

Quayside Medical Practice

Quality Report

Chapel Street,
Newhaven,
East Sussex,
BN9 9PW

Tel: 01273 615000

Website: www.quaysidemedicalpractice.nhs.uk

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

Ratings

Overall rating for this service

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Quayside Medical Practice on 10 March 2016. Overall the practice is rated as outstanding.

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

- Patients were protected by a strong comprehensive safety system and a focus on openness, transparency and learning when things go wrong.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how

services were provided to ensure that they meet patients' needs. For example, working with a local organisation in providing a workshop so people could learn how to cook on a restricted budget.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, changing the quantity of pre-bookable appointments available on a Monday as this was the busiest day for the practice with patients requiring urgent appointments following the weekend.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

Summary of findings

We saw several areas of outstanding practice including:

- The practice had worked with nursing home staff in developing a system whereby patients with long term conditions could have deterioration in their condition recognised and care intervention started immediately by administering medicines that had been provided for such an issue. This has assisted in reducing A&E attendance by 13% and unplanned admissions by 20% for patients aged 75 years and over in the year from 2014/15 and 2015/16.
- The practice, recognised the level of deprivation their patients faced. They had collaborated in securing funding from the Clinical Commissioning Group to provide free transport for patients to enable them to attend appointments at the practice and the local hospitals, along with attending the minor injuries unit instead of A&E. The service was also available to patients of neighbouring practices. 28% of Patients using this service had reported that without this

support being available they may not have attended their appointments as they may not have been able to afford to get there and 60% of transport users report improved emotional wellbeing due to this service. This service had provided 3,242 passenger trips between February 2015 and January 2016.

- The practice hosted a carers support worker who provided support and advice for patients on a range of issues once a month. This clinic ran between 9am and 5pm on one Tuesday per month and could be accessed by appointment or by dropping in on the day.
- The practice undertook an “after death” analysis on patient’s to recognise areas of good practice and to ensure any areas of development were acted upon appropriately.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation. Any alteration to practice following this analysis was reviewed after three months to ensure that the changes made delivered the impact required.
- Information about safety was highly valued and was used to promote learning and improvement.
- The importance of significant event reporting, and what to report and how, formed a key part of the induction process for all staff.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. Staff took lead roles to monitor risk, for example, there was a lead for monitoring safeguarding vulnerable patients.
- Audits to monitor infection were backed up with quarterly compliance checks against the action plan detailed within the original audit.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to practices nationally and in the clinical commissioning group (CCG). The practice achieved 97.8% of the total number of Quality and Outcomes Framework points available (CCG average 97.6%, national average 93.5%), with 9.3% exception reporting (CCG average 9.3%, national average 9.2%). They were above local and national averages for all

Good



Summary of findings

domains except one, hypertension, we noted the practice had a higher prevalence of this condition when compared to the local and national levels. However, for this area, they were still comparable to both local and national averages.

- The practice was consistent in their approach to supporting people to live healthier lives and used every possible point of contact to promote and achieve this.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. For example, 90% of patients found the receptionist at the surgery helpful which was higher than CCG and national averages. During GP consultations 96% of people said the GP was good at explaining tests and treatment, CCG average 90% and national average 86%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice had worked with local support groups and had facilitated workshops for patients so as to enable them to learn cooking on a budget.
- The practice recognised that patient's social and emotional needs were as important as their physical needs.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Outstanding



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure they met patients' needs. This included facilitating

Outstanding



Summary of findings

outreach clinics within the practice so patients could access support and advice from organisation such as the Sussex Community Development Association (SCDA) and “Newhaven Your Way” for mental health support.

- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. For example, a GP within the practice had developed a pro forma which gave patient specific care interventions to nursing home staff so as to recognise deterioration in a patient’s condition and thus reduce unplanned admissions and A&E attendances.
- We saw innovative approaches to providing integrated patient-centred care. The practice hosted a welfare support worker who held a monthly clinic on a Tuesday between 9am and 5pm to give support and advice to carers and any patient requiring support, for example, debt management. Access to this clinic could be either pre-booked appointment or by simply dropping in on the day.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example the practice had recently changed the appointments system in consultation with the PPG altering the quantity of pre-bookable appointments to those available on the day. In addition fewer pre-bookable appointments available on a Monday due to the demand of urgent appointments on that day.
- Patients accessed appointments and services in a way and at a time that suited them. The practice was pro-active in offering text and online services.
- The practice had collaborated in obtaining funding from the CCG in setting up a community transport scheme which was free to use and enabled patients to access transport to the practice, and appointments at local hospitals and minor injury units which previously 28% of those that used the service may not have attended due to being unable to afford transport. Of those patients that used the transport facility 78% had a long term health condition and 60% reported an improved emotional well-being. There had been 3,242 passenger trips between February 2015 and January 2016.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders. Learning from compliments was also shared.

