

# Aylesham Medical Practice

## Quality Report

Queens Road  
Canterbury  
Kent  
CT3 3BB

Tel: 01304 840415

Website: [www.ayleshammedicalpractice.co.uk](http://www.ayleshammedicalpractice.co.uk)

Date of inspection visit: 13 January 2016

Date of publication: 13/04/2016

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

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	10

### Detailed findings from this inspection

Our inspection team	11
Background to Aylesham Medical Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Aylesham Medical Practice on 13 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.

- 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 sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw some areas of outstanding practice:

Patients not on the practice list with minor injuries could attend the walk in clinics to prevent unnecessary visits to the local hospital Accident and Emergency Department.

The areas where the provider should make improvement are:

- Review how minutes from whole practice meetings are recorded.
- Promote the availability of extended hours at The Royal Victoria Hub, which are provided through collaboration with local GPs.

# Summary of findings

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief  
Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- The practice had an effective system for recording significant events and there was a significant event reporting form with the emergency equipment at Wingham Surgery, however, not all staff were aware of this or had access to it.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and a verbal and written apology. They were told about any actions to improve processes.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to national and local averages.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey was mixed and showed that the practice was below national averages in some areas of care, but above in others.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice implemented a daily walk in centre in response to patients' comments about difficulties GP appointments by telephone and to address the high levels of patients not attending pre-booked appointments.
- Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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 a system for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

# Summary of findings

- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active and well attended.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Specific health promotion literature was available as well as details of other services for older people.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had identified that their patient population had a higher than average prevalence of Chronic Obstructive Pulmonary Disease (COPD) and worked with this group to reduce unnecessary hospital admissions. The practice COPD register showed there were 273 patients on the COPD register (4.34% of the practice population). Due to increased input from the nursing team, a recent audit from 1 October 2015 to 1 January 2016 demonstrated that only five patients received treatment outside of General Practice for COPD exacerbations during this time.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems 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.
- 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.
- 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.

## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours were available at The Royal Victoria Hub in Dover, through collaboration with local GPs; however, this service was not shown on the practice's opening hours.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients with a learning disability were given double appointments at the beginning of surgery sessions to ensure they had adequate time and to reduce distress from waiting in busy areas of the practice. GPs and nurses had access to a Learning Disabilities Pack to support communication during consultations with patients' who have a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good





# 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.
- A member of staff from the administration team had completed British Sign Language training.

## People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia and maintained a register. The clinical auditor alerted the GPs if a patient had missed an annual review and patients or carers were contacted. Home visits were provided if required.
- Staff had a good understanding of how to support patients with mental health needs and 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.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey published results on 2 July 2015, 321 survey forms were distributed and 133 were returned. This represented 2.2% of the practice's patient list. The results showed the practice was slightly below local and national averages in some aspects of patient care and could improve. For example,

- 68% found it easy to get through to this surgery by phone compared to a CCG average national average of 73%.
- 79% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).

Despite some areas of care being slightly below average, 82% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (compared to the CCG and national average of 77%).

The practice was aware of these issues and conducted their own patient survey. From these results and through consultation with the patient participation group (PPG) the practice had changed their appointment system from bookable appointments all day, to walk in clinics every morning with bookable appointments available every afternoon. After further consultation with the PPG, the practice had added a question to the Friends and Family test in order to get patient's views regarding the change and monitor how it affected patient's experience.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards all contained positive comments about the standard of care received. However, 14 contained both negative and positive comments. Most of the negative comments were aimed at long waits during the walk in clinics, especially for young children and patients with work commitments. In contrast, some patients commented positively about the walk in clinic, indicating they were reassured they could see a doctor the same day when they needed to, even if that meant waiting. The positive themes that run through the comment cards were the cleanliness of the premises and the caring, dignified, respectful and professional manner in which staff treated patients.

