

Sturry Surgery

Quality Report

53 Island Road
Sturry
Canterbury
Kent
CT2 0EF
Tel: 01227 710372
Website: www.sturrysurgery.co.uk

Date of inspection visit: 8 November 2016
Date of publication: This is auto-populated when the report is published

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	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Sturry Surgery	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sturry Surgery on 8 November. 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. Though some events had not been formally reported.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the experience and had been trained to provide them with the skills and knowledge 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 improve are:

- The practice should formally record near misses (dispensing errors that do not reach a patient) as reviewing these assists in reducing the risk of errors in the future.

Summary of findings

- The practice should review the reporting of significant events to try and ensure that a greater number of the significant events are formally reported.
- The practice should review the systems used to identify patients who are caring for others so as to develop a carers' register which is more reflective of the patient population.

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.

- There was an effective system for reporting and recording significant events, The practice should review the reporting of significant events to try and ensure that a greater number of the significant events are formally reported
- 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 try and prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 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.

Good



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 in providing a number of consultant led outpatient clinics at the practice.
- 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.

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 for managing notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



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.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were above both the local and national averages. For example the percentage of patients with diabetes who had a foot examination and risk classification (in the last 12 months 2014/15) was 86% which was above both the CCG average of 79% and the national average of 81%. The practice results had been consistently higher than local and national results over the last ten years.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice provided consultant-led out-patient clinics for certain specialities such as general surgery, general medicine, and dermatology. Many of the patients who used these services had long term conditions. This service allowed the patients to access out-patient services closer to home and prevented the need to travel to local district hospitals and those further away.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident & Emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to both the CCG average of 82% and the national average of 81%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice provided consultant-led out-patient clinics for certain specialities such as gynaecology and ear nose and throat conditions. Many of the patients who used these services were women and children. This service allowed the patients to access out-patient services closer to home and prevented the need to travel to local district hospitals and those further away

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 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.
- The practice offered an extended hours service, for patients who found it difficult to attend during working hours, either in the mornings or evenings on Monday, Tuesday, Wednesday and Thursday alternating between the two sites.

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

People experiencing poor mental health (including people with dementia)

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

- The percentage of patients with dementia whose care plan has been reviewed in the last 12mths was 82% which was above both the CCG average of 77% and the national average of 78%.
- Performance for mental health related indicators were higher than both the local and national averages. For example 85% of relevant patients had a care plan, on which they and their carers had been consulted. This was higher than the local and national average of 77%.
- A senior partner, with specialist mental health qualifications, was regularly involved in Mental Capacity Act assessments and provided training, mentorship and oversight for other practice staff.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with local and national averages, 313 survey forms were distributed and 102 were returned. This represented 0.6% of the practice's patient list.

- 80% found it easy to get through to the practice by phone compared with the clinical commissioning group (CCG) average of 80% and the national average of 73%.
- 78% were able to get an appointment to see or speak with someone the last time they tried compared with the CCG average of 80% and the national average of 85%.
- 77% described their overall experience of the practice as good compared to the CCG average of 82% and the national average of 73%.

- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards all but two of which were positive about the standard of care received. The themes running through the comments were that the practice was efficiently run, staff were compassionate and that GPs and nurses provided an effective clinical service. The two negative comments related to the telephone system.

We spoke with five patients during the inspection. All said they were satisfied with the care they received and thought staff were approachable, committed and caring. Ninety eight percent of patients, responding to the NHS friends and family test said that they would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- The practice should formally record near misses (dispensing errors that do not reach a patient) as reviewing these assists in reducing the risk of errors in the future.
- The practice should review the reporting of significant events to try and ensure that a greater number of the significant events are formally reported.
- The practice should review the systems used to identify patients who are caring for others so as to develop a carers' register which is more reflective of the patient population.

Sturry Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser, a second CQC inspector, a practice nurse specialist adviser, a practice manager specialist adviser and a pharmacy inspector.

Background to Sturry Surgery

The Sturry Surgery is a GP practice located in Sturry village Kent. The village is about a mile out of Canterbury. It is the main part of a larger practice, with a second location in the city of Canterbury. There are about 17,000 patients who are cared for from both practice locations.

There are 13 GPs, eight female and five male. There are three GP partners. There are five nurses and two healthcare assistants all female. There is a practice manager and administrative and reception staff.

