

The University Medical Centre

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		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

Detailed findings from this inspection

Our inspection team	11
Background to The University Medical Centre	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 University Medical Centre on 24 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- The practice was the lead primary care service provider of mental health services for four local clinical commissioning groups. As a consequence the practice offered a range of mental health services to its patients and patients not registered at the practice, including psychological therapies and an eating disorder service.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The 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.

The areas where the provider should make improvement are:

- Consider a process to review and analyse significant events to identify any trends and maximise learning.

Summary of findings

- The practice should improve systems for the recording and management of prescription pads.

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



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Whilst prescription pads were locked away at night, the practice should improve systems for their recording and management.
- 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 (QOF) showed most patient outcomes were similar 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 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 showed patients rated the practice higher than others for several aspects of care.
- 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.

Summary of findings

- 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.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was the lead primary care service provider of mental health services for four local clinical commissioning groups. The practice offered a range of mental health services to its patients including psychological therapies and an eating disorder service.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

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

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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.
- The practice had a dedicated phone line so patients and their carers could speak directly to the specialist care planning nurse or the designated administrative lead so that their needs could be addressed in a timely way.

Good



People with long term conditions

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

- The practice had a mixed skill set within the clinical team to provide services in chronic disease management.
- Longer appointments and home visits were available when needed.
- 88% of patients with diabetes had received a flu vaccination in the last 12 months. This was lower than the clinical commissioning group (CCG) and national average of 94%.
- 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.

Good



Families, children and young people

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

- 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 young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



Summary of findings

- 83% of eligible women received a cervical smear in the preceding five years, which is similar to the national average of 82%.
- The practice offered a three-tier sexual health service at the practice. This included a chlamydia screening service, an express clinic where patients can attend a 15 minute appointment with a health care assistant or practice nurse and a mercury clinic which offered advice and testing by a specialist sexual health nurse.
- 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.

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 provided 24 hour care seven days a week through the University Nursing Service located on campus.
- The practice offered immunisation clinics for students such as meningitis and MMR.
- 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.

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 regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

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).

- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%. The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 62% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed care plan recorded, which is lower than the national average of 89%.
- The practice employed two psychiatric liaison nurses who provided specialist services five days a week for patients with complex and urgent mental health needs. In addition the practice employed a team of 45 mental health workers who provided a primary care psychological therapies service (IAPT) five days a week across four clinical commissioning groups. We saw questionnaires in the waiting room asking students about their mental health and providing advice about where to access appropriate services.
- The practice provided a mild to moderate primary care eating disorder service five days a week to patients registered with Canterbury and Coastal CCG Practice.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 372 survey forms were distributed and 43 were returned. This represented less than 1% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 84% 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%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 84% 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 19 comment cards which were all positive about the standard of care received. Patients commented on the professionalism of the doctors and nurses and found staff to be kind, caring and respectful. Appointments were easy to make and patients said they never felt rushed and were fully involved in decisions about their care and treatment.

We spoke with five patients during the inspection. All but one patient said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients we spoke to commented on the good access to urgent appointments and the ability to see their named GP.

The University Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The University Medical Centre

University Medical Centre is located in the city of Canterbury. The practice operates from one location:

University Medical Centre, Giles Lane, Canterbury, Kent, CT2 7PB.

The practice has approximately 16,500 registered patients and provides services under an NHS General Medical Services contract. It is part of NHS Canterbury and Coastal Clinical Commissioning Group (CCG). The practice is situated in a purpose built building on the edge of the grounds of University of Kent's Canterbury campus. It is based in an area of relatively low deprivation compared to the national average for England. Seventy three percent of the practice list size are aged 18 to 24 years and there are only 97 patients aged over 75 years registered with the practice. The practice told us there were 128 nationalities represented on campus. A total of 57% of patients at the practice have a long-standing health condition which is similar to the CCG average of 55% and the national average of 54%.

The practice has three GP partners, two male and one female. The practice also employs three female salaried GPs. Together the GPs provide care equivalent to approximately 50 sessions per week or just under five

whole time equivalent GPs. The GPs are supported by one advanced nurse practitioner, seven practice nurses, and a health care assistant. All the nursing team are female and together provide care equivalent to just under four whole time nurses. The clinical team are supported by a management team including two practice managers and 12 secretarial and administrative staff. The practice is a teaching practice for foundation year two doctors and student nurses. At the time of our inspection the practice was supporting one doctor as part of their foundation training.

