

Care Quality Commission

Inspection Evidence Table

The Ivy Court Surgery (1-537712917)

Inspection date: 15 December 2022

Date of data download: 08 December 2022

Overall rating: Good

Safe

Rating: Good

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: The practice held monthly vulnerable patient meetings. We spoke with the safeguarding lead who told us that staff had informed consent conversations with parents/guardians if their child had missed their childhood immunisation appointment. But, for one child there had been escalation to the safeguarding lead as the practice felt there was avoidance behaviour by the parents. We saw that the practice had an Identifying Vulnerable Adults/Children and Safeguarding Pathway that showed the route for staff to take if there were new or pre-existing safeguarding / cause for concerns.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
Explanation of any answers and additional evidence: The practice had recruited several new members of staff in the last 12 months. We looked at recruitment files and found the practice had conducted appropriate checks on their staff prior to their appointment.	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: February 2022	Y
There was a fire procedure. Date of fire risk assessment: 5 September 2022	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: There were 10 nominated fire wardens and we saw records that fire warden training was up to date. We also saw records to show fire drills were conducted annually.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 26 September 2022	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours	Y
Explanation of any answers and additional evidence: The practice's safety goal was to minimise risk of harm to patients and staff. It achieved this through having comprehensive quality improvement activity in place. Staff were trained in basic life support (BLS), anaphylaxis (potentially life-threatening allergic reaction) and sepsis (the body's extreme response to an infection) according to their role. Administration staff were aware of the emergency call handling procedure. We looked at minutes of a whole surgery meeting held November 2022 and saw that discussion had taken place regarding the recent recruitment of 2 new nursing staff, one of whom had been diabetes trained and a new phlebotomist.	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y

There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
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Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHS Business Service Authority - NHSBSA)	1.03	0.85	0.82	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2021 to 30/09/2022) (NHSBSA)	10.8%	8.6%	8.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2022 to 30/09/2022) (NHSBSA)	6.13	5.75	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	116.2‰	132.5‰	128.0‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHSBSA)	0.37	0.60	0.58	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2022 to 30/09/2022) (NHSBSA)	4.3‰	6.8‰	6.7‰	No statistical variation

Note: ‰ means *per 1,000* and it is **not** a percentage.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y

Medicines management	Y/N/Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines. ¹	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. ²	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Partial
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>Controlled drugs (CDs) delivered to patients were not signed out of the CD register until the delivery driver returned to the pharmacy with proof of delivery. This meant the audit trail was not maintained as controlled drugs should be signed out of the CD register when they are removed from the controlled drugs cupboard.</p> <p>Following our inspection, the provider wrote to us with evidence that they had updated their standard operating procedure for controlled drugs home deliveries. This was to ensure the integrity of the surgery's controlled drug delivery service to patients in the rural community, and to ensure an auditable continuity of record keeping.</p> <p>We completed a series of searches on the practice's clinical records system. These searches were completed with the consent of the provider, and to review if the practice was assessing and delivering care and treatment in line with current legislation, standards and evidence-based guidance.</p>	

Medicines management	Y/N/Partial
<p>We reviewed the records of patients who had been prescribed:</p> <p>Methotrexate (a medicine used to treat autoimmune conditions). We found there were 67 patients who had been prescribed this medicine. The search identified 4 patients who potentially may not have had the required monitoring. We looked at all 4 patient records and found that 1 patient was overdue their monitoring and the other 3 patients were being monitored through the hospital with documentation in their notes. The provider sent evidence to show that they had reviewed the 1 patient and all of the other patients identified by the search that we did not review and confirmed they took appropriate action.</p> <p>After feedback of the clinical searches, the provider shared an action plan showing how they would monitor and improve monitoring of patients.</p> <p>We saw that the action plan was clear, comprehensive and realistic in terms of timescales and actions to be taken by March 2023. We saw that they had also revamped their methods and formulated a new 'overdue monitoring protocol', as well as a 'regular monitoring protocol' for ongoing monitoring. This enabled them to increase the robustness of their existing monitoring practices, to not only capture those patients who were overdue their blood test monitoring test more effectively, but also as a means to ensure that once these overdue patients had been managed using the overdue protocol, there was a reliable system for ongoing monitoring.</p>	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Y
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Y
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Y
Where the Electronic Prescription Service is not used for dispensary prescriptions, prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Y
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Y
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Y
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Y
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Y

Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Y
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Y
Any other comments on dispensary services:	
The practice provided dispensary services for people who needed additional support with their medicines, for example, patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy. This service was delivered by a dispensary manager and five dispensers.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months: January 2022 – December 2022	23
Number of events that required action:	None
Explanation of any answers and additional evidence:	
We looked at minutes of clinical meetings for September and November 2022 and saw that significant events were a standing item on the agenda.	
Significant events were also discussed at other staff meetings, for example, we looked at minutes of the dispensary meeting for October 2022 and saw that a significant event had been recorded, documented and discussed with the team and training had been given with periodical supervision to ensure new processes were being adhered to.	

Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
Possible needlestick injury to member of staff	The incident was discussed with the nurse in charge, the patient was informed, a blood test was booked for the staff member and practice protocol was followed. We saw the staff member had reflected on the incident which involved discussing procedures to help prevent needlestick injuries in the future. We saw evidence staff were encouraged to speak up and reflect on how important this was for all parties.

