

Jubilee Medical Group

Quality Report

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Date of inspection visit: 14 December 2016

Date of publication: 03/03/2017

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Jubilee Medical Group on 14 December 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 and learning from these was discussed and shared at practice meetings, acted on and embedded in practice.
- The practice proactively implemented changes to their systems and processes as a result of significant events and complaints to help ensure improvements for patients.
- Risks to patients were assessed and well managed, including infection prevention and control.
- 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.
- The practice uptake for attendance at national screening programmes for bowel and breast cancer screening was higher than the clinical commissioning group (CCG) and national average.
- The practice encouraged early detection and prevention of cancer by raising awareness, encouraging attendance at national screening programmes, telephoning patients who did not respond to their screening reminder to make an appointment and following up two week wait referrals to help ensure these had been received.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment and this was reflected in the 49 CQC comment cards completed prior to the inspection.

Summary of findings

- 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 responsibility for the care of patients at two nursing homes and visited on a weekly basis. They also had responsibility for patients at three further care homes, a learning disability service and a number of warden controlled retirement facilities which were also visited weekly by a designated GP.
- Data from the national GP patient survey rated the practice higher than the clinical commissioning group (CCG) and the same as the national average for telephone access.
- The practice had good facilities and made good use of all available space 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 worked in partnership with the patient participation group (PPG) to deliver a series of talks to patients regarding areas such as the importance of the early detection of cancer.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one areas of outstanding practice:

- The practice sent leaflets to local schools with information for young carers. They were proactive in identifying and supporting young carers.

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 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 help prevent the same thing happening again.
- The practice had systems, processes and practices to help keep patients safe and safeguarded from abuse, including a designated safeguarding lead GP and appropriate training for all staff members.
- Risks to patients were assessed and well managed including those related to infection prevention and control.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- The practice uptake for attendance at national screening programmes for bowel and breast cancer screening was higher than the clinical commissioning group (CCG) and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice encouraged early detection and prevention of cancer by raising awareness, encouraging attendance at national screening programmes, telephoning patients who did not respond to their screening reminder to make an appointment and following up two week wait referrals to help ensure these had been received.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for staff employed at the practice for over a year.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. For example, multi-disciplinary meetings were held on a monthly basis and these were well attended.

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 in the CCG for telephone accessibility.
- Patient's views gathered at inspection showed that they felt they were treated with compassion, dignity and respect and involved in decisions about their care and treatment.
- The provider worked in partnership with the patient participation group (PPG) to deliver a series of talks to patients regarding areas such as the importance of the early detection of cancer.
- Basic life support training was given at a PPG meeting attended by 143 patients.
- We observed that staff treated patients with kindness and respect and maintained patient confidentiality.
- Information for patients about the services available was easy to understand and accessible.
- The practice had sent information for young carers to schools in the local area were proactive in identifying and supporting them.

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 patient 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 partners attended CCG update meetings.
- A new telephone triage system had been introduced at the practice in May 2016 to help ensure appointments were made available as required. Only GPs were involved in the triage process.
- Patients said they found it easy to make an appointment and that there was continuity of care. Urgent appointments were available the same day and extended hours provided every Tuesday, Wednesday and Thursday morning from 7.15 to 7.55 at Kent House Surgery.

Summary of findings

- There were longer appointments available for patients with a learning disability and for those with complex care and treatment needs. These patients were flagged on the IT system so the appropriate length appointment could be booked.
- The practice had responsibility for the care of patients at two nursing homes and visited on a weekly basis. They also had responsibility for patients at three further care homes, which were also visited weekly by a designated GP.
- The building was accessible for less mobile patients and there were disabled access toilets and baby change facilities.
- 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.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to help ensure appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on.
- The PPG was proactive and worked in partnership with the practice to help improve outcomes for patients. The PPG had established a patient reference group, who were virtual members and over 4000 patients were on this group who were sent targeted surveys to complete and return.
- There was a strong focus on continuous learning and improvement at all levels and changes were made to the

Good



Summary of findings

quality of care as a result of complaints and concerns. For example, as the result of a complaint, the practice had introduced a system to flag close relatives who were recently bereaved, to ensure the GP was aware when they visited and could offer condolences and support if required.