University Medical Centre is open between 8am and 6.30pm Monday to Friday. Extended hours surgeries are available every Tuesday and Thursday evenings until 9pm during term time and Easter vacation only. Patients are encouraged to use the NHS 111 service before 8am and after 6.30pm and have access to the university nursing service which is available 24 hours a day, seven days a week.

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 24 October 2016. During our visit we:

- Spoke with a range of staff including two GPs, two nurses, three managerial staff, three administrative and reception staff and spoke with 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 shared their views and experiences of the service.'

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- The practice had a system for reporting, recording and monitoring significant events and accidents. 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. Staff, including receptionists, administrators and nursing staff knew how to raise an issue for consideration and felt encouraged to do so. 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.
- Although we found evidence that significant events were discussed at meetings and lessons learned were shared amongst staff, there was no annual analysis of the events that had occurred to identify trends and maximise learning.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had two patients with the same name. The practice booked an appointment for one patient but prepared the notes of the other patient with the same name. It was discovered at the appointment by checking the address that the notes were the wrong ones. The practice discussed this at the clinical meeting and stressed the importance of implementing the patient identification protocol. An alert on the patient's records ensured staff were aware of patients with the same name.

Overview of safety systems and processes

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

- Arrangements were in place 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 were trained to child protection or child safeguarding level 3 and nurses were trained to level 2. All other practice staff were trained to level 1.
- 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. We found comprehensive understanding of infection control within the practice. There was an infection control protocol in place 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 kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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. Although blank

Are services safe?

prescription forms and pads were securely stored overnight, prescription sheets were left in printers during the day when visiting clinicians used one room. The practice told us that they had undertaken a risk assessment on one of the services using the room but not on the other service. They undertook a risk assessment forthwith. The door to the room was locked at all other times. We noted that there were large quantities of paper prescription pads available for each of the clinicians. We discussed this with the practice and agreed to limit the number of prescription pads in order to limit the risk of these going missing. Four of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. 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 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room which identified local health and safety representatives. It was suggested that this could be displayed more prominently in the reception office and the practice agreed to do so. The practice had up to

date fire risk assessments and carried out regular fire drills the most recent on 25 February 2016. 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 in place 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).

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

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place 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 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

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 89% of the total number of points available, with overall clinical exception reporting of 15% (the national average exception reporting was 9%) (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 2014/15 published QOF data showed where the practice had performed in line with or better than national averages:

- 100% of patients diagnosed with dementia had their care plan reviewed in the preceding 12 months compared to the CCG average of 80% and the national average of 84%.
- The percentage of patients with COPD (Chronic Obstructive Pulmonary Disease, a chronic lung condition) who had a review in the preceding 12 months was 100% which was better than the CCG average of 89% and the national average of 90%.
- 100% of patients with atrial fibrillation (irregular heart rhythm) were prescribed an appropriate medicine to decrease the risk of blood clots. This was similar to the CCG average of 99% and the national average of 98%.

- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 87% compared to the CCG and national average of 94%.

The data listed the practice as an outlier in the following areas:

- Performance in the outcomes for patients diagnosed with diabetes was lower than local and national averages. For example, 63% of patients with diabetes, in whom the last blood pressure reading was acceptable compared to the CCG average of 79% and the national average of 78%. The practice had taken action in this area and although not published at the time of inspection the 2015/16 performance was 70%.
- 62% of people with enduring poor mental health had a recent comprehensive care plan in place compared with the clinical commissioning group (CCG) average of 85% and national average of 88%. The practice had taken action in this area and although not published at the time of inspection the 2015/16 performance was 96%.
- 53% of people with enduring poor mental health had recorded alcohol consumption in the last 12 months compared with the (CCG) average of 85% and national average of 89%. As the 2016 data showed that many of these patients had now been seen this information was out of date.

On the day of the inspection we discussed the high exception reporting in some areas and the outlying data. The practice population is quite different from the 'norm' so QOF comparisons were unlikely to be meaningful. Many students chose to have their long term conditions managed by their 'home' GPs so usual monitoring services did not routinely happen.

There was evidence of quality improvement including clinical audit.

- There had been 14 clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example in response to recommendations by the 2014 National Review of Asthma Deaths, the practice carried out a search to establish how many patients had

Are services effective?

(for example, treatment is effective)

a personal asthma action plan. The practice found that in March 2015 none of the 460 patients registered with asthma had an action plan. The audit was repeated in October 2016 and the practice found that 329 of the 414 patients on the register had an action plan in place. Eight patients had declined the asthma management action plan. The practice were planning to re-audit in March 2017 with a target of 90% of patients to have an action plan recorded in their notes.