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. The practice had recognised the limitation that their current building presented them with in regards providing adequate support to patients and had actively sought to acquire more extensive local premises to deliver more support.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using new technology, and it had a very engaged patient participation group which influenced practice development.
- The practice supports medical students seeking to gain experience in general practice.
- The provider was aware of and complied with the requirements of the Duty of Candour. The management encouraged a culture of openness and honesty throughout the whole team. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- There was a strong focus on continuous learning and improvement at all levels.
- The practice carried out proactive succession planning and had undertaken a skills audit with the current staff team to enable them to use staff skills, knowledge and experience in future roles.
- The practice undertook activity audits for all staff groups so as to be able to recognise demand and plan staffing accordingly.

Outstanding



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice has a named GP partner who has leadership responsibility for frail and elderly patients.
- All patients on the admissions avoidance register are flagged on the practice's computer system to ensure that they receive an appointment on the same day and that they also had a personalised care plan in place.
- The practice had created specific patient care interventions and worked in partnership with nursing staff within care homes for the 35 patients that were on their list and residing in these homes. This involvement assisted in lowering both the A&E attendance and unplanned admissions for those aged over 75. The reduction, by the practice, for A&E attendance between the years 2014/15 and 2015/16 was 13% and for unplanned admissions 20%. The practice was actively involved in working with the CCG in establishing the community geriatrician service within the Havens area.
- The practice held specific multi-disciplinary team meetings monthly to discuss care plans and identify patients who may be at risk of hospital admission. This meeting was attended by GPs, staff from older people's mental health, adult social care, Living Well, Care for the Carers and District Nurses

Outstanding



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data from 2014/15 showed the percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 August 2014 to 31 March 2015 was 96% compared to the national average of 94%.
- Longer appointments and home visits were available when needed.

Outstanding



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Multidisciplinary care team meetings were held monthly.
- The practice, recognising the level of deprivation within their patient population worked with the CCG to obtain funding for a free at the point of use transport service to ensure patients could access their service and also attend hospital appointments or the local minor injuries unit thus decreasing the pressure on A&E. Evidence seen documented that between November 2015 and April 2016 there was an average of 15 patient journeys per day. The maximum was 22 journeys. Of those patients who had utilised this service 28% report that without the transport service they would either have cancelled their appointment or simply not attend.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were the highest within the CCG area for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Data showed that the percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years was 91% compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- All clinical staff had received child safeguarding training to level three.

Outstanding



Working age people (including those recently retired and students)

The practice is rated as outstanding for the care of working-age people (including those recently retired and students).

Outstanding



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered telephone consultations with a GP of the patient's choice to discuss issues.
- Electronic prescribing was available for patients which allowed their prescriptions to be sent directly to a pharmacy of their choice.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had developed partnership working with organisations such as health in mind and Sussex Community Development Association which have delivered outreach services at the practice.
- The practice held a welfare support clinic one Tuesday per month between 9am and 5pm utilising the practice's dedicated support worker. Appointments were available to book through reception or people could just arrive on the day. All areas of support and advice could be discussed to assist people looking after someone and introductions could be made to other support organisations if appropriate.

Outstanding



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 87% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- Data showed that the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93% compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, for example, Newhaven Your Way and the Sussex Community Development Association.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The Practice actively screened patients for dementia so as to enable early referral to memory assessment services.
- The practice was engaged with the CCG's "Golden ticket for dementia" programme which ensured that carers had a point of contact within the practice ensuring that rapid support could be delivered when times become challenging for people.

Outstanding



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 235 survey forms were distributed and 104 were returned. This represented about 1% of the practice's patient list.

- 75% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. Comments included statements that all staff were caring, friendly, efficient and knowledgeable and that the care received was excellent. It was also commented on that the practice was always clean and tidy.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The friends and families test information for January 2016 showed eight out of ten respondents were extremely likely to recommend the practice

Outstanding practice

We saw several areas of outstanding practice including:

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- The practice, recognised the level of deprivation their patients faced. They had collaborated in securing funding from the Clinical Commissioning Group to provide free transport for patients to enable them to attend appointments at the practice and the local hospitals, along with attending the minor injuries unit instead of A&E. The service was also available to patients of neighbouring practices. 28%

of Patients using this service had reported that without this support being available they may not have attended their appointments as they may not have been able to afford to get there and 60% of transport users report improved emotional wellbeing due to this service. This service had provided 3,242 passenger trips between February 2015 and January 2016.

- The practice hosted a carers support worker who provided support and advice for patients on a range of issues once a month. This clinic ran between 9am and 5pm on one Tuesday per month and could be accessed by appointment or by dropping in on the day.
- The practice undertook an "after death" analysis on patient's to recognise areas of good practice and to ensure any areas of development were acted upon appropriately.