- The practice were involved in talks in the community, for example they provided basic life support training at the PPG annual general meeting, which was attended by 143 patients.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its patient population, for example, end of life and dementia care management.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients had a dedicated GP for continuity of care; however, they were also able to see any GP of their choice.
- Four weekly multi-disciplinary meetings were held to discuss the care and treatment needs of patients, including end of life care.
- The practice had responsibility for the care of patients as Visiting Medical Officers at two nursing homes and visited on a weekly basis. They also had responsibility for patients at three further care homes.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months, was 84% which was higher than the CCG average of 77% and the national average of 78%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 81% which was higher than the CCG average of 76% and the national average of 78%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 94% which was higher than the CCG average of 87% and the national average of 88%.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Staff members told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years was 84% which was comparable to the CCG average of 87% and comparable to the national average at 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



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 patient population, those recently retired and students had been identified and the practice had adjusted the services it offered to help ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were offered weekly on a Tuesday, Wednesday and Thursday morning between 7.15am and 7.55am at Kent House Surgery.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including patients living with a learning disability and those with complex needs.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and had a dedicated emergency line to help ensure cross sector working.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 71% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower than the CCG average of 82% and the national average of 84%. Exception reporting for this QOF target was low at the practice, being 5% compared to 12% at CCG level and 8% at national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 96% which was higher than the CCG and national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advanced care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with the national average. Two hundred and nineteen survey forms were distributed and 110 were returned. This represented 0.6% of the practice's patient list.

- 73% of respondents found it easy to get through to this practice by telephone compared to the CCG average of 64% and the national average of 73%.
- 66% of respondents were able to get an appointment to see or speak with someone the last time they tried which is lower than the CCG average of 74% and the national average of 76%.
- 86% of respondents described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.
- 78% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and 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 49 comment cards and all of these were positive about the standard of care received, with two also containing comments about difficulty in accessing GPs. The comments cards stated that the practice provided an excellent service from booking an appointment to the consultation with a GP. Comments said that care and treatment was of a high standard, compassionate and respectful; patients felt listened to, understood and had trust in the advice and treatment received from the GP partners and nursing staff. The comments also stated that the new triage system worked well; that reception staff team were helpful and that that the practice was clean, tidy and warm.

We spoke with seven patients and members of the patient participation group during the inspection who said they were satisfied with the care they received and thought staff were professional, approachable, committed and caring. We also received nine anonymised staff feedback forms which had comments such as, 'It's a very good team to work with' and 'very friendly close knit team'.

Outstanding practice

- The practice sent leaflets to local schools with information for young carers. They were proactive in identifying and supporting young carers.

Jubilee Medical Group

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 practice manager specialist advisor and an assistant inspector.

Background to Jubilee Medical Group

Jubilee Medical Group is located in a semi-rural location in Longfield, Kent and provides primary medical services to approximately 16,500 patients across two sites. The practice is based in a converted house in the heart of a small town. There are limited parking facilities but the practice is close to a mainline train station and served by bus routes. There is some road side parking available at a short walk from the practice and parking is available off the road after 10am. The building is accessible for patients with mobility issues and those with babies/young children as all consulting and treatment rooms are based on the ground floor. Administration and training offices are located on the first floor.

The practice patient population has less young people than the England average in terms of age distribution; however, there are more patients from 50 to 85+. It is in an area where the population is considered to be less deprived and where most people own their own home. There is a low unemployment rate in the area.

There are eight GP partners at the practice four male and four female. There is one female advanced nurse

practitioner and a prescribing nurse as well as four practice nurses, two HCA's and a phlebotomist. The GPs and nurses are supported by a practice management team and reception/administration staff.