Information about patients' outcomes was used to make improvements. For example following an audit into how well the practice complied with the public health England's guidance regarding testing urine samples for potential urinary tract infection and prescribing antibiotics, it was found that prescribing was not meeting national guidelines. The practice discussed this at a clinical meeting and ensured there was a protocol for all clinicians to follow. A re-audit six months later showed a significant improvement in the correct prescribing for urinary tract infections.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff told us they were supported to attend relevant training to fulfil their role.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff 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 including three study leave days per year.

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. For example, the practice worked closely with the university nursing service sharing information when necessary. Meetings took place with other health care professionals on a termly basis when care plans were reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Are services effective?

(for example, treatment is effective)

- 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:

- Students were able to access a psychiatric liaison service and a psychosexual medicine service. Patients were able to access psychological therapy services and seek advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice provided a specialist mild to moderate eating disorder service five days a week and smoking cessation advice was available from the health care assistant within the practice.

The practice's uptake for the cervical screening programme was 83%, which was comparable to 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. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. There were

failsafe systems in place 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. A total of 75% of eligible women attended screening for breast cancer which is similar to the CCG average of 75% and national average of 72%. 67% of eligible patients were screened for bowel cancer in the last 3 years, which is better than the CCG average of 60% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 58% to 96% and five year olds from 79% to 83% compared to the national averages of 73% to 96% for under two year olds and for five year olds 81% to 94%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 in line with national and local results for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 90% 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 97% and the national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The practice used social media to help patients access the information they needed when they needed it.
- A text messaging reminder service was available and patients were able to cancel appointments through this service.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 49 patients as carers (0.3% 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 or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. The practice had been awarded the contract to provide primary care mental health services within the locality. Consequently a range of services were available for patients registered at the practice.

- The practice offered a sit and wait contraceptive pill clinic Monday to Friday between 12.00 and 1pm.
- The practice offered extended hours every Tuesday and Thursday evenings until 9pm during term time and Easter vacation only.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- A sit and wait clinic was offered Monday to Friday for minor illnesses.
- Patients were able to test for chlamydia without having to see a nurse or doctor.
- Online services were available and patients were able to book appointments and order repeat prescriptions.
- A range of services were provided at the practice including minor surgery, family planning, sexual health services, ECGs and 24hour blood pressure monitoring.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 12pm every morning and 2pm to 5pm daily. Extended hours appointments were offered Tuesday and Thursday evenings from 6.30pm to 9.00pm term time and Easter vacation only. Appointments could be booked up to six weeks in advance and there were urgent appointments available on the day.

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.

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 88% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

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

The practice operated a triage system where patients would phone to make an appointment and the nurse or doctor would phone them back and offer advice, an appointment, a home visit or a prescription. 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 in place 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.

The practice had received five complaints in the last 12 months. We reviewed one complaint and found the practice had acknowledged, investigated and responded to the complaint in an appropriate time frame. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, a patient complained about being asked to

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

undertake a screening test as they felt this was inappropriate. The patient received an apology. The practice changed their practice and informed patients of their right to opt out of such tests.

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 practice information leaflet and staff knew and understood the values.
- The practice were in the process of developing a strategy and supporting business plans to reflect the recent changes in the local economy and to continue to build on the progress the practice had made in delivering services.
- The practice demonstrated their commitment to supporting and developing their staff, ensuring opportunities were available for staff to attend relevant training.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of 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 were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

There was clear leadership and staff told us the GPs and managers were visible in the practice, approachable and available when needed. 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 management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place 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. This was reflected in discussions with all members of the staff team we spoke with during the inspection. The practice had systems in place 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 the management team.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every term.
- 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 proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys conducted by the PPG. The PPG was a virtual group that carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following feedback from patients about the need for more appointments,

Are services well-led?

Good 

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

that practice provided two sit and wait clinics, one for the contraceptive pill and one of minor injuries.

Students told us this was really useful as it meant they didn't have to ring the practice at 8am.

- The practice had gathered feedback from staff through staff away days and generally 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. For example one member of staff needed to reduce their hours and this was accommodated immediately. 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 team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The practice was the local primary care provider of mental health services. This meant that patients registered at the practice had access to a range of mental health services including psychological therapies and eating disorder services.
- The practice was an accredited teaching practice. There was one qualified GP trainer at the practice. As a training practice, it was subject to scrutiny and inspection by Health Education Kent, Surrey and Sussex (called the Deanery). GPs' communication and clinical skills were therefore regularly reviewed. The advanced nurse practitioner was also a mentor for practice nurses from the local college.