Dr Martin Busk

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Outstanding
Are services well-led?	Good

Summary of findings

Contents

Overall summary

We carried out an announced comprehensive inspection at Dr Martin Busk and Partners on 20 September 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 in place for reporting and recording significant events. However, an error which occurred within the dispensary had not been escalated to practice level or treated as a significant event.
- Risks to patients were generally assessed and well managed. However, the dispensary door did not have a lock and the storage and destruction of patient own returned controlled drugs within the practice was not recorded in a controlled drug register.
- 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.
- The practice had a flexible, patient focused approach to accessing services. Patients told us the practice was central to their community and was friendly and accessible. Notable examples of this included one patient who told us how their GP had undertaken a home visit for a visiting relative who was unwell although not registered with the practice.
- 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.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- A higher proportion of patients were satisfied with how they could access services compared to the CCG and national averages, for example by being able to get through easily by phone and with the practice opening times.

We saw areas of outstanding practice:

- The practice provided access to services seven days a week through a collaboration with two neighbouring surgeries. This service provided access to urgent appointments at the weekend from 9am to noon on Saturday and Sunday for over 25,000 patients. This meant patients did not have to travel to hospital Accident and Emergency Departments and could access services locally. GPs across all three practices, including Woodchurch, participated in providing this service. GPs and staff providing this service had access to patients' notes providing continuity of care for patients attending urgent care clinics.
- The practice worked with neighbouring practices to operate a virtual ward as part of a local collaboration. They employed a network manager to chair fortnightly multi-disciplinary meetings where the needs of the most vulnerable patients would be discussed and action taken to provide coordinated support for them. In addition, the practice ran their own weekly multi-disciplinary meeting within the practice.
- The practice supported a local re-ablement project in nursing homes where patients were supported to return to their own homes. GPs worked closely with nursing home staff and other members of the multi-disciplinary teams to support this project.

The areas where the provider must make improvement are:

- Ensure that all medicines are managed safely within the practice dispensary. Specifically the provider is to ensure that the receipt and destruction of patient own controlled drugs is recorded in a controlled drug register, that the dispensary door can be secured and is kept locked and that dispensary errors are reviewed in line with the practice significant event policy.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- There was a system for reporting and recording significant events. However whilst there was evidence of the effectiveness of this within the practice as a whole, this system did not always incorporate incidents that had occurred within the dispensary.
- Risks to patients were generally assessed and well managed. However, the dispensary door did not have a lock on it and there was no controlled drug register record of patients own controlled drugs returned to the practice for destruction.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. 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.

Are services effective?

Good

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.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Staff worked with other health care professionals in a variety of mutli-disciplinary forums to understand and meet the range and complexity of patients' needs. This included work with other practices to deliver extended services and support for the most vulnerable patients.

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.

Summary of findings

- 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?

Outstanding 

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, patients from all three practices from Ashford Rural Medical Services (ARMS) could access counselling services at the practice through a reciprocal arrangement to enable wider appointment access and to reduce travelling for patients.
- There were innovative approaches to providing integrated patient-centred care. For example, through the ARMS virtual ward, weekend services and re-ablement support for nursing home patients to return to their own homes.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Patients could access appointments and services in a way and at a time that suited them. For example, patients were able to book appointments up to three months in advance and same day appointments were always available for those who needed them.
- 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 the practice responded quickly when issues were 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.

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 in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and felt involved in the development of 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

Good

The practice is rated as good for the care of older people.

- The practice worked collaboratively with two other local practices as part of Ashford Rural Medical Services (ARMS), in order to run a virtual ward with multi-disciplinary agency input for vulnerable patients including those from this population group.
- The practice worked proactively with other services and organisations including the voluntary sector to provide support to reduce the risk of unplanned admission to hospital.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with local care homes on a re-ablement project where patients were supported to return to their own homes following a period of residential 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 at 100% was better than the CCG average of 90% and the national average of 89%.
- 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.
- Multi-disciplinary support was a key focus of the practice with weekly meetings with community matrons and district nurses to provide support for patients with long term conditions.

Families, children and young people

Good

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

Summary of findings

- There were systems in place 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.
- 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 83%, which was comparable to the CCG average of 82% and the national average of 82%.
- 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 and health visitors as well as child mental health 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.
- Extended opening hours were offered early mornings and late evenings during the week and patients were able to access appointments through the weekend urgent care service.

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, including through a re-ablement project with local nursing homes to support patients back to their homes.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- 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.
- The nurse practitioner had worked with local residential homes to provide training for staff in managing the long term conditions of patients with a learning disability.

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).

