

Drs Miles, Fox and Di Biasio

Quality Report

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

Ratings

Overall rating for this service

Outstanding



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Outstanding



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 Drs Miles, Fox and Di Biasio on 31 August 2016. Overall the practice is rated as outstanding.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. There was a very wide range of services, clinical and non-clinical. The practice was a Multi-speciality Community Provider with an ethos to bring services to the patient rather sending patients to the service.
- 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.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. The practice was an approved host for NHS outpatient clinics and services in East Kent and a wide range of services and clinics are offered in the practice.
- The practice was part of a vanguard site combining with other providers to deliver services across a substantial area of East Kent.

Summary of findings

- 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 practice had strong and visible clinical and managerial leadership and governance arrangements.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

- Wye Surgery was one of the first practices chosen to roll out this service. For example, the Community Tele-Dermatology service (which had reduced referrals by 40%). The practice was proactive in reducing medicines waste. An audit of repeat ordering of prescriptions had identified significant cost savings that could be made, if patients were directly involved in the ordering process and were educated to only order what they needed. In line with Better health Better care and Social prescribing initiatives, the practice met with the secretary of the programme management group for 'Our Place Wye' (OPW) to help

coordinate social support for isolated people. Another new initiative in the village was the 'Wye Shed' project; men would meet in a shed for a cup of tea and chat, maybe learn new skills off of each other or repair tools.

- The practice had employed a senior district nurse care coordinator who visited patients to ensure they received the best possible support and prevent unplanned admissions.

The areas where the provider should make improvement are:

- Continue to ensure that the dosage, type, batch number and expiry date of local anaesthetic given is being recorded into patient's notes.
- Revise the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers are offered relevant support if required.

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 used every opportunity to learn from internal incidents, to support improvement. Learning was based on continual, thorough analysis and investigation.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices 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 a strong focus on continuous learning and improvement at all levels within the practice, clinical and non-clinical.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as outstanding 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.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. The practice actively took part in both developing and delivering pilot schemes to redesign medical care. For example, the Community Tele-Dermatology service (the ability to photograph skin lesions and send the images securely to a Consultant Dermatologist to diagnose whether further treatment is necessary or not) which had reduced referrals by 40%.
- The practice offered a minor injury service to avoid the need for time consuming A&E attendance for more minor injuries. This was open to non-registered patients as well as the practice's own patients.
- The practice provided almost all services apart from those that needed an overnight stay or a general anaesthetic. There was an ethos of bringing services to patients rather sending patients to services.
- 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 made changes to their appointment system in response to clinical and patient concerns about long waits for routine appointments. They had increased their clinical staff sessions to meet increased demand.
- 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.

Outstanding



Summary of findings

Are services well-led?

The practice is rated as outstanding 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.
- A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- There was a strong 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 ensure appropriate action was taken.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- 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.

Outstanding



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 factors that led to the practice being rated as outstanding overall applied to all the population groups, therefore the practice is rated as outstanding for the care of older patients.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice provided care and treatment for 28 patients who lived in a residential home, who often had complex needs, dementia and were vulnerable. The practice offered a weekly ward round to the care home and unlimited telephone consultations.
- The practice was able to provide dispensary services to over 3,500 patients who lived more than one mile (1.6km) from their nearest pharmacy premises. This service was delivered by a team of eight qualified dispensers. A delivery service was provided for housebound and vulnerable patients.
- The practice had employed a senior district nurse care coordinator who visited patients to ensure they received the best possible support and prevent unplanned admissions. This role was first introduced as a Clinical Commissioning Group (CCG) funded Over 75s scheme but having seen the value, the practice made the decision to continue and expand this service even after funding was withdrawn. One GP told us that having the care coordinator freed up valuable time for GPs to do other things, as the care coordinator would carry out home visits and produce care plans for patients as and when needed. One GP told us about one patient who was facing considerable life style changes due to their diagnosis and that they had received many visits from the care coordinator to ensure that they were taking their medication correctly and that they had been able to access the services available to them, this would otherwise have been done by a GP during a home visit or potentially admitted to hospital as an unplanned admission. The scheme was on-going and the outcomes have not yet been fully assessed, however, the practice hope to demonstrate a reduction in unplanned admissions as well as improvements in the quality of care for patients living in their own homes.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. It had a scheme for

Outstanding



Summary of findings

patients, who lived in a local residential care home. This involved registering all the patients (with their consent) with one of two lead GPs who looked after that home. Weekly and as required visits to the residential home were conducted.