We spoke with 15 patients during the inspection including 10 members of the PPG. Their views aligned with the comment cards, that the walk in clinics were difficult for ill young children and patients with work commitments. All the patients we spoke with were positive about the care they received and told us staff were approachable, committed and responsive. For example, one patient with a long term condition told us they had a care plan, their repeat medications were dealt with efficiently and the practice recalled them for their annual reviews.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Review how minutes from whole practice meetings are recorded.
- Promote the availability of extended hours at The Royal Victoria Hub, which are provided through collaboration with local GPs

## Outstanding practice

Patients not on the practice list with minor injuries could attend the walk in clinics to prevent unnecessary visits to the local hospital Accident and Emergency Department.

# Aylesham Medical 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, a second CQC inspector and a practice manager specialist adviser. We visited the main site at Aylesham Medical Practice, Queens Road, Canterbury, Kent, CT3 3BB and the branch surgery at Wingham Surgery, 2 North Court Road, Wingham, Canterbury, Kent, CT3 1BN.

## Background to Aylesham Medical Practice

Aylesham Medical Practice and its branch surgery, Wingham Practice, are located in residential areas in Aylesham, Kent. They serve a large rural area including the surrounding villages of Nonington, Woolage Village, Woolage Green and Sheperdswell. There are 6272 patients on the practice list.

Aylesham is an ex-mining village, which until 1987 provided the majority of the workforce for Snowdown Colliery. There is a high prevalence of chronic disease, with a proportion of this being industrially acquired.

The practice holds a General Medical Contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract) and consists of three GPs, two male and one female, three female practice nurses and one female healthcare assistant. The GPs and nurses are supported by a practice manager and a team of administration and reception staff. The practice provides a wide range of

services including minor injury, diabetes, Chronic Obstructive Pulmonary Disease (COPD) and asthma clinics. Access to further services on site includes speech therapy, podiatry and counselling.

The practice and the branch surgery (Wingham Surgery) are open between 8am and 6pm, with telephone access until 6.30pm, Monday to Friday, although Wingham Surgery closes on a Thursday at 1pm. There is a walk in clinic every day from 8.30am to 10am and pre-bookable appointments 3pm to 6pm. The practice has collaborated with local GPs to provide extra appointments for patients at the Royal Victoria Hospital Hub from 8am to 8pm every day.

An out of hour's service is provided by Invicta Health, outside of the practices open hours and there is information available to patients on how to access this.

Services are delivered from the central surgery at;

Aylesham Medical Practice

Queens Road

Aylesham

Canterbury

Kent

CT3 3BB

There is a branch surgery at

Wingham Surgery

2 North Court Road

Wingham

Canterbury

Kent

CT3 1BN

# Detailed findings

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 13 January 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, health care assistants, the practice manager, members of the administration team and patients who used the service.
- Observed how patients were being cared for and talked with carers and/or 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.

# Are services safe?

## Our findings

### Safe track record and learning

The practice used a range of information to identify risk and improve the quality of patient safety. For example they reviewed significant events, national patient safety alerts as well as comments and complaints received. There was a policy to guide staff on what was a significant event and they were aware of their responsibilities to raise concerns.

- Staff told us they would inform the practice manager of any incidents. There was a significant event recording form with the emergency equipment at Wingham Surgery, however, not all staff were aware of this or had access to it.
- There was a systematic approach to reporting, recording, monitoring and learning from significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. The practice had recorded eight significant events in the last 24 months. We reviewed two significant events, one involving a sharps injury to a member of staff and the second related to the incorrect recording of a test result. We saw evidence of analysis, learning and action. For example, after the incident regarding the incorrect recording of test results, the practice had introduced new protocols for reception staff and GPs when the practice received test results from an outside agency.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- There were arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details for the practice

safeguarding lead and external agencies were displayed in clinical rooms and staff we spoke with told us how these had been used to raise safeguarding concerns in the past. However, the safeguarding policy to protect children only covered children aged five years and under. The practice had identified this and we saw new policy, which they were in the process of adopting. The new policy extended to children aged 15 years and under. 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 relevant to their role. GPs were trained to child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. The three nurses and health care assistant provided this service. They were trained for the role and had received a Disclosure and Barring Service check (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). Recently recruited reception staff had been DBS checked and were being offered the opportunity to train as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The health care assistant was the infection prevention control lead and had been trained to undertake this role. Staff had received infection prevention training and had access the practice's policies which enabled them to plan and implement measures to control infection. For example, we saw that gloves and aprons were available to staff and they were able to describe to us how they used this equipment to comply with the policy. Patients we spoke with told us the practice was always clean and tidy and that they had no concerns about the cleanliness of the practice. Annual infection control audits were undertaken and we saw evidence that learning and action arose from these.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However, we saw at Wingham Surgery that cupboards which contained medicines were not securely locked. We

## Are services safe?

raised this with the practice manager, who subsequently sent us photographic evidence to show that this had been addressed within the required 48hrs following our visit.