- 86% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 82%.
- Performance for mental health was 100% compared with the CCG average of 86%.
- 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.
- Two counselling services were available in-house including one that had been set up to provide reciprocal services with two other practices to enable wider appointment availability and to reduce travelling time for patients.
- 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 on 7 July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and fourteen survey forms were distributed and 126 were returned. This represented 3.5% of the practice's patient list.

- 94% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 97% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were all positive about the standard of care received. Patients told us they felt listened to, they could get appointments when needed and that staff were friendly and approachable.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure that all medicines are managed safely within the practice dispensary. Specifically the provider is to ensure that the receipt and destruction of patient own controlled drugs is recorded in a controlled drug register, that the dispensary door can be secured and is kept locked and that dispensary errors are reviewed in line with the practice significant event policy.

Outstanding practice

- The practice provided access to services seven days a week through a collaboration with two neighbouring surgeries. This service provided access to urgent appointments at the weekend from 9am to noon on Saturday and Sunday for over 25,000 patients. This meant patients did not have to travel to hospital Accident and Emergency Departments and could access services locally. GPs across all three practices, including Woodchurch, participated in providing this service. GPs and staff providing this service had access to patients' notes providing continuity of care for patients attending urgent care clinics.
- The practice worked with neighbouring practices to operate a virtual ward as part of a local collaboration. They employed a network manager to chair fortnightly multi-disciplinary meetings where the needs of the most vulnerable patients would be discussed and action taken to provide coordinated support for them. In addition, the practice ran their own weekly multi-disciplinary meeting within the practice.
- The practice supported a local re-ablement project in nursing homes where patients were supported to return to their own homes. GPs worked closely with nursing home staff and other members of the multi-disciplinary teams to support this project.

Dr Martin Busk

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.

Background to Dr Martin Busk

Dr Busk and Partners offers general medical services to people living and working in Ashford, Tenterden, Wittersham and surrounding areas. The practice population has a higher than average number of patients over the age of 65 and a greater proportion of patients with a long standing health condition. The practice is in one of the least deprived areas of Kent, placed in the fourth less deprived decile.

The practice holds a General Medical Service contract and is led by two partner GPs (male). The GP partners are supported by a salaried GP (female), a nurse practitioner, two practice nurses and a healthcare assistant, four dispensers, a practice manager, and a team of reception and administrative staff. A range of services and clinics are offered by the practice including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks, and weight management support. There was also a minor injuries service run by the nurse practitioner.

The practice is able to provide dispensary services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy premises. This service is delivered by four dispensers. The dispensary is open between 09.00am and 5.45pm Monday to Friday.

The practice is a training practice which takes foundation year two registrar GPs (ST2 GP Registrars) and has one female ST2 GP Registrars working at the practice.

The practice was open between 8.00am and 6.00pm Monday to Friday. Calls between 6.00pm and 6.30pm were transferred to the South East Health Ltd out of hours' service. Appointments were available between 8.00am and 1.00pm and between 2.00pm and 5.40pm daily. There were extended hours appointments from 7.30am to 8.00am on two mornings each week on a Tuesday and Thursday and on a Thursday evening between 6.30pm and 7.30pm. In addition, urgent weekend appointments were available between 9.00am to 12.00pm on Saturday and Sunday at two local practices through the ARMS (Ashford Rural Medical Service) that the practice had worked collaboratively to set up and deliver. The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider (111).

Services are provided from:

Woodchurch Surgery

Front Road

Woodchurch,

Ashford, Kent

TN26 3SF

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

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

During our visit we:

- Spoke with a range of staff (two GPs, a trainee doctor, a nurse practitioner, a practice nurse, a healthcare assistant, the dispensary manager, the practice manager and two reception and administrative staff) and spoke with eight patients who used the service.
- Observed how patients were being cared for in their interactions with staff members when booking in.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed five comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with four members of the PPG.

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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events within the practice.

- 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, an error relating to the administration of an immunisation which had led to longer appointment times.

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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- 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 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 were subject to protocols that were designed to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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. The practice had a system to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these were written instructions about how to safely dispense medicines). However, dispensary security was compromised as the door to the dispensary did not have a lock on it.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) within the dispensary and had written procedures to manage them. There were also arrangements for the destruction of controlled drugs and we saw records of the appropriate destruction of stock controlled drugs witnessed by an accountable officer. However, patients own controlled drugs (where patients returned unused medicines to the dispensary) were not appropriately recorded within the practice. For example, we saw one box of patients own controlled drugs that had not been recorded in a controlled drug register as having been received into the practice.

Requires improvement

Are services safe?