People with long term conditions

The factors that led to the practice being rated as outstanding overall applied to all the population groups, therefore the practice is rated as outstanding 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 lower the local and national average. For example, 69% of patients with diabetes, on the register, in whom the last IFCCHbA1c is 64 mmol/mol (a blood test to check blood sugar levels) or less in the preceding 12 months (local average 79% and national average 78%).
- 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.

Outstanding



Families, children and young people

The factors that led to the practice being rated as outstanding overall applied to all the population groups, therefore the practice is rated as outstanding 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 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 81%, which was comparable to the national average.

Outstanding



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The factors that led to the practice being rated as outstanding overall applied to all the population groups, therefore the practice is rated as outstanding 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 remained open throughout the day and offered extended opening hours.
- 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.

Outstanding



People whose circumstances may make them vulnerable

The factors that led to the practice being rated as outstanding overall applied to all the population groups, therefore the practice is rated as outstanding for the care of people whose circumstances may make them vulnerable.

- In line with Better health Better care and Social prescribing initiatives, the practice met with the secretary of the programme management group for 'Our Place Wye' (OPW) to help coordinate social support for isolated people. Support now included a befriending service, weekly lunch, and support for half a day from a volunteer council coordinator for either shopping, dog walking, befriending or taking to local appointments. Another new initiative in the village was the 'Wye Shed' project; men would meet in a shed for a cup of tea and chat, maybe learn new skills off of each other or repair tools. Currently, six men meet on a regular basis. One of the aims of the "Wye Shed Project" was to try and combat loneliness in the elderly and to reach out to men who were not always the easiest to engage with and could shy away from medical and social initiatives.
- The practice held a register of patients living in vulnerable circumstances including those with dementia, frailty, blindness, deafness, a learning disability and those with a carer.

Outstanding



Summary of findings

- 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 factors that led to the practice being rated as outstanding overall applied to all the population groups, therefore the practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia).

- 74% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Performance for mental health related indicators were similar to the national average. For example, 63% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (local average 89% and national average 89%), which is comparable to other practices.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The nurse care coordinator oversaw the care of those living in the community with dementia. She worked closely with 'Our Place Wye'.
- The practice involved the memory clinic for those with dementia to co-ordinate testing, diagnosis and support services.
- Those recently discharged from hospital received a follow up call.
- 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.

Outstanding



Summary of findings

- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and thirty seven survey forms were distributed and 125 were returned. This represented 2% of the practice's patient list of 8,447.

- 87% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards, 41 of which were positive

about the standard of care received. General themes that ran through the comments included the very caring attitude of all staff, the availability of appointments and the efficiency with which the service was run. Five of the cards had negative comments about the appointment system. The practice had made changes to their appointment system because of clinical and patient concern about long waits for routine appointments and had increased their clinical staff sessions to meet increased demand. Patient satisfaction levels since the introduction of the new appointment system had increased as demonstrated on various on-line tools, for example, "I want great care" and "Friends and Family Testing" which was currently running at 92%. The practice had also noticed a reduction in complaints concerning access.

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

Drs Miles, Fox and Di Biasio

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 adviser and a pharmacy inspector.