Suspected deep vein thrombosis (DVT), GP planned for ultrasound scan but did not send the referral.	The referral was checked and the practice found the reason for not sending the referral was due to human error. The GP reviewed processes to help avoid a reoccurrence. A reminder was sent to all GPs to help ensure all parts of the consultation were completed. A reflection was made that there was no patient harm as they had already started treatment.
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Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts. ¹	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence</p> <p>The practice had a system for receiving, sharing and acting on safety alerts. Staff we spoke with understood how to process these alerts.</p> <p>During our clinical searches we reviewed one Medicines and Healthcare products Regulatory Agency (MHRA) safety alert and saw that it had not always been managed well.</p> <p>We reviewed the safety alert for mirabegron (used to treat an overactive bladder). This alert indicated that patients taking this medicine should have their blood pressure checked regularly during treatment. Our search showed there were 70 patients who had been prescribed this medicine; 13 of which were identified as potentially not having had a recent blood pressure check. From these we reviewed 5 patient records and found all 5 patients were overdue blood pressure monitoring. After the inspection, the provider shared evidence to show they contacted all 5 patients; appointments were booked, and their blood pressure reading had been taken. The provider sent evidence to show that they had reviewed all of the other patients identified by the search that we did not review and confirmed they took appropriate action.</p> <p>After feedback of the clinical searches, the provider shared an action plan showing how they would monitor and improve monitoring of patients.</p> <p>The provider also sent us documentary evidence, in the form of an action plan, to show that all these patients had been contacted. The provider had also set a date to review the action plan again to ensure they had that these patients had attended (including those provided in secondary care settings). We saw that the action plan was clear, comprehensive and realistic in terms of timescales and actions to be taken by March 2023.</p> <p>We saw that they had also revamped their methods and formulated a new 'overdue monitoring protocol', as well as a 'regular monitoring protocol' for ongoing monitoring. This enabled them to increase the robustness of their current monitoring practices, to not only capture those patients who were overdue their blood pressure monitoring test more effectively, but also as a means to ensure that once these overdue patients had been managed using the overdue protocol, there was a reliable system for ongoing monitoring.</p>	

Effective

Rating: Requires Improvement

QOF requirements were modified by NHS England and Improvement for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	P
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice prioritised care for their most clinically vulnerable patients.	Y

Effective care for the practice population

Findings

During our inspection, we completed a series of searches on the practice's clinical records system. These searches were completed with consent and to review if the practice was assessing and delivering care and treatment in line with current legislation, standards and evidence-based guidance.

We looked at the records of patients who were prescribed Angiotensin-converting enzyme (ACEI) inhibitors (used primarily for the treatment of high blood pressure and heart failure). The search identified 2090 patients who had been prescribed this medicine. The search identified 142 patients who potentially may not have had the required monitoring. We looked at 5 clinical records and found that 4 out of 5 were overdue the required monitoring by some years (2016,2018,2020,2021). After the inspection, the provider shared evidence to show they contacted all 5 patients; a blood test appointment had been made and a blood test completed. The provider sent evidence to show that

they had reviewed all of the other 137 patients identified by the search that we did not review and confirmed they took appropriate action.

The provider also sent us documentary evidence, in the form of an action plan, to show that all these patients had been contacted (including those patients prescribed ACE (angiotensin-converting enzyme) inhibitors and angiotensin receptor blockers (ARBs) effectively to lower blood pressure. The provider had also set a date to review the action plan again to ensure they had that these patients had attended (including those provided in secondary care settings). We saw that the action plan was clear, comprehensive and realistic in terms of timescales and actions to be taken by April 2023.

We saw that the practice had formulated a new 'overdue monitoring protocol', as well as a 'regular monitoring protocol' for the ongoing monitoring of patients prescribed ACEIs. This enabled them to increase the robustness of their current monitoring practices, to not only capture those patients who were overdue their blood pressure monitoring test more effectively, but also as a means to ensure that once these overdue patients had been managed using the overdue protocol.

The provider told us they shared the findings of our clinical search with the remaining clinicians in the practice and implemented processes to monitor and improve systems.

The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.

Health checks, including frailty assessments, were offered to patients over 75 years of age.

Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

All patients with a learning disability were offered an annual health check.

The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

The practice demonstrated that they had a system to identify people who misused substances.

The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.

Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

During our inspection, we completed a series of searches on the practice's clinical records system. These searches were completed with consent and to review if the practice was assessing and delivering care and treatment in line with current legislation, standards and evidence-based guidance.

We looked at the records of:

Patients with asthma who had been prescribed 2 or more courses of rescue steroids. Our search identified 857 patients on the asthma register; 63 of which had been prescribed 2 or more courses of rescue steroids. From these we reviewed 5 patient records and found 4 of the patients had not received a follow up review 7 days after the steroid had been prescribed. This was not in line with national guidance. We also found 2 of these patients were overdue an asthma review. We also saw there had not been a reason recorded in 1 of the patient's notes as to why the steroid had been prescribed. The provider sent evidence to show that they had reviewed all of the patients including those identified by the search that we did not review and confirmed they took appropriate action.

Patients who had been prescribed more than 12 short acting beta agonist (SABA) inhalers in the last 12 months. Our search identified 32 patients who had been prescribed this medicine. From these we looked at 5 patient's records and found that 5 out of 5 had been SABA overprescribing, 4 were overdue medication reviews, and 3 also overdue annual asthma reviews. After the inspection, the provider shared evidence to show they had contacted the patients and asthma and medicine reviews had been undertaken. The provider sent evidence to show that they had reviewed the remaining patients identified by the search that we did not review and confirmed they took appropriate action.

The provider also sent us documentary evidence, in the form of an action plan, to show that all these patients had been contacted (including those patients prescribed SABA inhalers). The provider had also set a date to review the action plan again to ensure they had that these patients had attended (including those provided in secondary care settings). We saw that the action plan was clear, comprehensive and realistic in terms of timescales and actions to be taken by end of March 2023.