Canterbury is a university town and the village of Sturry has seen an expansion with more family homes built. The demographic of the practice population is different to the national averages. There are markedly younger patients, between the ages of 15 and 29. In all the other age groups the practice has less than the national average.

The majority of the patients describe themselves as white British. Income deprivation and unemployment are marginally below the national averages. Although the practice as a whole is not in an area of deprivation there are pockets of deprivation within it.

The practice has a personal medical services contract with NHS England for delivering primary care services to local communities. The practice offers a full range of primary medical services. The practice is a training practice.

The practice is open between 8.30am and 6.30pm Monday to Friday, though the telephones are staffed from 8am. There are various morning and evening surgeries across the two practice locations during the week. The practice is closed at the weekends.

The surgery building a purpose built healthcare facility with consulting and treatment rooms on the ground floor and administration rooms above.

Services are provided from

53 Island Road

Sturry

Canterbury

Kent

CT2 0EF

The practice has opted out of providing out-of-hours services to their own patients. This is provided by Primecare, through the NHS 111 system. There is information, on the practice building and website, for patients on how to access the out of hours service when the practice is closed.

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 8 November 2016. During our visit we:

- Spoke with a range of staff including, GPs, partners and salaried, nurses and administration staff and spoke with patients.
- Saw how patients were being managed in the reception area for and talked with patients.
- 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.

Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of significant events. However, we found an example where an event which could have been recorded was not. We discussed this with staff who accepted that this ought to have been recorded.
- 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, there had been a delay in diagnosis following ECG results, this was discussed at a clinical meeting and guidelines had been updated and formalised. We looked at a recent medicine alert. The practice manager recorded it, it was discussed at a clinician meeting and we saw that relevant staff members had acted on it.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff via the intranet and were included in locum induction packs. 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 three, nurses and health care assistants to level two. Staff told us of an occasion when they had contacted the local safeguarding authority about their concerns though on that particularly occasion the matter did not require further investigation.

- A notice in the waiting room advised patients that chaperones were available if required, though these were not evident in treatment rooms. 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. The 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 staff had received up to date training. Annual infection control audits were undertaken. The audit had showed that some the sinks had overflows and plugs and thus were not compliant with the latest guidance, there was an action plan, with timescales for their replacement.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were standard operating procedures for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and their use monitored.
- Nurses who were qualified as independent prescribers could prescribe medicines for specific clinical

Are services safe?

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. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice only dispensed to about 150 patients. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Although the practice had a second check system to monitor the quality of the dispensing process, there was no formal recording of near misses (dispensing errors that do not reach a patient). Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were arrangements for the destruction of controlled drugs.
- We reviewed six personnel files which included both clinical and non-clinical staff. Appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk

assessments and carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments 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).

- There was a rota for all the different staffing groups to ensure enough staff were on duty with the correct skill mix. For example the practice ensured that some receptionists were skilled in both reception work and medical secretary work so that cover could be provided if required.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There was also a screen available should an incident occur in the reception area.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. Further emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice had a defibrillator on the premises and oxygen with adult and children's masks. All the medicines we checked were in date and stored securely. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan was kept both electronically and a paper copy kept off site, this included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems 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. For example the practice provided 24-hour ambulatory blood pressure monitoring as a means of confirming a diagnosis of primary hypertension as recommended by NICE clinical guidance number 127.
- 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 98% of the total number of points available. The practices overall exception rate was 10% which is comparable to 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).

Data from 2015/2016 showed:

- Performance for diabetes related indicators were above both the local and national averages. For example the percentage of patients with diabetes who had a foot examination and risk classification (in the last 12 months 2014/15) was 86% which was above both the CCG average of 79% and the national average of 81%. The practice results had been consistently higher than local and national results over the last ten years.
- Performance for mental health related indicators were marginally higher above both the local and national

averages. For example 85% of relevant patients had a care plan, on which they and their carers had been consulted. This was higher than the local and national average of 77%.

- The percentage of patients with dementia whose care plan has been reviewed in the last 12 months was 82% which was above both the CCG average of 77% and the national average of 78%.

There was an active programme of clinical audit which provided evidence of quality improvement.