Background to Drs Miles, Fox and Di Biasio

Drs Miles, Fox and Di Biasio (also known as Wye Surgery) are a well established doctor's practice with a purpose-built surgery, near Ashford in Kent. Their rural, training and dispensing practice covering 125 square miles with a catchment area of approximately 8,477 patients and provide a wide range of medical support services for all the family, with easy parking and full disabled access. The practice building is arranged over two storeys, with all the patient accessible areas being located on the ground floor.

The practice is in one of the least deprived areas of Kent and the ethnicity of the local population is White British. The practice is similar to the national averages for each population group. For example, 5.1% of patients are aged 0 - 4 years of age compared to the clinical commissioning group (CCG) average of 6% and the national average of 5.9% and 33% are 5 to 18 years of age compared to the CCG average of 35% and the national average of 33%. Scores were similar for patients aged 65, 75 and 85 years and over.

The practice provided care and treatment for 28 patients who lived in a residential home, who often had complex needs, dementia and were vulnerable. The practice offered a weekly ward round to the care home and unlimited telephone consultations.

The practice is able to provide dispensary services to over 3,500 patients who live more than one mile (1.6km) from their nearest pharmacy premises. This service is delivered by a team of eight qualified dispensers. A delivery service is provided for housebound and vulnerable patients.

The practice holds a General Medical Service contract and consists of three partner GPs (male). The GPs are supported by two male salaried GPs, two female salaried GPs, a nurse practitioner, four practice nurses (female), two healthcare assistants (female), a practice manager supported by an assistant practice manager, as well as three heads of department (administration, dispensary and nursing). The clinical team are supported by a team of receptionists, administrators, medical secretaries and dispensers.

The practice is an approved host for NHS outpatient clinics and services in East Kent. All of these consultant led clinics are fully integrated with secondary care. The GP's ensure patients have had all the necessary diagnostic checks, so there is no need for second scans, blood tests or ECGs before seeing the consultant at the surgery. The consultant or specialist has full access to the GP records including investigations and waiting lists; the practice see this as a great advantage when compared to hospital outpatients where consultants would only see the referral letter. Should the patient require a hospital procedure then the consultant can list directly and offer patients a choice of hospital.

The practice is a training practice which takes foundation year three registrar GPs and has two trainee GP Registrars working at the practice. The practice regularly host student nurses and paramedic practitioner placements.

Drs Miles, Fox and Di Biasio (also known as Wye Surgery) is open Monday to Thursday 8.30am to 7.00pm and Friday 8.30am to 5.30pm. GP telephone access appointments are weekday mornings only 8.30am to 11.00am whereby a doctor will aim to call the patient back

Detailed findings

usually within the hour or at a later time to suit the patient. The practice operates a duty doctor system to ensure there is GP cover from 6.00pm to 6.30pm and urgent and emergency cases, as well as test results are monitored and responded to appropriately.

The practice have a contract with IC24 who manage all the out of hours calls. The practice operates a duty doctor system to ensure there is GP available to deal with all urgent out of hour calls forwarded to them by IC24.

Services are provided from:

- Drs Miles, Fox and Di Biasio, Wye Surgery, Oxenturn Road, Wye, Ashford, Kent, TN25 5AY

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.

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 31 August 2016.

During our visit we:

- Spoke with a range of staff (two GP partners, the practice and assistant practice manager, two practice nurses, the nurse practitioner, care co-ordinator, a

healthcare assistant, a salaried GP, a locum GP, two GP trainee registrars, two administrative staff who are also receptionists and two medical secretaries and spoke with six patients who used the service.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 46 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 of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and routinely analysed them.

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, we saw that significant events were an agenda item on the weekly clinical meeting, (attended by all clinicians and where appropriate, team leaders) as well as, the weekly partners meeting. We looked at several events in detail. One concerned an issue with a GP contacting the coroner's officer regarding a recently deceased patient. Contact was not made on three occasions but no record of this had been made in the patient's notes. The practice had conducted a review and amendments to protocols were made and all GPs reminded to document all encounters, even failed ones. The practice implemented systems to help ensure that such situations were managed appropriately, in order to reduce such incidents in the future.