Patients who had been diagnosed with chronic kidney disease (CKD) stage 4 or 5 who had not received a blood test in the last 9 months. Our search identified 60 patients diagnosed with chronic kidney disease stage 4 or 5; of which 8 had potentially not had a recent blood test. We reviewed the records of 5 patients and found all 5 patients had had a blood test in the past 9 months at the hospital. However we found three of these patients had been coded incorrectly on the computer system; 2 patients had been coded as having CKD stage 4 when they should have been coded as having CKD stage 5 and 1 patient had been coded as having CKD 3 when they should have been coded as having CKD 5. We also found 1 of these patients were overdue monitoring tests. After the inspection, the provider shared evidence to show that they had corrected the coding on the patient records. The provider told us they reviewed the remaining patients identified by the search that we did not review and confirmed they took appropriate action.

The provider also sent us documentary evidence, in the form of an action plan, to show that all these patients had been contacted. The provider had also set a date to review the action plan again to ensure they had that these patients had attended (including those provided in secondary care settings).

Patients who had been diagnosed with diabetic retinopathy (diabetic retinopathy is a complication of diabetes, caused by high blood sugar levels damaging the back of the eye. It can cause blindness if left

undiagnosed and untreated). Our search identified there were 934 patients who were diagnosed as such and that 27 of these patients had a recent blood test result which may have indicated high glucose levels. From these we reviewed 5 patient records and found 2 were overdue a diabetes and medicine review; of which 1 was also overdue their monitoring tests. We also found 1 patient was overdue their medicine review. After the inspection, the provider shared evidence to show they had contacted the 3 patients and blood tests and medicine/diabetes reviews had been completed. The provider told us they reviewed the remaining patients identified by the search that we did not review and confirmed they took appropriate action.

The provider also sent us documentary evidence, in the form of an action plan, to show that all these patients had been contacted. The provider had also set a date to review the action plan again to ensure they had that these patients had attended (including those provided in secondary care settings). We saw that the action plan was clear, comprehensive and realistic in terms of timescales and actions to be taken by end of February 2023.

Patients who had been diagnosed with hypothyroidism. Our search identified there were 755 patients who were diagnosed as such and that 24 of these patients had potentially not received the required blood test in the last 18 months. From these we looked at 5 patient's records and found they had not had the required monitoring, and that 4 out of the 5 were overdue medication reviews. After the inspection, the provider shared evidence to show they had contacted the patients and a blood test and medicine review appointment had been undertaken. The provider shared evidence to show that they had reviewed the remaining patients identified by the search that we did not review and confirmed they took appropriate action.

Patients who were identified by the search as having a potential missed diagnosis of chronic kidney disease stage 3, 4 or 5. Our search identified 53 patients as having a potential missed diagnosis of chronic kidney disease stage 3, 4 or 5. We reviewed 5 patient records and found 2 as having a missed diagnosis of chronic kidney disease stage 3. After the inspection, the provider sent evidence to show they updated the records for 2 of the patients with the correct code. The provider told us they reviewed the remaining patients identified by the search that we did not review and confirmed they took appropriate action, for example added the correct the code on the system.

We reviewed the records of 5 patients who had received medicine reviews. We found all 5 patients received a medicine review in line with current best practice.

For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. We saw that there were 60 patients on the practice's learning disability register and that 47 had had an annual review.

Staff who were responsible for reviews of patients with long-term conditions had received specific training.

GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.

The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Adults with newly diagnosed cardio-vascular disease were offered statins.

Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

Patients with COPD were offered rescue packs.

Patients with asthma were offered an asthma management plan.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	115	122	94.3%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	114	118	96.6%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	114	118	96.6%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	114	118	96.6%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	115	121	95.0%	Met 95% WHO based target

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments

The practice told us that they had been working hard over the past 2 years to increase their child immunisation rates, having identified this as an area of need with lower uptake than previously. They were pleased that these efforts had led to an increase in their vaccination uptake and they expected this to continue as they moved forward.

Cancer Indicators	Practice	SICBL average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 30/06/2022) (UK Health and Security Agency)	74.3%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	52.3%	63.4%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	72.5%	68.0%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	60.7%	56.4%	55.4%	No statistical variation

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Any additional evidence or comments

In this area the practice scored 74.3%, below the national target of 80%. The practice were aware of this and had plans underway in order to improve. The practice told us that they had met as a leadership group to understand why this might be and had taken several measures to improve this. They expected their next results to be much better.

They had identified causes that were both personal as well as administrative/surgery related and had plans to improve. For example:

- Some women may be afraid of the screening process or may feel anxious about the results, leading them to avoid getting screened.
- Women who have had negative experiences with cervical screening in the past, such as pain or discomfort during the procedure, may be less likely to get screened in the future.

To this end, they had taken the following measures:

- Provided education and information about the importance of regular cervical screening, the benefits of early detection, and how the screening process works via the following means:
- Promotional posters in the surgery, organising awareness campaigns and workshops, a series of awareness evenings' via video calls with a highly experienced guest nurse from the colposcopy unit as a speaker.

Administrative measures they had put in place included employing a dedicated member of staff to work through a list of women who had been identified as needing cervical screening, corrected coding errors and sent invitations to patients. We saw that the practice had put in place a 'Cervical Screening Pathway' showing all patients with outstanding tests.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

The practice had a comprehensive programme of clinical audits and improvement activity. Over the course of the last 12 months, Ivy Court has also conducted various audits relating to various areas:

For example,

Atrial fibrillation/Anti-coagulation Audit – This audit looked at patients diagnosed with atrial fibrillation to ensure those at high risk were on appropriate stroke medication. This was an audit run in conjunction with a consultant cardiologist who, following a case note analysis, made recommendations on anti-coagulation drug changes. These were then reviewed by the Caring GP and approved or not with clinical rationale. The practice had recently completed the first cycle of this audit and planned to re-run this annually.