- There had been four recent clinical audits completed in the last year. These had included antibiotic prescribing, the prevalence of urinary tract infections and the management of cardiovascular disease.
- Two further audits, done during the same year were follow ups to previous audits. These had examined hypertension and chronic kidney disease.
- Actions from the audits had included additional training from a local consultant and more frequent blood testing of patients of certain medicines.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

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. The practice had supported training for nursing staff in managing diabetes. These staff were able to undertake retinal screening on site as well advising on conversion to insulin for type 2 diabetics who needed this.
- 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.

Are services effective?

(for example, treatment is effective)

- 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, 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. Practice staff regularly had protected learning time to help ensure that they were able to remain current with the necessary 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. We looked at the results that were awaiting allocation and found that were fifteen items and none had been waiting for more than 24 hours.
- 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. The practice reported that they had good relations with local care teams including health visitors, intermediate care and community nursing teams. These were based locally, were encouraged to and did drop in for advice and to discuss shared management of cases. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

- Staff sought patients' consent to care and treatment in line with legislation and guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA).

A senior partner, with specialist mental health qualifications, was regularly involved in MCA cases. They provided training, mentorship and oversight for other practice staff.

- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol. Patients were signposted to the relevant service.
- Dietary advice and smoking cessation advice was available.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to both the CCG average of 82% and the national average of 81%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance. The practice demonstrated how they encouraged uptake of the screening programme and they 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 73%, which comparable to the CCG average of 75% and the national average of 72%.
- The practice's uptake for patients aged between 60-69 years, screened for bowel cancer in last 30 months was 55% which was somewhat below both the CCG average of 60% and the national average of 58%.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example,

- Childhood immunisation rates for the vaccines given to under two year olds ranged from 88% to 96% compared to CCG averages of 89% to 94%.
- Childhood immunisation rates for the vaccines given to five year olds ranged from 85% to 95% compared to CCG averages of 87% to 96%.

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 saw 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. Staff always knocked on consulting and treatment room doors before seeking admission.
- Patient confidentiality was respected. There was a private area where patients could talk with staff if they wished and there were notices telling patients about this facility.
- The waiting room and reception desk area was open plan and welcoming but this did make it difficult for staff to maintain confidential discussions with patients. Some comment cards mentioned that confidentiality at the front counter could be an issue. Staff were aware of this and took account of it their dealings with patients.

All of the 25 of the 27 patient Care Quality Commission comment cards we received were wholly 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. Two cards contained mixed comments and the negative issues related to the telephone system.

We spoke with two members of the patient participation group (PPG) and three patients. They also told us they were satisfied with the care provided by the practice and said 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 survey results showed that the practice was statistically in line with the national and local averages. Although the practice were concerned that the results were consistently marginally lower than comparable practices. The staff and clinicians had discussed this but could not identify any reason for it.

- 86% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%. When asked the same question about nursing staff the results were 95% compared to the CCG average of 93% and national average of 91%.
- 86% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%. When asked the same question about nursing staff the results were 95% compared to the CCG average of 93% and national average of 91%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%. When asked the same question about nursing staff the results were 94% compared to the CCG average of 97% and national average of 97%.
- 81% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%. When asked the same question about nursing staff the results were 91% compared to the CCG average of 92% and national average of 91%.
- 88% said they found the receptionists at the practice helpful compared to the CCG average of 90% 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 corroborated this. 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. The practice results were in line with those nationally. Data from the national patient survey showed that:

- 78% said the GP they saw was good at explaining tests and treatments compared to the CCG average of 89%

Are services caring?

and national average of 86%. When asked the same question about nursing staff 93% were positive about the nursing staff compared to the CCG average of 92% and national average of 90%.

- 75% said the GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%. When asked the same question about nursing staff 87% were positive about the nursing staff compared to the CCG average of 87% and national average of 85%.

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

- There were translation services available. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in various languages and formats.

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 about 100 patients as carers which was 0.5% of the practice list. Written information was available to direct carers to the various avenues of support available to them.
- The practice's patients' registration process included questions about people's status as carers so that they could identify themselves to the practice if they wished. We listened to reception staff ask patients, when the circumstances warranted it, about whether they were caring for others and whether they had, or wished to, register as a carer. The percentage of patients over 80 years of age, the group most likely to need care was about half the national average, and the number of carers in the practice commensurately low.
- The practice had appointed a qualified nurse as a care co-ordinator. They were responsible for about 800 patients over 75 years of age. The co-ordinator worked closely with other health and social care providers. For example we saw cases where, as well as immediate health needs, the co-ordinator helped to meet other needs such as general care, cleaning and social needs assessments.