Overview of safety systems and processes

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

Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nursing staff were trained to child safeguarding level 3. Administration staff received on-line training annually if available, however, in-house training was provided in May 2014. The practice manager told us that there had been ongoing problems with Kent and Medway GP training. This meant that planning of training had been difficult. The two GP safeguarding leads for Adults and children have a planned in house session being held in February 2017. Domestic Violence training was last carried out in the surgery in 2012 at a multi – disciplinary training afternoon and was attended by management, nurses, dispensers and administrators. Mental Capacity Act Training was planned for Wednesday 12 October and is being delivered by a Consultant Psychiatrist.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- 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. An annual infection control audit had been undertaken in July 2016 and we saw evidence that action was taken to address any improvements identified as a result.

Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.

- The practice had eight qualified dispensers all National Vocational Qualification (NVQ) trained, six with NVQ3 two with NVQ2 qualification. Four of the dispensers were

Are services safe?

registered pharmacy technicians with the GPhC. The staff had completed annual competency assessments and appraisals. The registered pharmacy technicians carried out CPD) and were also sharing good practice with other surgeries through the CCG.

- The arrangements for managing medicines, (including obtaining, prescribing, recording, handling, storing, security and disposal) kept people safe.
- The practice participated in the Dispensing Services Quality Scheme, which rewarded practices for providing a high quality service to patients they dispense for. There was a named GP responsible for the dispensary.
- The practice was proactive in reducing medicines waste. An audit of repeat ordering of prescriptions had identified significant cost savings that could be made, if patients were directly involved in the ordering process and were educated to only order what they needed. The cost savings that could have been made via repeat requests being done by patients, rather than the five community pharmacies, was calculated at £887.97 over a two week period. The practice had an action plan to implement the recommendations from the audit. A campaign to reduce medicines waste was held at the practice and advertisements were placed in the local parish magazine.
- Standard Operating Procedures (SOPs) covered all aspects of the dispensing process (these were written instructions about how to safely dispense medicines).
- All medicines were stored securely, including emergency medicines, vaccines and oxygen. Fridge and room temperatures were monitored appropriately. Expiry dates were recorded electronically to ensure out of date stock was not dispensed. Waste medicines were managed according to waste regulations.
- Blank prescription forms (FP10s) were stored securely and records were made to track prescriptions through the practice.
- Repeat prescription requests were managed by dispensary staff. The GP was alerted if a patient required a review of their medicines. All prescriptions were signed before dispensing. High risk medicines (requiring closer monitoring) were not issued on a repeat prescription. Systems were in place to ensure that all requests for high risk medicines were referred to a GP to

both assess and issue. One high risk medicine e.g. methotrexate (a medicine used to treat rheumatoid arthritis) was stored separately in the dispensary as a safety measure.

- Medicines were dispensed safely. The practice provided monitored dosage systems (MDS – dosette boxes) to some patients. These were prepared in a separate area to minimise interruptions.
- Controlled drugs (CDs – medicines with potential for misuse, requiring special storage and closer monitoring) were managed according to CD regulations. Quarterly CD audits were conducted and staff were aware of local arrangements for the destruction of CDs.
- Any medicines incidents or ‘near misses’ were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- Dispensing errors and ‘near misses’ (dispensing errors that are identified before the medicines leave the dispensary), were recorded and discussed at monthly dispensary team meetings. Medicine safety alerts (alerts that are issued nationally regarding faulty products) were communicated to all staff effectively.
- Patient Group Directions had been adopted by the practice to allow nurses to administer vaccines according to legal requirements. Patient Specific Directions were used to enable appropriately trained healthcare assistants to administer injections.

The practice offered a minor surgery service. The arrangements for managing medicines in relation to minor surgery generally kept patients safe. We looked at a sample of records for patients that had surgery prior to our inspection and found that there was a lack of consistency, and that for some patients no entries had been made with regards to how much local anaesthetic had been given, the batch number from which the anaesthetic came and the expiry date.