Rapid Access/2 Week Wait Referral Audit – This was an audit performed weekly to ensure that all 2 week wait (2ww) referral patients had had their first appointment. The practice's scanning team had been trained to code in 2ww clinic letters with specific codes that were recognised by a clinical decisions support tool. Any patients referred on the urgent pathway who did not have this code on their records 3 weeks after referral were contacted and appropriate actions were taken.

Electrocardiogram (ECG) Audit – ECGs that were conducted at the practice were reviewed on a monthly basis by a senior GP. A random selection of reports (approx. 20%) were audited monthly to ensure they had been interpreted and followed up in the appropriate manner. We saw evidence of this on day of inspection.

Gestational Diabetes – Women who were identified with this condition during pregnancy were more likely to develop diabetes in the future. This audit assessed if these patients had been followed up in the community to screen for diabetes at appropriate intervals. This audit was at a very early data gathering stage and the practice hoped to have completed this audit within the next 3 months.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

Explanation of any answers and additional evidence:

The practice supported continuous learning and professional development to ensure safe practice. All clinical staff were supported with ongoing learning and continuous development and able to take time out of the clinics to study.

Any PCN clinical staff that worked within the surgery had the same levels of supervision as staff employed directly by the practices. They had a named GP supervisor who they met with weekly to review their practice, discuss cases and review prescribing. The social prescribers had a named GP for support, and all attended regular multi-disciplinary team meetings to present cases and discuss safeguarding concerns. All PCN staff knew they could seek support or input at any time from any GP. The PCN staff were fully integrated into the practice teams for training and professional development. We spoke with both social prescribers for adult and children and they confirmed that they met with their named GPs on a regular basis to discuss any issues and for support.

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y

Explanation of any answers and additional evidence:

The practice used the Primary Care Network's (PCN) team of social prescribers to help support patients throughout their lives. They could help them with financial arrangements and put them in contact with local support systems. They also completed cancer care reviews.

Patients were also directed, if they wished, to services such as diabetes education, weight loss, as well as postural stability (the ability to control the body position), pulmonary rehabilitation (a specialised programme of exercise and education designed to help people with lung problems) and smoking cessation.

Any additional evidence or comments

The PCN worked together to deliver a number of services jointly including ultrasound, echocardiograms and domiciliary international normalised ratio (INR) testing (measures the time it takes for a clot to form in a blood sample). They employed a number of staff to support their patients including clinical pharmacists, first contact physiotherapists and social prescribers.

The practice and the other practices within Ashford Rural PCN had a history of providing support to patients. The practice developed additional services providing support to patients and together with the PCN's social prescribing team were able to provide additional support, for example:

- A charity shop and café providing additional specialist social care and support to families in difficulty.
- Baby massage – supporting new parents to connect with their babies.
- 'b' groups (behavioural changes) for example, children's mindfulness. (.b, pronounced [dot-be], is the UK's leading mindfulness curriculum for 11-18 year old children in schools, was endorsed by NICE National Institute for Health and Care Excellence).
- ADHD (Attention Deficit Hyperactivity Disorder) and ASC (Autistic Spectrum Conditions which is the overarching term used to describe Autism, Asperger's Syndrome and other lifelong developmental disabilities) support groups for children on the waiting list for a referral into ADHD services.
- Women's health physiotherapy – all women offered an appointment postnatally to have a physiotherapy review. Also support for women suffering from pelvic floor and continence issues which could have an impact on them living full and independent lives.
- Occupational therapist – patients could be referred into the PCN's own occupational therapist for support to help maintain independent living at home.
- Social prescriber support group – drop-in session for patients who were lonely, anxious, or in need of general social support. The social prescribers could signpost to a wide variety of support groups that were available in the local area.
- Paediatric physiotherapist – specialist physiotherapy for children who may have relatively simple musculoskeletal (MSK) conditions but that could have an impact on their ability to join in sport and other activities leading to children feeling excluded and depressed. The practice felt that by resolving these issues quickly through this specialist service, not typically or easily available via NHS referrals, could positively impact a child's life.
- Wobble classes (chair-based exercise) – to help elderly patients retain mobility and strength to guard against falls and help maintain independent living.
- Children's social prescribers attended the local food bank and were available to speak with parents.

- Compliance, assurance and risk management (CARM) digital innovation tool as an innovative approach to digital government transformation – learn how to use a mobile phone and applications.
- Equine therapy.
- AGE UK drop-in service - support workers offered financial advice on benefits and budgeting.
- Intergenerational social well-being day/picnic planned for PCN patients on 18 August 2023 with a picnic, dance class, information packs, goodie bags.

These activities were open to all patients across the 4 practices within the PCN. The practice actively promoted these services to their patients and supported them by contacting patients they believed would benefit from them and invited them to attend.

The practice had 2 dedicated adult social prescribers as well as 2 children's social prescribers working with families and children. They worked as part of the PCN social prescribing team of 7 social prescribers, supporting the 4 practices within the PCN.

They worked with patients:

- with 1 or more long-term conditions;
- who needed support with their mental health;
- who were lonely or isolated, dealing with bereavement and not coping;
- who had complex social needs which affected their well-being. For example, money and debt issues, domestic abuse, employment;
- who required equipment fitting in their homes to enable them to be safe;
- who were in financial crisis and needed support accessing benefits.

Ashford Rural PCN had identified a significant health inequality in children's services in Kent and Medway, both in terms of outcomes for children with long-term health conditions and also mental health issues. To improve outcomes for children registered with the practice, the senior partner and clinical director for Ashford Rural PCN had been part of a 'task and finish group' with the Kent and Medway Integrated Care Board (ICB) to establish a 'children and young persons' multi-disciplinary team (CYP MDT) pilot with Ashford Rural PCN. The intention of this was to welcome as many child health professionals as possible to facilitate the whole systems approach to patient care to improve health outcomes for children who needed it.