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 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 provided consultant-led out-patient clinics for general surgery, general medicine, gynaecology, Ear, nose and throat complaints and dermatology. These allowed the patients to access out-patient services closer to home and prevented the need to travel to local district hospitals and those further away.

- The practice offered a 'Commuter's Clinic' either in the mornings or evenings on Monday, Tuesday, Wednesday and Thursday alternating between the two sites.
- There were longer appointments available for patients with a learning disability, mental health complaints or for patients who needed them.
- 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 and translation services available.
- Other services included; counsellors, from a local provider, available at both sites, ultra sound, physiotherapy and acupuncture.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. There were extended hours surgeries on one of either of the two sites from 6.30pm to 8pm Monday, Tuesday and Thursday and from 7am to 8.30am on Wednesdays at Sturry surgery. Appointments could be booked up to one month 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.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. We heard a patient call reception for an urgent appointment at 12.10pm and receive an appointment for 12.30pm that day. A patient called for a non-urgent appointment and received one for two days later.

The practice had a system to assess:

- Whether a home visit was clinically necessary; and
- The urgency for medical attention.

There was a duty doctor to whom cases were referred. In cases where the urgency so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. There was a paramedic practitioner home visiting service. Paramedics would only visit when and if the GP felt the case was appropriate, or if an urgent visit was required and no GP was immediately available.

We were told that there was strong support for the service from the public and GPs and that when admission to A&E was necessary having paramedics improved the speed and process of admission. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

Its complaints policy and procedures were in line with recognised guidance.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, in the practice leaflet, on posters within the practice and on the practice website.

There had been seven complaints during the year ending April; 2016. We saw that they had been dealt with in a

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

timely fashion. Where there were delays, for example where the practice was waiting for another agency to respond as part of the investigation, then the complainant was kept informed. Replies were open and honest and addressed the issues raised by the complainant. Lessons were learnt from individual concerns and complaints and also from

analysis of trends. For example actions arising from investigating complaints ranged from, reviewing how prescriptions were dealt with by staff at the reception desk to informing other providers of complaints about attitude and declining to employ that person again.

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 formed part of their statement of purpose. Staff knew and understood the values. The values included working in partnership with the patients and other providers to make the best and most innovative use of resources.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures 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 including to locums who could access these via the intranet.
- The practice had a comprehensive understanding of its performance
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. For example GPs within the practice had audited referrals in ophthalmology, dermatology and to sexual health services to check that the criteria for making a referral was met.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Though we did find one significant event that had not been reported as such.

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

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements

that providers of services must follow when things go wrong with care and treatment). This included training for staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

The practice had systems to ensure that when things went wrong with care and treatment::

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

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

- Staff told us the practice held regular team meetings, these included clinician meetings, partner meetings, nurse meetings and reception supervisor meetings. Meetings involving all staff were conducted three times yearly.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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 and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested that patients would benefit from physiotherapy services being available on site and practice had been able to secure those services.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through meetings, appraisals and informal discussions. 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. For example reception staff felt that there were predictable busy periods when more staff were needed to answer the telephones. The management had changed the rotas so that on four days out of five there extra staff available to manage this demand.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had already secured the services of consultants to run remote outpatient clinics. The Sturry Surgery was a part of a vanguard programme (this is a programme to trial new models of care across NHS

primary services). For example the practice used paramedics to undertake some of the GP home visits where deemed appropriate. This allowed patients to receive a quick response and GPs to focus on seeing patients within the surgery.

The practice was an accredited training practice. As a training practice, it was subject to scrutiny and inspection by Health Education Kent, Surrey and Sussex (called the Deanery) as the supervisor of training. Therefore GPs' communication and clinical skills were regularly under review.

Clinical specialists, such as local consultants were often invited to the practice's clinical meetings. Staff said that as well as improving clinicians' knowledge it improved the quality of referrals made to the specialists and thus improved the relationship between the practice and staff in the secondary care sector.