We raised this with the GP concerned, who subsequently showed us records of patients that had undergone surgery on the afternoon of our visit. Documentary evidence

Are services safe?

showed that the systems for recording local anaesthetic administered to patients had been updated. The records included the dosage, type, batch number and expiry date had been recorded into patient's notes.

We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 80% (which was lower than the CCG average of 93% and national average of 95%) of the total number of points available with 7% exception reporting (compared to the CCG average of 8% and national average of 9%).

This practice was an outlier for some QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators were lower than the local and national average. For example, 69% of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol (a blood test to check blood sugar levels) or less in the preceding 12 months (local average 79% and national average 78%).
- Performance for mental health related indicators were worse than the national average. For example, 63% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (local average 89% and national average 89%).

The practice provided us with QOF data from the 2015/16 (which has not yet been verified, published and made publically available) and these showed improvements had been made. For example;

Performance for diabetes related indicators had improved from 69% to 73% of patients with diabetes, on the register, having had this blood test to check blood sugar levels in the preceding 12 months, and with an improved patient recall system, the practice were aiming to increase this to the QOF target of 83% by the end of the 2016/17 QOF year.

Performance for mental health related indicators was 24%. There were 19 patients who needed a comprehensive, agreed care plan by the end of the QOF year, again with an improved patient recall system the practice aim to achieve 90% by the end of 2016/17. The practice informed us they had experienced issues with their IT system last year, which they say accounted for the low results for both of these QOF indicators in 2014/15.

The practice had employed an external data analyst to support two designated administrative staff to routinely monitor QOF targets. We saw evidence to show that weekly QOF checks were conducted and recorded. A QOF diary was maintained by the practice and this showed where records had been reviewed and cleansed, in order to ensure they remained relevant to QOF targets. There was a system to liaise with the reception staff in order to generate recall letters throughout the year. Records also showed that the practice planned months in advance for peak periods of when QOF targets were to be achieved. For example, flu vaccinations which occur during the winter season.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits undertaken in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included assessing a patient's kidney function in oral anticoagulant prescribing (blood thinning medicines) and a 'dosing in reduced kidney function chart' had been developed to aid prescribers in choosing a medicine and deciding the dosage. This audit was developed out of a series of audits and educational sessions on new oral anticoagulants (NOAC's) by the

Are services effective?

(for example, treatment is effective)

senior partner and in response to the arrival of these products and National Institute for Health and Care Excellence (NICE) best practice guidelines. This work changed the way the practice dealt with cases requiring anticoagulation, which made the practice early adopters and high users of NOAC's. This latest audit was developed from that situation to ensure safety.

- The practice participated in local audits, national benchmarking, accreditation and peer review.

Information about patients' outcomes was used to make improvements such as, routinely reviewing patients on a certain medicine which had adverse cardiac (heart) side effects.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety awareness, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Practice nurses also held training and diplomas in asthma, diabetes, insulin initiation, chronic obstructive pulmonary disease (COPD), Women's Health in Primary Care and international normalised ratio (INR) management (a measure of how much longer it takes the blood to clot when oral anticoagulation (medicines that help prevent blood clots) were used).
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

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

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a 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. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Are services effective?

(for example, treatment is effective)

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 and those at risk of developing a long-term condition. As well as those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service. For example, smoking cessation and counselling.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice achieved comparable results in relation to its patients attending national

screening programmes for bowel and breast cancer screening. For example, 63% of eligible patients had been screened for bowel cancer, which was in line with the CCG average of 61% and the national average of 58%. Seventy six percent of eligible patients had been screened for breast cancer, which was comparable to the CCG average of 73% and the national average of 72%.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 85% to 99% and five year olds from 75% to 95%.