The core membership of the CYP MDT included a GP, practice nurse, consultant paediatrician, MDT coordinator, emotional wellbeing lead / care navigator (if in place), mental health social prescriber and health visitor (if age appropriate). Additional MDT members included community nurses, paediatric dietitians, school nurses, environmental health officers, children and adolescent mental health service (CAMHS) professionals, social workers, speech and language therapists, specialist registrars, training GPs, children's community nurses, sub-specialist paediatric consultants, and long-term condition nurse.

This was a new service that the practice was involved in and they felt it was too early to provide evidence of the impact of this new service. However, feedback from GPs attending was that having access to a consultant paediatrician to discuss complex cases directly had allowed them to understand more about how they could support children in primary care and had given them a better understanding of certain complex and rare conditions, treatment and medication.

This pilot commenced in July 2022. The MDT supported the management of individuals who had:

- Long term conditions;
- Frequent A&E admissions;
- Frequent GP practice appointments;
- Frequent paediatrician appointments.

In addition to this pilot, additional services to support children's health included:

- Children's social prescribers – this team had been expanded to enable them to support their increasing case load of families requiring intervention and support.
- Children's mental health worker was appointed in partnering with Kent and Medway NHS and Social Care Partnership Trust to fund a children's mental health worker.
- To provide specialist clinical support and advice to young people with mental health difficulties.
- Attention deficit hyperactivity disorder (ADHD) support group – the wait list for ADHD referrals was currently 4 years. A support group had been established within the practice that they could refer patients into to support children and families currently on the waiting list.

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate. ¹	Y
Explanation of any answers and additional evidence	
Our clinical searches found that where possible, the patient's views had been sought and respected and we saw that information had been shared with relevant agencies.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> When patients wanted to discuss sensitive issues or appeared distressed, reception staff offered them a private room to discuss their needs. Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this. Patients had access to a care co-ordinator who supported carers and signposted them appropriately. 	

Patient feedback	
Source	Feedback
Social media	<p>At 2pm yesterday I had a scan in at the hospital in Canterbury. At 8am this morning I had a text from the doctor asking me to make a non-urgent appointment. Results can't come back faster than that!!</p> <p>Excellent service - booked in for urgent scans and everything ran smoothly; staff were extremely polite, efficient and understanding. Facilities were very clean.</p>
Email	<p>"After 16 years with Ivy Court we are moving to another area where we have applied to the local practice as new patients. We would like to thank doctors, nurses and pharmacists at Ivy Court for their professionalism and the excellent care we have received as patients, as well as the friendly and helpful reception staff. We realise how lucky we have been."</p>

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time	94.4%	82.1%	84.7%	Tending towards

Indicator	Practice	SICBL average	England average	England comparison
they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2022 to 30/04/2022)				variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2022 to 30/04/2022)	93.8%	80.8%	83.5%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)	98.0%	92.0%	93.1%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	89.9%	66.8%	72.4%	Tending towards variation (positive)

Any additional evidence or comments

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

We saw correspondence from the Programme Manager, Health Outcomes Improvement and Performance Primary Care Team for Kent and Medway Integrated Care Board (ICB) in November 2022, who stated that they had been reviewing the national GP patient survey and asked if they could work with the practice as they wanted to be able to learn and share their successes to be able to help other practices.

Question

The practice carries out its own patient survey/patient feedback exercises.

Y/N

Y

Any additional evidence

We saw patient feedback was positive. For example, "I haven't been with this practice for long but everything I have needed and asked for I have had".

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. We saw that the practice had a palliative patient pathway and that if a patient required closer monitoring they would be added to the Palliative Board by sending a task to the patient liaison office with a brief summary of the situation and add a note for "Paramedic to review as deteriorating". This was to ensure that the patients and their carers/family had a face to face review carried out.</p>	

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)	89.7%	89.0%	89.9%	No statistical variation

Any additional evidence or comments

In this area the practice scored 89.7%, below the national average of 89.9%. The practice told us that they had met as a clinical group to understand why this might be and had taken several measures to improve this. They expected their next survey results to reach above the national average.

The practice identified the possible causes and had taken measures to improve. For example,

- Lack of time during consultation. The practice now actively encouraged the reception team to book patients for double appointments where they had more than one problem to discuss.
- Via the Primary Care Network Additional Roles Reimbursement Scheme (ARRS) they now had clinical pharmacists who were becoming more involved with patient care. Where the patient's concerns were related to understanding medication, the reception team were aware the clinical pharmacists may be better placed to give patients the time needed.

		Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.		Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.		Y
Information leaflets were available in other languages and in easy read format.		Y
Information about support groups was available on the practice website.		Y
Carers	Narrative	
Percentage and number of carers identified.	The practice had 343 patients who were coded as carers on their practice register. This was 2.3% of their practice list.	
How the practice supported carers (including young carers).	<p>We saw posters were displayed in both waiting areas asking patients to inform receptionists if they were carers. This was so that they can be coded accordingly on the computer system, and to allow carers to receive appointment times more suitable to them and flexibility where needed.</p> <p>Leaflets were available within reception for completion and handing in by patients.</p> <p>We saw that New Patient Registration documents also had guided questions on them allowing newly registering patients to advise the practice that they were carers.</p>	
How the practice supported recently bereaved patients.	Support was offered by way of a phone call to relatives from the GPs and an offer of counselling if needed.	