The practice is open from Monday to Friday between 8am and 6.30pm. Extended hours appointments are available every Tuesday, Wednesday and Thursday morning from 7.15 to 7.55 at Kent House Surgery. In addition, routine appointments can be booked up to six months in advance; and urgent on the day appointments are available via a GP triage system for people that need them. Appointments' can be booked over the telephone, online or in person at the practice. There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

The practice runs a number of services for its patients including; family planning; minor surgery; smoking cessation; counselling; non-obstetric ultra-sound; physiotherapy; immunisations and travel vaccines and advice.

Services are provided from: Kent House Surgery, 36 Station Road, Longfield, Kent, DA3 7QD and New Ash Green Surgery, Meadow Lane, New Ash Green, Kent, DA3 8RH.

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 14 December 2016 at the Kent House Surgery site only. The branch at New Ash Green Surgery was not visited as part of this inspection.

During our visit we:

- Spoke with a range of staff including GP partners, nurses and administration staff and spoke with patients.
- Observed how patients were cared for within the reception area.
- 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

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

- Staff told us they would inform the practice manager or GP partners of any incidents and there was a recording form available for them to complete. 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 that the practice had recorded 27 significant events in a twelve month period, and that these were initially discussed at a partners meeting, with learning shared across the practice team. Records demonstrated that new systems were implemented as a result of significant events to help improve the service.
- 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 help prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events to help ensure learning from them took place. For example, as well as monthly significant event meetings, an annual review meeting was held at the practice, where trends were identified and actions taken by the practice as a result of significant events were discussed and reflected on.

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, where a request was made for a prescription and this was produced for the wrong medication which had a similar name, training was put in place for the prescription clerks regarding medicine with similar names. A list of 'Look Alike, Sound Alike' (LASA) medicines was provided for reference and was displayed for staff to see. This information was raised at a clinical meeting and the learning was shared across the staff team.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse. There were policies which were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. This information was printed and posted on the wall of each consulting and treatment room. It was also available on the desktop of each computer. 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. There was a system for identifying looked after children as well as those on the child protection register and this was extended to include other family members where necessary. Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs had completed level three safeguarding training, nursing staff were trained to child safeguarding level two and non-clinical staff had completed training at level one. All staff we spoke with were aware of types of abuse and the action to take if they suspected abuse. For example, a member of staff had noticed some potentially concerning information when scanning a letter onto the IT system and had raised this with the practice manager.
- A notice in the waiting room and in consulting and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff members who acted as chaperones had a 'chaperone trained' badge which identified them as such.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and clinical staff had received up to date training. Annual

Are services safe?

infection control audits were undertaken and were on-going. The practice had a cleaning schedule for contracted cleaners and maintained an overview of the work carried out.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice helped keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. The medicines optimisation annual prescribing report for 2016/17 showed that the practice was performing to a high level with regards to cost effective prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, evidence of registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the back room of the reception area which identified local health and safety representatives. The building had an up to date fire risk assessment and carried out regular fire equipment checks and fire drills. Appropriate records were kept which demonstrated this. All electrical

equipment was checked to help ensure the equipment was safe to use and clinical equipment was checked to help ensure it was working properly. The building had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The fire risk assessment and legionella risk assessment both had a number of recommendations, and documents demonstrated that these had been actioned.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to help ensure enough staff were on duty. Staff told us that during periods of annual leave or sickness the staff team covered for one another.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to help 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 discussions at meetings, risk assessments and audits. NICE guidelines were referenced in one of the audits completed at the practice and there was an action plan to complete a second cycle of this audit to help measure improvement to patient outcomes.

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 2015/2016 were 98% of the total number of points available. The practice's overall exception rate was 11% which was comparable to the CCG average of 12% and the national average of 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).

This practice was not an outlier for any QOF clinical targets. Data from 2014/15 showed:

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 85% which was higher than the CCG average of 78% and the national average of 81%.
- The percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 August to 31 March was 100% which was

higher than the CCG and national average of 94%. The practice's exception rate for this target was the same as the CCG at 21% and comparable to the national average of 18%.