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. The practice had 12 patients on the learning disability register. Most of those 12 patients on the register were seen on a regular basis, sometimes monthly, when the practice undertook opportunistic health screening. In addition the practice monitored the register and invited those who had not been seen by the end of the QOF year in for a review. This was an area where the practice saw future involvement for their nurse care coordinator.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 46 comment cards, 41 of which were all positive about the standard of care received. General themes that ran through the comments included the very caring attitude of all staff, the availability of appointments and the efficiency with which the service was run.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% of patients 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%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Are services caring?

- There was an extensive range of information about services available at the practice, signposting to other local services and providing general healthcare related information.

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 19 patients as carers 0.22% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

In line with Better health Better care and Social prescribing initiatives, the practice met with the secretary of the

programme management group for 'Our Place Wye' (OPW) to help coordinate social support for isolated people. Support included a befriending service, weekly lunch and support for half a day from a volunteer council coordinator for either shopping, dog walking, befriending or taking to local appointments. Another new initiative in the village was the 'Wye Shed' project, men would meet in a shed for a cup of tea and chat, maybe learn new skills off each other or repair tools. Currently, six men meet on a regular basis. One of the aims of the "Wye Shed Project" was to try and combat loneliness in the elderly and to reach out to men who were not always the easiest to engage with and could shy away from medical and social initiatives.

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



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice had developed a wide range of other services for patients. The practice objective was to place the patients at the heart of the services, rather than the patients being sent round the health care system to access the services. These services were provided by the practice alone or in partnership with other providers such as the local hospital. Often the services were provided by GPs with special interests in the area of treatment concerned. The services were flexible provided choice and helped to ensure continuity of care. Most were provided in Wye.

The services provided by the practice included, but were not confined to:

- Cardiology –Electrocardiogram (ECG), ambulatory ECG, ambulatory Blood Pressure (BP)
- Colorectal procedures - a variety of procedures used to repair damage to the colon, rectum, anus and pelvic floor
- Ear Nose and Throat outpatient clinic
- General and Vascular Surgery including hernia repair, venous ulcers suitable for skin grafting and haemorrhoids.
- Minor Surgery including vasectomies
- Aural Care Microsuction Clinic - for chronic or acute on chronic ear conditions
- Audiology - one stop shop for hearing tests, assessments and hearing aid fittings
- Ultrasonography - a diagnostic imaging technique based on the application of ultrasound. It is used to see internal body structures
- Cardiac Rehabilitation nurse visits once a month
- Musculoskeletal clinic - relating to the muscles and skeleton and including bones, joints, tendons, and muscles

- In house Physiotherapy and Specialist Spinal Physiotherapy

Services hosted by the practice were:

- Ultrasonography - a diagnostic imaging technique based on the application of ultrasound. It is used to see internal body structures
- Podiatry clinic hosted monthly - the branch of medicine that deals with the diagnosis, treatment, and prevention of diseases of the human foot
- Counsellor hosted weekly

All of these consultant led clinics were fully integrated with secondary care. The GP's ensured patients had had all the necessary diagnostic checks, so there was no need for second scans, blood tests or ECGs before seeing the consultant at the surgery. The consultant had full access to the GP records including investigations and waiting lists; the practice saw this as a great advantage when compared to hospital outpatients where consultants would only see the referral letter. Should the patient require a hospital procedure then the consultant could list directly and offer patients a choice of hospital.

- The practice For example, the Community Tele-Dermatology service (which had reduced referrals by 40%. The practice also ran a weekly Musculoskeletal clinical assessment clinic, and provided a private specialist spinal service physiotherapist, who they sub-contracted, reducing any onward orthopaedic referrals to secondary care.
- The practice was proactive in reducing medicines waste. An audit of repeat ordering of prescriptions had identified significant cost savings that could be made, if patients were directly involved in the ordering process and were educated to only order what they needed. The cost savings that could have been made via repeat requests being done by patients, rather than the five community pharmacies, was calculated at £887.97 over a two week period.The practice had an action plan to implement the recommendations from the audit. A campaign to reduce medicines waste was held at the practice and advertisements were placed in the local parish magazine. One dispensary technician had an extended role to provide support to staff of a local care home, to reduce the amount of medicines ordered for residents that were not required. The result of this



Are services responsive to people's needs?