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence:	
<p>The practice provided medical cover for the local care / nursing homes:</p> <ul style="list-style-type: none"> • They provided twice weekly ward rounds, managed by a Senior GP with the help of one of their GP Registrars at a 47 bed nursing home. • They provided weekly ward rounds managed by a Senior GP for a 28 bed residential home and a 30 bed integrated care centre. • Patients who resided at a 15 bed care home attended the surgery for their appointments where they could. Should a home visit be needed, then the appropriate clinician (nurse or GP) would be allocated. • The practice told us that in December 2022 the Kent & Medway ICB approached the practice and asked them to consider providing medical cover to an additional 'overflow/pathway 1' unit that was to be opened within the integrated care centre for patients not requiring a hospital bed any longer. A proposal was put together and on 15 December 2022 and the practice received sign off that their proposal had been accepted and that the service was to be mobilised on 19 December 2022 with Ivy Court supporting. The practice told us that the initial timeline for the service was until 16 March 2023, but there was every chance, if successful this would continue longer into the year. • The practice provided 8 week mindfulness classes for their patients delivered by the senior partner. We saw letters sent out to patients for their first session entitled "Finding Peace in a Frantic World". • The practice also offered ultrasound and echocardiogram appointments on Saturday mornings and in recent months/years used the weekends to provide additional capacity to offer the Covid Vaccination Programme (both Spring and Autumn booster campaigns). • The practice offered enhanced care initially to those vulnerable and complex patients who the practice determined would benefit through better clinical care. Complex patients identified as needing enhanced care would be allocated a Care Co-Ordinator, who was currently in regular contact with 27 patients that had been identified by the GPs or administration staff as requiring enhanced care. The age of patients currently ranged from 21 – 88yrs old. The care co-ordinator had also assisted a further 49 patients since they started the role in April 2022 with diarising of their medication requests. This was on an ad hoc basis, and these patients were identified by the 	

prescriptions team. Usually this was due to the patient having poor memory, or limited family support.

- These patients would be seen by GPs from the same team who would be more familiar with these patients' needs. Due to their potential vulnerability they would not be asked to call back if an on the day appointment was requested yet none were available. If needed, they would be allocated to a GP familiar to their circumstances if their named GP was away. GPs from the same team would have at least 1 day of the week where they were all present so there was an opportunity for team meetings where their complex patients were discussed. This would be educational for all including trainees.

We saw that the practice had also set up several new measures unique to Ivy Court in the past 4 years, including providing improved care at home as well as increasing the number of GP appointments during the week, to allow patients to be treated at the surgery rather than needing to attend emergency services.

- They had increased doctor appointments by increasing the number of GP trainers. They had 1 trainer in 2018 and currently had 3 trainers. This allowed the provider to bring in more GP trainees to increase appointment availability for their patients. It also improved the prospects of new salaried GPs in future.
- They had moved their mid-week minor surgery and joint injection clinic to the weekend to increase the appointments available during the week. In addition, certain groups of patients were finding it difficult to have these procedures during the week and requested this to be offered out of core hours. To achieve this, the provider invested in courses to train an additional GP in these areas as their previous GP offering these services was unable to work at weekends.
- They were the first practice in the Primary Care Network (PCN) to open their surgery on Saturday mornings. They had a GP, nurse, phlebotomist, and ultrasound (and now minor surgery as above) clinic running every Saturday morning between 8am-11am. Their patients, especially those working during the week, valued this additional access during weekends and so the practice chose to continue. They remain the only practice in the PCN offering their improved access hours in face to face clinics at the weekend.
- After the routine daily appointments were booked, a senior GP triaged all additional requests for appointments to ensure that those patients who needed urgent care received it, and those that could wait are appropriately advised.
- Following requests for additional care at home for housebound patients, the practice had employed a paramedic practitioner dedicated to Ivy Court (in addition to the one employed by the PCN) to give their housebound patients better and faster access to medical care and thus reduce A&E attendance. The paramedic practitioner had conducted over 400 appointments from 23/06/22 – 21/02/23. They had been working one day a week in this time, and their caseload included reviewing palliative care patients at home, carrying out acute home visits, checking on vulnerable patients recently discharged from hospital, and making telephone follow up calls when needed to any patients they had assessed at home.
- With the long waits for hospital appointments, the provider also invested in new staff for their secretarial team to ensure referrals were sent off as soon as possible.

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.00am – 6.30pm
Tuesday	8.00am – 6.30pm
Wednesday	8.00am – 6.30pm
Thursday	8.00am – 6.30pm
Friday	8.00am – 6.30pm
	8.00am – 6.30pm
Appointments available:	
Monday	8.00am – 6.30pm
Tuesday	8.00am – 6.30pm
Wednesday	8.00am – 6.30pm
Thursday	8.00am – 6.30pm
Friday	8.00am – 6.30pm
Saturday	8.00am – 11.00am
Enhanced Access appointments available across the PCN between 6.30pm and 8pm, Monday to Friday.	
Out of Hours provision was commissioned by Kent & Medway Integrated Care Board (ICB) and fulfilled by NHS 111 and SECamb (South East Coast Ambulance Service).	

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> • Patients had a named GP who supported them in whatever setting they lived. • The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. • In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred. • There was a medicines delivery service for housebound patients. • The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues. • All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. • The practice was open until 6.30pm on a Monday and Friday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of Ashford Rural PCN. Appointments were available Saturday 8.00am until 11am. • The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability. • People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers. • The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

