons were learnt from concerns and complaints and action was taken as a result to help improve the quality of care. For example, a complaint from a patient resulted in new protocols for staff to follow when dealing with patients reporting chest pains.

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 statement of purpose which formed part of the staff induction pack and was displayed on the staff notice boards. The practice values centred on working with other health and social care providers to improve patient outcomes in an environment that supported training for future healthcare professionals. Staff we spoke with talked positively about how they were able to use the practice values to improve quality and outcomes for patients.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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 ensure that:

- There was a clear staffing structure and 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. However, some practice audits and processes required a more systematic approach to help ensure effectiveness. For example, infection prevention and control audits, waste audits and the process for recording fridge temperatures.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff we spoke with told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to 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).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to help ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure and staff felt supported by management. GP partners had lead roles in areas such as improving ambulatory care, patient participation engagement and minor surgery. There were lead roles in practice management including a quality project manager and senior receptionist. Staff told us that they could discuss problems with any of the practice leadership.

- Staff told us the practice held regular team meetings, with the exception of the reception and administration teams. Some members of staff we spoke with from these teams felt that communication across the practice could be improved as sometimes they were not aware about changes in the practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the 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.

Are services well-led?

Good

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

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

Patients' feedback was obtained and acted on from verbal and written complaints and the national GP patient survey. However, the practice did not have a proactive approach in gaining patient feedback.

- The PPG member we spoke with told us that the virtual PPG was not active and there was minimal contact between the PPG and the practice. The practice was aware of this and had taken some action towards improving this area of patient feedback. For example, one of the GP partners and the quality lead from the practice management team were leading on improvements for PPG engagement and had contacted the local CCG and Healthwatch to obtain support. The practice had made improvements from reviewing complaints and the national GP survey. For example, changes were made to the telephone system after results from the national GP patient survey were reviewed.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. 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 including providing training opportunities for allied health care professionals such as pharmacists. The practice was a training practice and all the staff were to some degree involved in the training of future GPs and nurses. There were three qualified GP trainers at the practice; two of them were also programme directors. Two nurses provided mentorship for student nurses and the pharmacist was being supported by GPs in the practice to become an independent prescriber.

The practice was aware that outcomes in some long-term conditions such as asthma and Chronic Obstructive Pulmonary Disease (COPD- the name for a collection of lung diseases) could be improved upon and had implemented actions plans to address this.

The practice team was forward thinking and had recognised there were a high number of elderly patients on their practice population. In response the practice aimed at providing a wide range of services that were 'closer to home' thereby avoiding travel to secondary care. To achieve this aim, the practice worked with the CCG and other healthcare providers to develop and deliver services, including weekend cataract surgery at Beltinge Surgery. Many of these services were accessible to patients not on the practice's patient list.