(for example, to feedback?)

service had been a reduction in the number of unnecessary prescriptions and prescription queries between the care home and the practice. The practice saw this quality initiative as a welcome extension of their dispensary services into the community, despite the fact none of the care home patients qualified for their dispensing service due to the presence of a local chemist.

- The practice was able to provide dispensary services to over 3,500 patients who lived more than one mile (1.6km) from their nearest pharmacy premises. This service was delivered by a team of eight dispensers. A delivery service was provided for housebound and vulnerable patients.
- A home delivery service, with appropriate arrangements for safe storage of medicines, was provided.
- The practice hosted the mobile Diabetic Eye Screening Service throughout the year, as well as NHS Blood and transplant services, to support people with donating blood for transfusions.
- The practice offered a minor injury service to avoid the need for time consuming A&E attendance for more minor injuries. This was open to non-registered patients as well as the practice's own patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. It had a scheme for 28 patients, who lived in a local residential care home. This involved registering all the patients (with their consent) with one of two lead GPs who looked after that home. Weekly and as required visits to the residential home were conducted.
- The practice had employed a senior district nurse care coordinator who visited patients to ensure they received the best possible support and prevent unplanned admissions. In order to achieve this they used various tools whilst visiting patients in their own home. This role was first introduced as a CCG funded Over 75s scheme but having seen the value the practice made the decision to continue and expand this service even after funding was withdrawn. The scheme was on-going and

the outcomes have not yet been fully assessed, however, the practice hope to demonstrate a reduction in unplanned admissions as well as improvements in the quality of care for patients living in their own homes.

- The practice offered a 'Commuter's Clinic' Monday through to Thursday evening until 7pm, for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability either in their own home or at 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 and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop available.

Access to the service

The practice was open Monday to Thursday 8.30am to 7.00pm and Friday 8.30am to 5.30pm. GP telephone access appointments were available weekday mornings 8.30am to 11.00am, whereby a doctor would aim to call the patient back usually within the hour or at a later time to suit the patient. In addition appointments could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice had a contract with IC24 who managed all the out of hours calls. The practice operated a duty doctor system to ensure there was a GP available to deal with all urgent out of hour calls forwarded to them by IC24.

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.

- 81% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 87% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

We received 46 comment cards five of the cards had negative comments about the appointment system. The



Are services responsive to people's needs?

(for example, to feedback?)

practice had made changes to their appointment system because of clinical and patient concern about long waits for routine appointments. The practice had increased their clinical staff sessions to meet increased demand. Patient satisfaction levels since the introduction of the new appointment system had increased as demonstrated on various on-line tools, for example, "I want great care" and "Friends and Family Testing" which was currently running at 92%. The practice had also noticed a reduction in complaints concerning access.

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 in the form of leaflets, notices and material on the practices website.

There was a designated responsible person who handled all complaints in the practice. We looked at 24 complaints received in the last 12 months and found that they had been dealt with in a timely, open and transparent way. Records demonstrated that the complaints were investigated, the complainants had received a response, the practice had learned from the complaints and had implemented appropriate changes. For example, the practice had learned the need to slow down and listen to the patient's point of view. The practice had made changes to their appointment system in response feedback from the PPG and complaints about long waits for routine appointments. They had increased their clinical staff sessions to meet increased demand. Patient satisfaction levels since the introduction of the new appointment system had increased as demonstrated on various on-line tools, for example, "I want great care" and "Friends and Family Testing" which was currently running at 92%. The practice had also noticed a reduction in complaints concerning access.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

The leadership, governance and culture were used to drive and improve the

delivery of high-quality person-centred care.