People were able to access care and treatment in a timely way.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y
Patients were able to make appointments in a way which met their needs	Y
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had a range of GP appointments throughout the week and also offered an extended access service between 6:30pm and 8pm on some weekday evenings, and on Saturday mornings. In 2023, the practice were looking into the possibility of extending their nursing hours to cover 8am-8pm for 2 to 3 nights a week to enable working patients a little more flexibility with accessing appointments. Although these appointments would be managed through their own clinical system, they did have an understanding across the PCN that should a patient need to be seen from a PCN practice on an evening that Ivy Court were available, they would endeavour to provide an appointment to their PCN colleagues and their patients. Since early 2022, the Ashford team of Health Visitors have resided with Ivy Court every Thursday providing baby checks and drop-in services for new mothers, as well as parents of toddlers and pre-school age children. The Health Visitors had access to GPs should they need them and likewise the clinical team had access available to them on a weekly basis, for discussions on complex cases, to raise any concerns, or simply to get some advice. Since February 2021 Ivy Court had also the Kent Community Health NHS Foundation Trust's (KCHFT's) Podiatry services working on the premises on a full-time basis. Every day of the week the practice had podiatry advice available to their clinicians for their patients. The Podiatrists were considered as part of the Ivy Court Team and having them housed within the practice had benefitted their patients and staff alike in the last 2 years almost. Since July 2022, Ivy Court had had over 250 Minor Surgery appointments with patients meaning significantly reduced waiting times and less referrals into the acute trust or other providers. Clinics were run every week from the surgery and post-procedure care also offered by the nursing staff within the practice. The practice provided 8 week mindfulness classes for their patients delivered by the senior partner. We saw letters sent out to patients for their first session entitled "Finding Peace in a Frantic World". 	

- The practice also offered ultrasound and echocardiogram appointments on Saturday mornings and in recent months/years used the weekends to provide additional capacity to offer the Covid Vaccination Programme (both Spring and Autumn booster campaigns).

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	47.1%	N/A	52.7%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	69.4%	48.6%	56.2%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	63.2%	48.2%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	86.4%	68.2%	71.9%	Tending towards variation (positive)

Any additional evidence or comments

In response to patient concerns regarding being able to access the surgery via telephone, in May 2022 the practice had a new telephone system installed; a cloud based system, with greater functionality than the previous system allowed.

One of the functions was the option for patients to request a call back - meaning the patient called the surgery and were advised what number in the queue they were (which was something else that had been requested by the patients, in order for them to make the decision as to whether or not to hold on) – they were then given the option to have a call back.

The practice told us that there was a minimum staffing level that they strived for in the telephone room, and that was to have a minimum of 3 staff members, but ideally 4 to 5 staff. This was so that staff at all times could answer the telephone to avoid any lengthy delays to the patient. This could, and would be dependent on staff sickness and holidays, but they did have the ability to call other members of the team into the phone room in response to this. The practice surgery recognised that this was the start of

the patient journey therefore they endeavoured to minimise the stress or anxiety patients felt when calling the practice.

Source	Feedback
For example, NHS Choices	"Thumbs up to Ivy Court. I just wanted to say how efficient the new call back service is. My husband called at 8am, pressed the option for a call back and was called 10 minutes later. He was seen by a doctor in person and had his prescription in the next 90 minutes. We are very lucky in Tenterden compared to many other areas."

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	21
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
Substandard clinical care received – NHS England (NHSE) complaint	Notes reviewed, comprehensive response to NHSE completed. NHSE outcome received and shared - no further action. Although National Institute for Health and Care Excellence (NICE) guidelines were followed, reminder of importance of shared care discussion and when opposing views, to give a full explanation and rationale behind one's clinical decision making.
Behaviour of chaperone	An apology was given to the patient. The incident was discussed with the chaperone staff member and feedback was provided. All staff were reminded to acknowledge and remember professionalism in the workplace; to consider one's actions and be mindful of how the patients were feeling coming for any procedure. This incident was used as part of staff training for wider learning.

Well-led

Rating: Good

At the last inspection we rated the practice as outstanding for providing well-led services because:

- 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.

At this inspection, we found that those areas previously regarded as outstanding practice were now embedded throughout the majority of GP practices. While the provider had maintained this good practice, the threshold to achieve an outstanding rating had not been reached. The practice is therefore now rated good for providing well-led services.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional:	
<ul style="list-style-type: none">• The partners and the practice management team had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care.• The GP partners and practice manager were visible in the practice and staff we spoke with told us they were approachable and always took the time to listen to members of staff.• The practice's aim was to support patients and their family's health and wellbeing and to deliver to them the very highest standards of care.• Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and addressed them. For example, at our inspection in 2018 the practice had acknowledged the existing premises required updating to accommodate existing patients and a potential increase in the practice list size when two local housing developments were completed. At our inspection in December 2022, we saw that the surgery had been rebuilt as a result of a 6 year project.• The practice told us that they had had 2 new partners since our last inspection and they did not anticipate any imminent changes.• The senior partner told us that the practice were so connected to the community and that patient demand and expectation had increased over the years. They told us that they also had engagement with the local Town Council on a regular basis, to ensure connection with the local community, and attendance at Ashford Borough Council offices in support of the appeal for the rebuilding of the practice back in 2018. We were told so many supporters had turned up to listen to the appeal that the council chambers door were closed and that this was reported in the local press.	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had a clear vision and credible strategy to deliver high quality, sustainable care. The practice had a strategy and supporting business plan which reflected the vision and values, this was regularly monitored by the management team. There was a good awareness of the local community and this had influenced business planning The practice had a mission statement which was displayed in the patient waiting area and the staff room. This was to strive to provide Safe, Effective, Caring and Responsive Primary Care to anyone who accessed their services. Staff we spoke with were aware of the mission statement and talked positively about how they were able to use the practice values to improve quality and outcomes for patients, particularly for patients whose circumstances made them vulnerable. 	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence:	

- There was a high level of constructive engagement with staff and a high level of staff satisfaction. The practice had gathered feedback from staff through staff meetings, appraisals, staff and 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. There was a clear leadership structure and staff felt supported management.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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.
- The practice recognised that mental health problems were not limited solely to patients, and this could also affect their staff. One of their GP partners was heavily involved in running Mindfulness Based Cognitive Therapy (MBCT) courses.
- The practice had a Wellbeing Programme to support staff which was ran by their Mental Health First aider and the senior partner.

Other examples of support for the staff were:

- Yoga lunchtime programme
- Mindfulness course for staff
- Walking group

We were told that there were many local resources as well as staff internally too, who may be willing to develop fun sessions, for example, baking/ art classes.