- 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. Prescription pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable the health care assistant to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed five 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.
- 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had a health and safety policy, as well as posters on display. There were regular risk assessments to keep patients, staff and visitors safe, such as control of substances hazardous to health and legionella

(Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw evidence of fire risk assessments and 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.

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

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in order 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.
- Records we reviewed showed that staff had received annual basic life support training.
- 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 staff we spoke with knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place 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 557 out of the 559 number of points available, with 7.9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice employed a clinical auditor to monitor the disease registers and QOF to ensure that the data was reliable. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for the 11 diabetes related indicators was 99% better by 9% than the CCG and national average. For example, 94% percent of patients with diabetes received a foot examination compared to a CCG average 85% and national average of 89%
- Performance for hypertension related indicators were 100% and in line with national and CCG averages.
- Performance for the 7 mental health related indicators were 100% and better than the CCG average by 8% and the national average by 7%.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years. We reviewed two completed audits and saw that improvements had been implemented and

monitored. For example, the practice carried out a two stage audit to review low back pain. The first stage identified 100 patients with low back pain that potentially required primary care referrals. The East Kent Low Back Pain Pathway was implemented for these patients. After following the pathway, only 43 required a primary care referral.

### 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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Recently recruited members of staff we spoke with told us they felt well supported by their named mentor in the practice. Existing staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- 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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 comprehensive 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. Staff we spoke with told us they felt able to ask the practice manager or the GP partners for additional training that would support their role within the practice. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.



# Are services effective?

## (for example, treatment is effective)

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice shared the premises with members of staff from the local community NHS trust including community nurses, health visitors and podiatrists. The community nurses we spoke with told us the practice nurses and GPs were approachable and supportive. We saw evidence of multi-disciplinary working in long term conditions for example, nurse consultations of patients for Chronic Obstructive Pulmonary Disease, medicine reviews and changes to medicines where required and as agreed by the GP. Patients were referred to hospital if their review showed routine blood tests and x-rays had not been taken within the required timescale and those requiring physiotherapy intervention were referred to the onsite weekly physiotherapist.

### 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 records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included those at risk of developing a long-term condition and those requiring advice on their diet, smoking or alcohol cessation. There were a range of health promotion posters, leaflets and services to support healthy living including access to a dietician, podiatrist and physiotherapist and respiratory, smoking cessation and diabetes clinics.
- 89% of patients who responded to the practice's patient survey in 2015 agreed the nurse they saw provided them with information on how to improve their health.

The practice's uptake for the cervical screening programme was 84%, which was better than the CCG average of 83% 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 and the practice ensured a female sample taker was available.

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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 44 patient Care Quality Commission comment cards we received included positive comments 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 15 patients during the inspection including 10 members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when patients needed help and provided support.

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

- 82% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%. When asked the same questions about nursing staff the results were 89%, in line with national and local averages.
- 85% said the GP gave them enough time (CCG average 86%, national average 87%). When asked the same questions about nursing staff the results were 91%, in line with national and local averages.
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%). When asked the same questions about nursing staff the results were 90%, in line with national and local averages.

- 84% said they found the receptionists at the practice helpful (CCG average 90%, national average 87%). In a patient survey carried out by the practice, 84% of patients said that the way they were greeted by the receptionists at the surgery was excellent, with 15% responding that it was good.
- Twenty five patients responded to the Friends and Family Test survey, 88% of those respondents said they would recommend this practice.

### 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 on the comment cards we received was also positive and aligned with these views.