- Performance for mental health related indicators was comparable to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 98% which was higher than the CCG level at 86% and the national average at 88%.

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits undertaken in the last two years and some of these were completed audits where the improvements made were implemented and monitored and others were the first cycle of an audit due to be repeated.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice completed an audit of the management of diabetes in pregnant women against NICE guidelines checking that patients had the correct monitoring and treatment. A re-audit was due to be carried out to help ensure patients were treated in line with NICE recommendations.

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, four members of the in-house diabetes team had undertaken specialist diabetes training and there were progression routes for reception staff to train as health care assistants and to undertake the health care assistant diploma which could count towards the first year of nurse training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

Are services effective?

(for example, treatment is effective)

training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All had received an annual appraisal and this included a learning assessment.
- 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, in-house and external training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. For example, the practice tracked their two week wait referrals to help ensure confirmation that the referral email or fax had arrived.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a four weekly basis when care plans were routinely reviewed and updated for patients with complex needs. Minutes of meetings demonstrated these were attended by

a palliative care nurse, dementia nurse and community mental health nurse. They were also attended by a health visitor, social services, a community matron and a learning disability nurse.

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. Staff members were aware of deprivation of liberty safeguards and were able to show best interest decision meetings recorded in patients' notes. As a result of a significant event, the practice had devised a system to flag patients living in the care homes they visited who had a DOLs'. This was to help ensure that this information could be provided for a coroner when required.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance and all staff spoken with were aware of implied and written consent.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. Written consent forms were signed and scanned into the patient record.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, young carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice had systems to refer patients for counselling.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 87% and the national average of 82%. The practice had a low exception rate for this QOF target, for example, the practice excepted 2% of patients compared to the CCG average of 10% excepted patients and 6% at national average. As a result of learning from a significant event, the practice implemented a system

Are services effective?

(for example, treatment is effective)

whereby patients who did not respond to two reminder letters were telephoned to book their appointment. The practice ensured a female sample taker was available. There were systems to help ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- The practice's uptake for females aged between 50-70 years, screened for breast cancer in last 36 months was 77%, which was higher than the CCG and national average of 72%.
- The practice's uptake for patients aged between 60-69 years, screened for bowel cancer in last 30 months was 65% which was higher than the CCG average of 57% and the national average of 58%.

As a result of a significant event, the practice had introduced a yellow flag system for patients who had a history of cancer, so that this was indicated to the GP looking at their notes and could be taken into consideration during their consultation.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to children of twelve months ranged from 84% to 92%, the CCG average ranged from 87% to 93% and the national average ranged from 73% to 93%. For children of 24 months the range was from 45% to 93% compared to the CCG average of 51% to 94% and the national average of 73% to 95% and for five year olds the range was from 75% to 94% at the practice, from 85% to 94% at CCG level and from 81% to 95% at national average.

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 throughout the inspection that 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.
- There was a confidentiality screen placed in front of the reception window, so that patients could speak to receptionists without being 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 49 patient Care Quality Commission comment cards we received contained positive comments about the service experienced. Two also contained negative comments about difficulty accessing a GP. Patients said they felt the practice offered an excellent service with GP's who listened and explained treatment and a helpful, caring, polite staff team.

The practice had an active patient participation group (PPG) who met regularly with the practice manager and a GP. The PPG had eight actual members but had established a patient reference group, who were virtual members and over 4000 patients were on this group. The PPG agreed that the practice was responsive and committed to making improvements for the patients.

Comment cards highlighted that staff at the practice responded with compassion to requests for help and provided support to patients when required. They also told us that patients were satisfied with the care provided by the practice and that their dignity and privacy was respected.