- While medicines incidents or 'near misses' were recorded for learning within the dispensary, incidents were not always reported to the practice manager and subsequently not discussed outside of the dispensary with a view to learning and improving practice as a result. We viewed a book where these were recorded and saw evidence of these being discussed at dispensary team meetings. We were told that errors in dispensing were escalated to significant events and a form was passed onto the practice manager, while near misses were discussed amongst the dispensary staff. However, one incident involved a patient having been given an incorrect dose of a blood pressure medicine. The patient had returned to the dispensary with the medicine and alerted dispensary staff that the dosage was incorrect. This was recorded as a near miss but had not been recorded as having been investigated or discussed at practice level.
- Processes were in place 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 ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored however there were no systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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). They had undertaken additional risk assessments within the practice, including pregnant staff members and general environmental risks within the practice.
- 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 for example, clinical staff would cover each other for annual leave.

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. 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 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.
- 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 99.3% of the total number of points available with 7.4% exception reporting (compared to the CCG average of 8.8%). Exception reporting was in line with local and national averages (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

· Performance for diabetes related indicators at 100% was better than the CCG average of 90% and the national average of 89%.

· Performance for mental health related indicators was better when compared to the national average. For example, 88% of patients with psychoses had a comprehensive care plan documented in their record compared with 77% (CCG and national).

· 84% of patients on the asthma register had received an asthma review in the preceding 12 months compared with 66% (CCG) and 70% (national).

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits and national benchmarking.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit of antibiotic prescribing included supplying patients with written information on how to self manage symptoms, where antibiotics had not been prescribed.

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 awareness, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Nursing staff had attended regular training in areas such as diabetes and asthma.
- 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 and nurses. All staff had received an appraisal within the last 12 months.

Good

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice is a training practice which takes foundation year two and three registrar GPs (ST2 and ST3 GP Registrars) and had one female ST3 GP Registrar working at the practice. The practice was subject to scrutiny by Health Education Kent, Surrey and Sussex (called the Deanery) as the supervisor of 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 weekly basis for the practice and fortnightly for the patients in the virtual ward as part of the Ashford Rural Medical Service (ARMS). Care plans were routinely reviewed and updated for patients with complex needs as part of this multi-disciplinary process. For example, weekly clinical meetings were held at the practice involving community matrons, district nursing staff and health visitors who worked together with the GPs and nursing staff within the practice to review vulnerable patients and those with additional 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 and alcohol cessation and general wellbeing. Patients were signposted to the relevant service.
- Advice around healthy eating and exercise and smoking cessation advice was available from the practice and through signposting to other services.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 82% 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. A female sample taker was available. 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 practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 79% of women aged between 50 and 70 had attended screening for breast cancer which was higher than both the CCG and national average of 72%. Bowel cancer screening was similar to local and national averages, for example at 62% compared with the CCG average of 61%.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 75% to 96% compared with 81% to 97% (CCG) and five year olds from 92% to 100% compared with 79% to 96%..

Good

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the five 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 four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They described the practice as a significant part of the local community, describing the atmosphere as friendly and caring. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 95% of patients 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%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. We reviewed a sample of patients care plans and found these were extensive in content and where appropriate, included do not resuscitate orders as well as advanced directives. Where patients had attended appointments and there had been significant changes to their care, we saw that care plans were updated as a matter of course.

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:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

Good

Are services caring?

- 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 this service was available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 119 patients as carers (4% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and would visit them at home. We were given examples where GPs visited family members on more than one occasion following a bereavement and where additional support such as counselling and bereavement was offered.

Outstanding ☆

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. They also worked with the local community and other GP practices, as well as multi-disciplinary services to ensure a holistic and timely approach to care. The practice worked with other services to provide innovative and integrated services for patients with complex needs.