The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. There was a very wide range of services, clinical and non-clinical. The practice was a Multi-speciality Community Provider with an ethos to bring services to the patient rather than sending patients to the service.

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients.
- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strong strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money.
- The senior partner, was a director of Ashford Clinical Providers (ACP) which is a federation of all Ashford GP's, and is a major contributor to the regular meetings and also spends time on the various projects to redesign medical care. He was involved in the initiation, development and approval of the tele-derm scheme. Currently he is in direct conversation with a second consultant dermatologist to further support and expand the Tele-Dermatology service which has proven to be extremely effective. Wye Surgery was one of the first practices chosen to roll out this service.
- The practice For example, the Community Tele-Dermatology service and weekly Musculoskeletal clinical assessment clinic.
- The practice had employed a senior district nurse care coordinator who visited patients to ensure they received the best possible support and prevent unplanned

admissions. This role was first introduced as a CCG funded Over 75s scheme but having seen the value the practice made the decision to continue and expand this service even after funding was withdrawn.

- The practice was proactive in reducing medicines waste, one dispensary technician had an extended role to provide support to staff of a local care home, to reduce the amount of medicines ordered for residents that were not required.
- The practice were liaising with 'Our Place Wye' (OPW) to help coordinate social support for isolated people.

Governance arrangements

The leadership, governance and culture of the practice were used to drive and improve the delivery of high quality person centred care. The practice had strong and visible clinical and managerial leadership and governance arrangements which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- There were practice specific policies acted upon by staff. They could be accessed through the practice's intranet. The practice undertook a range of risk assessments. We saw building risk assessments such as those relating to fire risks. We saw risk assessments such as those relating to an individual's workplace.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were strong arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We looked at a number of meeting minutes including but not confined to clinical meetings and significant event meetings.

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.

Are services well-led?

Outstanding



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

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

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

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

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

- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive staff engagement. Staff at all levels were actively encouraged to raise concerns.
- Staff told us the practice held regular team meetings. There was a subsidiary range of meetings including, business meetings, clinical governance meetings, nurses and supervisors meetings, administrators and receptionists meetings.
- We looked at the minutes of a number of meetings and saw that they were effective. For example we saw minutes from a partnership meeting where complaints were discussed. The specific learning from the complaint had been shared and, because it was also a significant event, a significant event form had been completed. Actions arising from meetings were allocated to individuals, this was recorded on the meetings' minutes and the actions were followed through until signed off as completed.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any

issues at team meetings and felt confident and supported in doing so. We noted team away days were held two or three times a year. There were minutes of all away day meetings; the last meeting was on the 19 April 2016 with the next meeting planned for 15th November 2016.

- 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.
- 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.

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 practice changed their telephone service in response to patient feedback and now had digital lines allowing the numbers of telephone calls into and out of the practice having been significantly increased.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff meetings, appraisals, and discussions.
- The practice had a suggestions box, all suggestions were discussed at the business meeting, records of meetings confirmed this.
- The practice had a Friends and Family Questionnaire which asked 'Are you sufficiently happy with our service that you would recommend Wye Surgery to other local people?' Last month, the practice scored 92% in response to the questionnaire.

Continuous improvement

Are services well-led?

Outstanding



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

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, consistently reviewing data and new care and treatment for their patients aged 75 years and over.

The practice was also involved in direct negotiation with the CCG to redesign medical care at practice level. The practice based consultant clinics are the best examples, recently the practice had negotiated with the CCG to commission a local spinal specialist physiotherapy service to augment the practice's MSK service and relieve the overburdened hospital spinal orthopaedic service.

The practice was a training practice which took foundation year three trainee registrar GPs and had two trainee GP

Registrars working at the practice. The practice regularly hosted student nurses and paramedic practitioner placements. 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.

The nurse practitioner and three practice nurses were all trained to degree level and a fourth practice nurse would be starting their final module of a degree course in September 2016. One healthcare assistant (HCA) was just about to embark on a foundation degree in September 2016.