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

- 87% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 83% of respondents said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 95% of respondents said they had confidence and trust in the last GP they saw which was the same as the CCG and the national average.
- 80% of respondents said the last GP they spoke with was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 88% of respondents said the last nurse they spoke with was good at treating them with care and concern compared to the CCG and national average of 91%.
- 91% of respondents said they found the receptionists at the practice helpful compared to the CCG and 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 reviewed a sample of patients care plans and found these were detailed and personalised.

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

- 79% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 72% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 70% of respondents said the last nurse they saw was good at involving them in decisions about their care which was lower than the CCG average of 86% and the national average of 85%. This response was marked as

Are services caring?

an outlier as there is a large variation from the CCG and national averages. This was discussed during the inspection and staff told us that there had been a period of time when a practice nurse was being recruited and the nursing team were more busy than usual.

Other nurse related questions in the GP patient survey were in line with CCG and national averages. For example,

- 97% of respondents said they had confidence and trust in the last nurse they saw or spoke with which was the same as the national average and comparable to the CCG average of 98%.
- 90% of respondents said that the last nurse they saw or spoke with was good at giving them enough time which is comparable to the CCG average of 93% and the national average of 92%.

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

- Staff told us that there was an interpreter service available for patients who did not have English as their first language.
- Information leaflets were available in easy read format, including 'your medical information'; 'antibiotics'; keeping children and young people safe'; access to medical records and data protection' and repeat prescriptions.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 168 of its patients as carers (approx.1% of the registered patient list), and these patients were supported by being given a carers pack with information regarding carer organisations to help ensure they were signposted to support groups. The practice also targeted young carers and had devised a leaflet which was distributed at local schools. The leaflet identified what a young carer was and avenues of support, including a form to hand in to the GP practice. Two young people had signed up as carers with the practice and these were offered additional support where appropriate.

Staff told us that if families had suffered bereavement, there was a book which was completed to ensure practice staff were aware. As the result of a complaint, the practice had introduced a system to flag close relatives who were recently bereaved, to ensure the GP was aware when they visited and could offer condolences and support if required.

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 patient 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 extended hours on a Tuesday, Wednesday and Thursday morning from 7.15 to 7.45 for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and for those who required them.
- Patients with complex needs were flagged on the system so that reception staff knew to allocate a double appointment.
- 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 required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities, a hearing loop and translation services were available.
- Information regarding translation services was displayed on the noticeboard in consulting and treatment rooms.
- There was an alert on system for visually impaired patients so that GPs and nurses were made aware and could collect them from the waiting area.
- The practice offered a phlebotomy service. (phlebotomists take blood samples).
- The practice had Visiting Medical Officer responsibility for the care of patients at two nursing homes and visited on a weekly basis. They also visited patients at three further residential homes on a weekly basis. There was a designated GP for each service to help ensure continuity of care.

- The PPG and GP practice were also involved in outreach projects, where, for example health talks were arranged for different population groups such as 'arthritis and how to live with it' which was presented for Age UK, at a care home and at the Women's Institute.

Access to the service

The practice was open from Monday to Friday between 8am and 6.30pm. Extended hours appointments were available every Tuesday, Wednesday and Thursday morning from 7.15 to 7.55 at Kent House Surgery. In addition, routine appointments could be booked up to six months in advance; and urgent on the day appointments were available via a GP triage system for people that needed them. Appointments could be booked over the telephone, online or in person at the practice. There were arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were comparable to the national average.

- 71% of respondents were satisfied with the practice's opening hours, which was comparable to the CCG average of 75% and lower than the national average of 79%.
- 73% of respondents said they could get through easily to the practice by telephone which was higher than the CCG average of 64% and the same as the national average.

CQC comment cards received during the inspection confirmed that patients were able to get appointments when they needed them.

The practice had a system to assess:

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

Staff told us that a GP would make the decision regarding a home visit. 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 in an emergency situation and when managing requests for home visits.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had introduced a telephone triage system in May 2016 to help ensure greater access for patients to care and treatment. The triage system was introduced as a result of patient feedback gathered in a patient participation group survey. All calls for emergency on the day appointments were triaged by a GP.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example, there was a poster in the waiting area, and the information was available as a leaflet, in the practice booklet and on-line.