Quayside Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Quayside Medical Practice

Quayside medical practice is located in a residential area of Newhaven and provides primary medical services to approximately 9,200 patients.

There are five GP partners and three salaried GP (three male, five female). The GPs are supported by six female practice nurses, two healthcare assistants, a team of receptionists, administrative staff, business, clinical data and patient services co-ordinators and a practice business manager.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of patients who are aged 45-74 years. The number of patients aged between 10-19 and 30-44 years of age is slightly lower than average. The practice delivers healthcare to the most deprived population of the CCG area. The practice had a deprivation score of 24.2 which was both higher than the CCG average of 12.1 and the national average of 21.8. The percentage of children within the practice list affected by income deprivation was 23.5% compared to the CCG average of 11.1%. The percentage of older people affected by income deprivation within the practice was 16.6% compared to the CCG average of 10%.

The practice is open Monday to Friday between 8.30am and 6pm. Appointments can be booked over the telephone, online or in person at the surgery. Arrangements are in place for IC24 to manage phone calls between 8am and 8.30am and 6pm to 6.30pm. Patients are provided information about how to access an out of hour's service by calling the surgery or viewing the practice website. Out of hours care is provided by IC24.

The practice runs a number of services for its patients including; chronic disease management, new patient checks, smoking cessation, phlebotomy, travel vaccines and advice.

Services are provided from one location. Quayside Medical Practice, Chapel Street, Newhaven, East Sussex, BN9 9PW

The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice also offers enhanced services to their patients including minor surgery, patient participation and reducing unplanned admissions. The practice is part of NHS High Weald, Lewes and Havens Clinical Commissioning Group.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 March 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, administrative staff, business service co-ordinator, patient services co-ordinator and the practice business manager. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. When changes had been made to current practice following analysis there was an additional review three months later to establish whether the changes made had resulted in preventing a reoccurrence of the incident.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. In addition to this, the practice reviewed the decisions taken at the initial significant event meetings after three months to ensure that the actions taken to prevent a reoccurrence had proven successful. For example, a patient had a delay in treatment as the local protocols had not been followed. A clinical training meeting was held where the management of this issue was discussed in detail and a review undertaken of the antibiotics required for these patients, the review noted the actions agreed had been adhered to.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and nurses along with healthcare assistants were also trained to level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow

Are services safe?

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

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. To ensure that staffing levels

met the service demand an analysis of activity was undertaken by the practice manager so any trends in demand could be recognised and staffing changed accordingly.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff working within the practice, including cleaning staff, received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The plan detailed alternative locations to continue in the delivery of care should the practice building be out of use. An emergency control centre site had been identified to ensure that the continuity plan was actioned appropriately, especially in the initial critical phase. The plan was last reviewed in February 2016.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.8% of the total number of points available with 9.3% exception reporting (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 83% compared to the national average of 81%.
- Performance for mental health related indicators was similar to the national average. For example, The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93% compared to the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits undertaken in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring that patients who had been prescribed medicines for gout were tested annually for their uric acid levels. The practice increased the percentage of patients tested for uric acid levels from 29% in January 2014 to 75% in January 2015. This was achieved with an additional 14 patients having these tests. This allowed the practice to monitor and adapt where necessary the care pathway for each patient tested.

Information about patients' outcomes was used to make improvements such as the delivery of palliative care and the use of controlled drugs when managing pain. The practice undertook 'after death analysis' to recognise aspects of care that went well and areas requiring development. It was noted that access to controlled drugs at the weekend was problematic locally due to stock issues and that some hand written prescriptions from out of hours GPs were inaccurately written. For example, the wrong wording, for the way a medicine was provided, had been used on a prescription leading to delays in the medicine being provided. Evidence was seen that the practice communicated these issues with the medicines management team at the CCG and the out of hour's service in an attempt to resolve this issue.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had

received specific training which had included an assessment of competence. Staff who administered

Are services effective?

(for example, treatment is effective)

vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

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

Supporting patients to live healthier lives

Staff were consistent in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health, and every contact with people was used to do so.

- This included supporting patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients who may be at risk of developing dementia. Patients were also signposted to other relevant services as appropriate.

The practice's uptake for the cervical screening programme was 91%, which was better than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, female patients, aged 50-70, screened for breast cancer in last 36 months was 75% which was comparable to the CCG average of 75% and the national average of 72%. Patients aged between 60-69, who had been screened for bowel cancer in the last 30 months was 59%. This was also similar to the CCG average of 62% and a national average of 58%.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

Are services effective? (for example, treatment is effective)

immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% and five year olds from 93% to 98% compared to CCG percentages of 90% to 94% and 88% to 94% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%. The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The practice had recognised the level of deprivation within their area and worked in partnership with Sussex Community Development Association (SCDA) in providing a course called "cooking on a budget" to assist patients in eating healthily.
- The practice demonstrated that patient's emotional well being was as important as their physical needs.



Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 435 patients as carers (approximately 5% of the practice list). Written information was available to direct carers to the various

avenues of support available to them. The practice also hosted a carer support worker who held a clinic one Tuesday each month between 9am and 5pm. This clinic could be accessed by both pre-bookable appointment or by dropping in on the day.

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



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had installed a lift to improve access.
- The practice recognised that deprivation was a significant issue within their area and worked with the CCG to obtain a free transport system to ensure patients could attend appointments at the practice or at the local hospital. 28% of those that used the service may not have attended due to being unable to afford transport. Of those patients that used the transport facility 78% had a long term health condition and 60% reported an improved emotional well-being. In the period February 2015 to January 2016 there had been 3,242 patient journeys with an average of 15 per day.
- The practice had worked in partnership with other support organisations to facilitate outreach clinics within the practice so patients and carers could have greater access to support and advice.
- The practice was engaged with the CCG's "Golden ticket for dementia" programme which ensured that carers had a point of contact within the practice ensuring that rapid support could be delivered when times become challenging for people.
- The practice had installed a cool water dispenser in the waiting area for patients in response to patient feedback.
- The practice worked with other healthcare providers to improve patient services by developing specific patient

care intervention plans for patients in nursing homes. This allowed nursing home staff to recognise when specific care intervention was required for a long term health condition, for example a patient suffering a chest infection who also suffered with COPD, thus decreasing unplanned A&E attendance and hospital admissions.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Arrangements had been made for IC24 to manage calls outside of this time. Appointments were available throughout the day. Pre-bookable appointments could be booked up to two weeks in advance and appointments with nurses could be booked up to two months in advance, urgent appointments were also available for patients that needed them. The practice had undertaken their own patient survey about accessing the service via the patient participation group (PPG). The results did not support needing extended hours.

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

- 78% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 75% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

Listening and learning from concerns and complaints

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

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

We looked at eight complaints received in the last 12 months and we found these were satisfactorily handled,



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

dealt with in a timely way, and there had been openness and transparency with dealing with the complaint. The practice business manager handled all complaints, including

verbal ones, and also met with patients who had concerns but who did not wish to submit a formal complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was

taken to as a result to improve the quality of care. For example, a patient complained that advice given about their ear care following ear syringing had differed from their previous patient experience. The practice reiterated to clinical staff the importance of providing clear patient information leaflets and the need for clear protocols to ensure consistency of clinical delivery and advice given. These measures were confirmed to the patient in writing.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had identified issues that adversely affected their patients and collaborated with the CCG and other external parties to address these. A systematic approach had been undertaken to improve care, tackle health inequalities and obtain best value for money. They had provided a welfare support worker; established outreach clinics for other support services; established a free transport service and were actively seeking a change in premises nearby so as to provide more holistic care and promote good outcomes for their patients.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had employed managers to lead teams within the practice, for example a reception team leader, as well as giving staff lead roles, which gave the practice manager more time to oversee the overall management of the practice and implement a programme of daily, weekly and monthly meetings to drive improvements.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. In addition to this the practice

management team reviewed any changes to practice put into place, following a significant event or complaint, to negate a reoccurrence of any incident to ensure that the desired effect had been achieved.

- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.

Leadership and culture

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

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice evaluated changes made as a result of significant incidents to ensure they were effective.
- Patients were involved in the investigation process, where appropriate. Surveys were conducted to allow patients to suggest ways to improve.
- The practice kept written records of verbal interactions as well as written correspondence.

Leaders had an inspiring shared purpose, strove to deliver and motivated staff to succeed. There was a clear leadership structure in place and staff felt supported by 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 in doing so



Are services well-led?

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

and felt supported if they did. Staff had access to the agenda prior to the meeting and could add items they wanted to discuss to this. Minutes were made available to those who could not attend.

- 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 undertook audits of staff training requirements and ensured dedicated time was available to undertake this.
- Audits were undertaken detailing the activities of different staff group so as to ensure staffing could reflect the demands on the service.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted

proposals for improvements to the practice management team. For example, changes made to the appointment system altering the quantity of pre-bookable appointments were made in consultation with the PPG.

- The practice had gathered feedback from staff through annual staff surveys, staff away days and generally through staff meetings, appraisals 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.
- The practice audited activities of all staff groups, GPs, nurses and administration staff in order to recognise trends and the demands patients placed on the service so as to be able to plan accordingly.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was engaged with the CCG's "Golden ticket for dementia" programme which ensured that carers had a point of contact within the practice ensuring that rapid support could be delivered when times become challenging for people.