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Podiatry staff	<p>"I just wanted to say how much I appreciate you accommodating us in the new Ivy Court and for all the support you and the nurses give us with our shared patients".</p> <p>"Working with you all is something I value highly, because it's unlike any other scenario I work in during the week and I really enjoy being part of the team (and I'm sure that goes for my colleagues too)".</p>
CQC feedback forms	<p>"Lovely practice, support is always available from senior team. Very friendly atmosphere and has been since I started. Management are very approachable".</p> <p>"From the moment I started I felt part of the team, everyone was very welcoming and helpful".</p> <p>"I felt supported in my new role within the PLO team and felt I could always ask for help and advice".</p>

	<p>"Everyone is very friendly and made to feel part of the big team".</p> <p>"The practice offers great opportunities for staff to progress and learn. It is a very caring environment for both the team and patients. And we try to offer the best service's we can".</p> <p>"I enjoy working here".</p>
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Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Explanation of any answers and additional evidence:	
Communication was effective and there was a governance structure facilitated by established, structured, minuted meetings across all staff groups across the practice.	

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	P
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	

During our clinical searches, we identified concerns relating to the management of some patients with long term conditions, the management of some high risk medicines and the management of safety alerts. We raised this with the provider and were provided with evidence they had reviewed and taken appropriate action shortly after the inspection. The provider had also sent clear and comprehensive action plans to help ensure all reviews would be managed effectively.

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
Explanation of any answers and additional evidence:	
<p>The practice had initiated an Ivy Court GP Resource Centre “Padlet”. We saw that the Padlet was an intuitive and extensive resource for locating a vast range of information that GPs may want at their fingertips during daily work. Topics were organised alphabetically, with links to a range of resources, with a local focus, which could be used in daily practice.</p> <p>We saw that Padlet also integrated with the IvyTIPS (Triage, Information Prescribing and Safeguarding). features in the technology used to support healthcare teams, so some pop-ups within the technology would direct users to relevant resources within the Padlet resource. For example, setting individual medicines review dates or safeguarding alerts, using “Concern Expressed” codes.</p> <p>Padlet was currently available to open access and was therefore appropriate for public domain and non-confidential information. Content was controlled by the Information Governance / Caldicott guardian lead.</p> <p>IvyTIPS is a set of tools developed in-house at Ivy Court Surgery to enhance the safety and effectiveness of clinical practice at the practice</p>	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
The provider was registered as a data controller with the Information Commissioner’s Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y

The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Staff are supported to work remotely where applicable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We looked at a number of policies including safeguarding children and vulnerable adults, infection control, recruitment, selection, interview and appointments. All policies were dated with document revision and approval history</p>	

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Through patient surveys, direct patient feedback and complaints, the practice maintained that they were always ready to listen to patient views and make the necessary changes where they could. Their newly reconstituted Patient Participation Group was working with the provider to support this process.</p> <p>The practice showed us feedback from patients, for example, “we would like to be able to pre-book appointments”. In response to this, the provider initially offered appointments 28 days in advance and had recently increased this to 3 months in advance.</p>	

Feedback from Patient Participation Group.

Feedback
<p>We spoke with representatives from the patient participation group (PPG). They told us that they worked in collaboration with the practice. They told us that the practice were very supportive and grateful to patients who had put themselves forward as members.</p>

The PPG representatives told us that they felt listened to and gave an example of an improvement they had suggested be made. For example, this was to erect handrails on the steps leading into the practice entrance. On the day of our visit we saw that there were handrails on the steps into the surgery.

The PPG representatives told us that if they suddenly thought of something and emailed the practice, then they would receive a response very quickly. They also told us that the practice took care of their team and were very empathetic to their patients.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
The practice shared with us learning from a patient scenario regarding gender reassignment. They realised that if patients contacted them who wished to change their gender identification on medical records, that there was a lack of knowledge and information surrounding how to do this.	
We saw that the provider had implemented a document to refer to with quick links to guidance on how to support the patient, give them the correct information on what steps would be taken and explain the waiting times, also making it clear what the process was for this information to be changed back.	
The guide had been talked through with the appropriate staff/teams and had been printed for reference and also held electronically. The practice had also added a guide to their website so that patients who wanted to do this and needed further information could follow the links	
We looked at an example of improvement and learning that had come from analysis of significant events:	
An analysis of significant events identified a recurrent issue of a patient with a lack of INR (measures the time it takes for a clot to form in a blood sample). monitoring, that had been identified by recent monitoring. As a result, a pathway had been created for the registrations department, to be given a list of medicines to look out for when registering a patient. A notification was to be sent to the nursing team if any anti-coagulations noted for safety netting to ensure follow up was made.	

Examples of continuous learning and improvement

Ivy Court was engaged in teaching of medical students, nursing students, paramedics and GP registrars. The practice currently had 3 GP trainers, but two more of their GPs were currently undergoing the training programme to become trainers. Ivy Court's extended building contained sufficient accommodation for registrars along with their regular cohort of nursing and medical students throughout the year.

Staff told us that they were encouraged to develop their skills and that some staff had undertaken training for example, 3 day pre PIT stop diabetes foundation course, asthma refresher, ear irrigation update, clinical supervision and contraceptive devices training.

There were weekly Friday lunchtime training sessions for any member of staff that would like to attend. This included a review of recent NICE (National Institute for Health and Care Excellence) guidelines; case study discussions; and consultant-led training sessions. A clinical education programme had recently been adopted by the PCN, with all PCN clinical staff invited to join the training.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique, we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a SICBL average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a SICBL average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- COPD:** Chronic Obstructive Pulmonary Disease.
- UKHSA:** UK Health and Security Agency.
- QOF:** Quality and Outcomes Framework.
- STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- %** = per thousand.