We looked at 27 complaints received in the last 12 months and found that they had been recorded, investigated and responded to within the specified time frames. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. The learning from complaints was shared and practice meetings. Patients we spoke with were aware of the process to follow if they wanted to make a complaint. For example, where a patient was unhappy with the way their consultation was managed, the practice looked at what could have been done better and took action to engage in learning to help improve on certain aspects of the consultation process. This was discussed at a significant events meeting and learning points were identified and action taken.

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 and the staff we spoke with were aware of the aim to provide good quality patient centred care. The practice charter was available as a leaflet for patients to take a copy and this detailed the responsibilities of the practice to the patient and the patients' responsibilities
- The practice had succession planning for the future strategy and a supporting business plan which reflected the vision and values and was regularly monitored. For example, there had been changes to the partnership across the last five years with seven partners retiring and new partners taking their place. The GPs worked to help ensure that the succession planning was effective and that the practice maintained its patient focus, QOF figures and continued to improve and develop.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The governance framework was established and embedded and observed to be working in practice. This outlined the structures and procedures and helped to ensure that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs had lead roles in areas such as safeguarding, mental health, QOF and long-term conditions so staff knew who to approach for support.
- Meetings for different purposes were held each week at the practice on a rotating basis so that a monthly business meeting was held, a monthly QOF meeting, monthly clinical governance and a monthly MDT meeting.
- Practice specific policies were implemented and were available to all staff. These were reviewed and updated annually and as required.
- There was a clear system for reporting incidents and for sharing these and learning from them.
- 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.
- All staff were encouraged to attend training that supported their role and professional development, and this was on-going
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was a culture of learning from significant events and complaints and taking action to positively address issues identified to help improve outcomes for patients.
- The practice had a system to encourage the early detection and prevention of cancer by raising awareness through presentation, information online and in the waiting area. The practice encouraged attendance at national screening programmes; by telephoning patients who did not respond to their screening reminder to make an appointment. They introduced a yellow flag on their IT system to identify patients with a history of cancer and followed up two week wait referrals to help ensure these had been received.

Leadership and culture

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

The provider was aware of and had systems to help ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included sharing information with all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to help ensure that when things went wrong with care and treatment:

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

Are services well-led?

Good 

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

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

- Staff told us the practice held a comprehensive programme of meetings both within the practice for the different staff groups, such as nursing and reception, and outside the practice with multi-disciplinary teams and external stakeholders.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or at any time and they felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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 and patient participation group had previously gathered feedback from patients through patient surveys and complaints received and by carrying out analysis of the results from the GP patient survey. The PPG met every two months at the practice and a GP and the practice manager also attended. An action plan was developed from the results of the practice survey and this is worked through until all identified actions for improvement are completed. For example, improvements that have been orchestrated by the partnership between the PPG and the practice included

a confidential room for patients to receive test results when appropriate; a confidentiality screen installed in reception for greater patient confidentiality; recruitment of further administration staff. The GP triage system was also developed as a result of the survey. Alongside the members of the PPG there is a 4000 patient online group who are involved in completing targeted surveys. The PPG and GP practice were also involved in outreach projects, where, for example health talks were arranged for different population groups such as 'arthritis and how to live with it' which was presented for Age UK, at a care home and at the Women's Institute.

- The practice had gathered feedback from staff through informal discussion, team meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Staff told us they were given the opportunity to develop at the practice and all staff undertook training to help ensure improved outcomes for patients. The practice clinicians attended locality meetings, protected learning time for training purposes and CCG update meetings as well as identifying self-directed areas for learning and improvement. The practice was registered to train GPs and four of the partners were GP trainers. Positive feedback was received from trainees. The practice were also involved in talks in the community, for example they provided basic life support training at the PPG annual general meeting, which was attended by 143 patients.