- The practice worked with two neighbouring practices on the Ashford Rural Medical Services (ARMS) to employ a rural community network manager and offered a community 'virtual ward' which met fortnightly to review the needs of the most vulnerable patients. The 'virtual ward' involved a multi-disciplinary approach including GPs, community nurses, social care staff, an elderly care consultant and representation from the voluntary sector. Patients at risk of hospital admission, those recently discharged from hospital with complex needs and patients identified by staff as requiring additional monitoring were reviewed within the virtual ward. Examples we were given of how this service supported patients included a patient who was taken shopping by voluntary sector staff to build up their confidence.
- Patients from all three practices from ARMS could access counselling services at the practice, through a reciprocal arrangement to enable wider appointment access and to reduce travelling for patients.
- The practice provided a minor injury service during normal opening hours where patients with a minor injury would be seen by the nurse practitioner. This service was also available to patients who were not registered with the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. The practice provided a seven day service through collaboration with other practices. The ARMS service provided a weekend walk-in service for patients at two locations on both Saturday and Sunday mornings. Patients could attend for urgent appointments where they would otherwise have called the out of hours service or attend accident and emergency (A&E). The aim of the service was to provide a more flexible option for patients over weekends and to reduce attendance at A&E. This service had resulted in a 7% overall reduction in A&E attendance in 2015 (compared with the same period in 2014) and a 13% reduction in A&E attendance for children under 10.
- Extended hours appointments were available between 7.30am and 8.30am on a Tuesday and Thursday and between 6.30pm and 7.30pm on a Thursday.
- There were longer appointments available for patients with a learning disability. Additionally, the nurse practitioner had worked with local residential homes to provide training for staff in managing the long term conditions of patients with a learning disability.
- GPs participated in re-ablement work within local care and nursing homes. The focus of this work was to support people to improve their health and return home, following a period of deteriorating health which resulted in admission to hospital.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Patients told us that GPs were flexible in their approach to home visits and would accommodate them when the need arose. For example, one patient told us how their GP had undertaken a home visit for a visiting relative who was unwell although not registered with the practice.
- The practice had undertaken a disability assessment audit and there were disabled facilities within the practice such as a disabled toilet and wheelchair access throughout.

Access to the service

The practice was open between 8.00am and 6.00pm Monday to Friday. Calls between 6.00pm and 6.30pm were transferred to the South East Health Ltd out of hours' service. Appointments were available between 8.00am and 1.00pm and between 2.00pm and 5.40pm daily. There were extended hours appointments from 7.30am to 8.00am on two mornings each week on a Tuesday and Thursday and on a Thursday evening between 6.30pm and 7.30pm. The dispensary was open between 09.00am and 5.45pm Monday to Friday. Telephone consultations were available. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them. There was also a minor injuries service run by the nurse practitioner within the practice.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly better when compared to local and national averages.

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 78%.
- 94% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% 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. They told us that the practice were flexible and would fit them in if necessary. Patients also told us that home visits were available. A number of patients spoke of how GPs had reviewed them at home during periods of ill health and one patient told us their GP had conducted a home visit for a visiting elderly relative who had been unwell.

The practice had a system in place to assess:

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

Reception staff would alert GPs to a request for a home visit through the practice computer system. The GP would then contact the patient to assess the need for a home visit and arrange the visit at a suitable time. 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 for example through a leaflet available within the waiting area and information on the practice website.

We looked at eight complaints received in the last 12 months and found that these were appropriately responded to in a timely way. They were dealt with openness and transparency and there was evidence of discussion and staff reflection. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Actions were taken to as a result of complaints, in order to improve the quality of care. For example, complaints were discussed in staff meetings as a standing agenda item. Action taken included work to improve communication with patients and relatives. We also saw that complaints about care and treatment were discussed during meetings, allowing for reflection and shared learning.

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 strategy and supporting business plans which reflected the vision and values and were regularly monitored. For example, the practice worked closely with other practices and the local community to develop and evaluate services. There was a strong emphasis on improving accessible health care within the local community.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Records within the practice demonstrated a clear structure of communication where information was shared and clear staffing responsibilities in the monitoring of quality and performance.

- 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 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 in place and staff felt supported by management.

- Staff told us the practice held regular team meetings and we viewed a range of meeting minutes to demonstrate this. We saw minutes from clinical, multi-disciplinary and whole practice 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. The practice held regular team social events that supported team building.
- 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.

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

The practice encouraged and valued feedback from patients, the public and staff. It actively 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 were involved

Are services well-led?

Good

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

in a review of the telephone system within the practice and helped to gauge patient views. As a result, plans to change the phone system were not taken forward as patients were happy with the system as it was.

- The practice also had a wider 'Friends of Woodchurch' group that had been running for more than 25 years and focused on fundraising activities for purchasing equipment and providing facilities to benefit patients.
- 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 focus on continuous learning and improvement at all levels within the practice. The practice was a training practice, involved in the training of GP registrars and there were clear systems in place to monitor and evaluate the performance and development of trainees.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, through their work with other providers to deliver the Ashford Rural Services (ARMS) in providing weekend services and support for vulnerable patients through the virtual ward. Other innovations included the nursing home re-ablement project where GPs worked closely with local nursing homes to support patients back into the community.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider did not ensure the proper and safe management of medicines within the dispensary. This included safe and secure storage of medicines, monitoring of blank prescriptions, the maintenance of records relating to disposal of controlled drugs, and the management of errors relating to the dispensing of medicines. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.