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

- 87% said the last GP they saw was good at explaining tests and treatments which was better than the CCG average of 84% and national average of 86%. When asked the same questions about nursing staff the results were 88%, in line with national and local averages.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 81%). When asked the same questions about nursing staff the results were 90%, in line with national and local averages.

Staff told us that translation services were available for patients who did not have English as a first language.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice identified and maintained a register for carers. Written information was available to direct carers to the various avenues of support available to them.

## Are services caring?

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered a walk in clinic every day. These had been implemented in response to feedback from patients who said that getting an appointment with a GP was difficult.
- Longer appointments were available for patients with a learning disability and there was an alert system on the computer, prompting the receptionists to book these appointments at the beginning of clinics to reduce waiting times for these patients.
- The practice had a lift, automatic doors at the entrance, accessible toilets and a lower desk in the reception area for wheelchair users.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available. A member of staff from the administration team had completed British Sign Language training.
- The practice had developed a learning difficulty communication pack in order to support staff to communicate with patients with learning disabilities and special needs.
- The practice provided a minor injury service and patients not on the practice list could attend this service.

### Access to the service

The practice was open between 8am and 6.30pm, Monday to Friday. Walk in clinics were from 8.30am to 10am every morning and appointments were from 3pm to 6pm daily. On the day we inspected there were no appointments left at Wingham Surgery, but Aylesham Medical Practice had two. Extended surgery hours were offered between 8am to 8pm weekdays at the Royal Victoria Hub, however, details

of this service were not readily available to patients in the practice leaflet, website or waiting room. Urgent appointments were also 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 comparable to local and national averages.

- 68% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%). In response the practice had implemented walk in clinics so that patients did not have to ring in at 8am to get a GP appointment. The practice had added a question to the Friends and Family Test questionnaire to monitor the success of the patient walk in clinics from a patient's perspective.
- 79% said GP Surgery currently opens at times that are convenient (CCG average 77%, national average 74%).
- 72% usually wait 15 minutes or less after their appointment time to be seen (CCG average 69%, national average 65%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

### 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 met the required standard.
- The practice manager was responsible for managing complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the practice information leaflet and on the website. There was a complaints leaflet and poster in the waiting room.

There had been nine complaints received in the last 12 months. Complaints were investigated and responded to in a timely fashion. The practice learnt and improved services by reviewing complaints as a team. We saw the minutes from a complaints review meeting held in December 2015, which was attended by the GP partners, the practice manager, nurses and members of the administration team. During the meeting the practice reviewed a complaint over

## Are services responsive to people's needs? (for example, to feedback?)

test results that resulted in an issue for two patients with the same name. As a result new protocols were implemented to ensure staff check other identifying features of patients, such as their date of birth.

# 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 recognised that the large housing development in the village would have an impact on the practice patient list size and were monitoring staffing levels in order to respond to this.

### 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 in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and available to all staff. The practice manager maintained a policy folder which was reviewed annually. Staff were made aware of any changes and completed a signature sheet to confirm this.
- A comprehensive understanding of the performance of the practice was maintained through consultation with patients and Quality and Outcomes Framework (QOF). The clinical auditor employed by the practice monitored the accuracy of the QOF data on a daily basis.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The GP partners were visible in the practice and it was clear there was an open culture which prioritised safe, high quality and compassionate care. Staff told us there was good communication within the team and that the GPs and practice manager were approachable and always took the time to listen to them. Staff were involved in discussions about significant events and about how to develop the practice at regular practice meetings and role specific meetings. We saw evidence of this from minutes of clinical meetings. Staff told us they could raise any issues at these meetings and felt confident and supported when they did.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty and had systems for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

The practice encouraged and valued feedback from patients, the public and staff. It 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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the members of the PPG we spoke with told us when they raised concerns about the noise made from some of the toys in the play area, the practice made appropriate changes. Minutes of the PPG meetings showed that the practice had responded to suggestions by patients and that changes made in the practice were shared with the community by placing notices in the parish newsletter.
- 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. Minutes of most meetings were maintained and showed where such discussions had been held. However, we found that minutes were not taken for whole of practice staff meetings.

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice.