

# Worthing Medical Group

## Quality Report

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

### Ratings

#### Overall rating for this service

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	14

### Detailed findings from this inspection

Our inspection team	15
Background to Worthing Medical Group	15
Why we carried out this inspection	15
How we carried out this inspection	15
Detailed findings	17

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Worthing Medical Group on 6 January 2017. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Opportunities for learning from internal and external incidents were maximised.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice supported and encouraged staff training and development. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Most patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. The practice had provided staff with training on methods to promote positive interactions with patients.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met

patients' needs. For example, the practice had been instrumental in making a successful bid to obtain funding through the Prime Minister's Challenge Fund for additional patient appointments at four sites. They had written and won the bid and implemented the whole service for two localities.

- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, in developing a dedicated service for homeless patients, providing comprehensive care and support for patients living in nursing and care homes, and developing a measure to identify and support frail patients.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Most patients said they found it easy to make an appointment with a GP. Where difficulties had been identified the practice had been proactive in reviewing and improving patient access to appointments.

# Summary of findings

- There was a strong and visible leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. There were high levels of staff satisfaction and staff spoke highly of the culture.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw three areas of outstanding practice:

- The practice developed a system to identify severely frail patients who were not identified by other risk programmes. The practice had used this system to identify an additional 187 severely frail patients. They offered these patients comprehensive reviews and had worked with other professionals to support these patients and develop care plans. The practice was liaising with their computer supplier to roll out this system to other practices in the area and nationally.
- The practice offered a dedicated service for homeless patients based at Health Central Surgery. Approximately 150 homeless patients used this service. There were dedicated GPs and advanced nurse practitioners working at this service and also a number of staff with additional expertise in mental health and substance misuse. All newly registered patients had an initial 30 minute GP appointment and a 30 minute nurse appointment. Support was provided for substance misuse and alcohol difficulties, sexual health advice, as well as routine health assessments and treatments. The service provided outreach to homeless shelters and participated in a forum for services providing support to homeless people to share local knowledge. The practice had received positive feedback from patients using this service. As a result of patient feedback, the practice had developed cards explaining patients' right to register at other practices despite having no fixed address. Patients were given copies of these cards to give other practices if they encountered difficulties.

- The practice provided services to 777 older patients living in nursing and care homes. There was a dedicated GP and advanced nurse practitioner each day at the practice and a separate phone line was provided so that staff at nursing and care homes could quickly contact the practice for advice. Practice staff provided monthly education sessions and training events to nursing and care home staff. Approximately 20 staff from 20 homes attended a recent training event. Training topics included Deprivation of Liberty Safeguards, wound care, end of life care, and support for workers undertaking phlebotomy training. We saw evidence of positive feedback about this service from other health care professionals.
- The practice had a well-developed business plan which set out its vision, supporting objectives and the strategy for achieving them. There were a number of examples of how the practice had turned its vision in to reality. For example, playing an instrumental role in setting up and successfully bidding to obtain funding from the Prime Minister's Challenge Fund to provide additional minor illness and minor injuries clinics at four sites across Worthing. They had written and won the bid and implemented the whole service for two localities. As a result this provided increased access for all patients in these localities to urgent appointments during weekdays from 8am until 8pm and at weekends from 10am until 2pm. This helped ensure patients were seen by the right person at the right time.

The area where the provider should make improvement is:

- Introduce systems to ensure that all necessary building risk assessments and maintenance actions are undertaken and documented for all sites.

**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 proactively used opportunities to learn from internal and external incidents to support improvement. Learning was based on a thorough analysis and investigation. Information about safety incidents was highly valued and was used to promote learning and improvement.
- Risks to patients were mostly assessed and well managed and there were thorough systems in a number of areas to ensure patient safety. However, an electrical installation check had not been undertaken at the primary site. The practice had already arranged for this to take place in February 2017. There were not systems to ensure that thorough premises risk assessments and actions had been undertaken and documented at all premises.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- 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.
- Published Quality and Outcomes Framework (QOF) for 2015 to 2016 showed patient outcomes were below average. The practice told us that this was due to a merger with a low QOF scoring practice in 2016. The practice showed us evidence on the day of the inspection that to date QOF scores had improved. The practice presented data showing that before the merger they had consistently achieved high QOF scores.
- The practice supported and encouraged staff training and staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice as comparable to clinical commissioning group (CCG) and national averages for several aspects of care.
- Most patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. The practice had provided staff with training on methods to promote positive interactions with patients.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a proactive approach to identifying and supporting carers.

Good



## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that meets these needs and promotes equality. This included people who were in vulnerable circumstances or who had complex needs. For example, the practice provided holistic care and treatment to patients living in nursing and care homes and had developed and provided a dedicated service for patients with no fixed address.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. The practice had been instrumental in successfully bidding to obtain funding from the Prime Minister's Challenge Fund to provide additional minor illness and minor injuries clinics at four sites across Worthing. They had written and won the bid and implemented the whole service for two localities.
- There were innovative approaches to providing patient-centred care. For example, the practice had developed and used a system to identify and support 187 severely frail patients who were not identified through other systems. They were liaising with computer developers to roll this system out to other practices locally and nationally.

Outstanding



# Summary of findings

- 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.
- Patient feedback on access to appointments was varied. However, the practice had been proactive in taking measures to monitor, review, and improve patient access to appointments through the introduction of new technologies, processes and protocols, and reviews of staffing.
- 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.

## Are services well-led?

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

- The practice had a clear vision and strategy to be a large, multi-disciplined practice that focuses on the patient. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- There were a number of examples of how the practice had turned its vision in to reality including supporting of and then subsequent merger with a struggling, neighbouring practice. This enabled a service to patients to be maintained, continuity of employment for staff and a growth in practice size.
- Staff were clear about the vision and their responsibilities in relation to it.
- A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- Leaders had an inspiring shared purpose, strive to deliver and motivate staff to succeed.
- There was an overarching governance framework which had been proactively reviewed and supported the delivery of the strategy and good quality care in a number of areas. High standards were promoted and all practice staff worked together in clearly defined roles.

**Outstanding**



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture.
- There were consistently high levels of constructive staff engagement. Staff at all levels were actively encouraged to raise concerns. For example, there were staff surveys, a staff newsletter and an elected staff council.
- There was a strong focus on continuous learning and improvement at all levels.

# 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 was rated as outstanding for responsive and well led services. These ratings apply to everyone using the practice, including this population group.

- 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.
- There were facilities for patients with mobility difficulties and a hearing loop. Patients with difficulties communicating due to hearing or speech difficulties could use a text message service to arrange appointments.
- The practice provided services to 777 older patients living in nursing and care homes. Staff provided weekly visits to all nursing and care homes and they also provided consultations, treatments, and advice in response to new concerns. A separate phone line was provided so that staff at nursing and care homes could quickly contact the practice to seek advice on prescriptions and medical concerns. Practice staff provided monthly education sessions and training events to nursing and care home staff.
- The practice had conducted an audit of care and treatment provision for newly registered patients living in nursing and care homes. This showed that between May 2016 and November 2016 there were improvements in the percentage of newly registered patients with care plans, medicine reviews, and resuscitation status recorded within two weeks of admission to the home.
- The practice proactively supported staff to undertake training relating to the needs of older people. For example, one member of staff was undertaking a fellowship relating to the needs of older patients.
- The practice identified patients who were at high risk of hospital admission and took steps to enable appropriate treatment and support at home. This included home visits from nurses or GPs and the development of holistic and personalised care plans.
- The practice had developed and used a system to identify an additional 187 severely frail patients who were not identified by other risk programmes. They offered these patients

Outstanding



# Summary of findings

comprehensive reviews and had liaised with other professionals to support these patients and develop care plans. The practice was liaising with their computer supplier to roll out this system to other practices in the area and nationally.

- The practice had adopted the Gold Standard Framework for end of life care. They held regular multidisciplinary meetings for patients receiving end of life care. The practice had a dedicated phone line and had developed a specific computer template so that patients receiving end of life care and their carers could request prescriptions and receive these at short notice.

## People with long term conditions

The practice was rated as outstanding for responsive and well led services. These ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Published QOF 2015/2016 performance for diabetes related indicators was 97% which was similar to the clinical commissioning group (CCG) average of 96% and national average of 90%.
- The practice referred patients to a pilot project to provide comprehensive health education for patients with pre-diabetes.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The most recent published QOF results from 2015/2016 were 79% of the total number of points available which was low compared to the CCG average of 96% and national average of 95%. The practice reported that these results were due to a merger with Heene Road Surgery in January 2016. The practice showed us evidence on the day of the inspection they had achieved a high number of possible QOF points to date for a number of clinical indicators
- There were machines to check blood pressure and body mass index in the waiting area for patient use with guidance on how to operate the machines and when to seek advice regarding results.

**Outstanding**



# Summary of findings

## Families, children and young people

The practice was rated as outstanding for responsive and well led services. These ratings apply to everyone using the practice, including this population group.

- 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.
- Childhood immunisation rates for the vaccines given were variable compared to clinical commissioning group (CCG) and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 45% to 78%, which was below average. Rates for five year olds ranged from 88% to 90%, which was in line with CCG averages of 90% to 93% and national averages of 88% to 94%. The practice showed us more recent unverified immunisation data on the day of the inspection. This showed that childhood immunisations given to under two year olds were 94% and immunisations given to five year olds were 94%.
- Children and young people were treated in an age-appropriate way and were recognised as individuals.
- 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.
- Same day appointments were available for children.
- The practice's uptake for the cervical screening programme was 79%, which was slightly lower than the CCG average of 82% and the national average of 81%. The practice demonstrated how they encouraged uptake of the screening programme.

Outstanding



## Working age people (including those recently retired and students)

The practice was rated as outstanding for responsive and well led services. These ratings apply to everyone using the practice, including this population group.

- 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 appointments outside of normal working hours so working patients could attend.

Outstanding



# Summary of findings

- The practice provided the option to cancel appointments via text message or through a 24 hour cancellation line.
- Three GPs at the practice provided a minor surgery service and GPs trained other GPs in this area.

## People whose circumstances may make them vulnerable

The practice was rated as outstanding for responsive and well led services. These ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- There were longer appointments for patients with a learning disability. The practice had completed the highest number of learning disability reviews compared to clinical commissioning group (CCG) averages.
- The practice produced the highest number of care plans in the locality to prevent avoidable hospital admissions.
- The practice offered a dedicated service for homeless patients based at Health Central Surgery. All newly registered patients had an initial 30 minute GP appointment and a 30 minute nurse appointment. Support was provided for substance misuse and alcohol difficulties, sexual health advice, as well as routine health assessments and treatments. The practice had received positive feedback from patients using this service.
- The practice provided twice weekly visits and ward rounds to a home for patients with acquired brain injury living in a nursing/hospital home and visits in response to new concerns. GPs also attended multidisciplinary meetings with other involved professionals and developed care plans for 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 offered a dedicated service for homeless patients based at Health Central Surgery. Approximately 150 homeless patients used this service. There were dedicated GPs and advanced nurse practitioners working at this service and also a number of staff with additional expertise in mental health and substance misuse. The service provided outreach to homeless shelters and participated in a forum for services providing support to homeless people to share local knowledge.

Outstanding



# Summary of findings

## People experiencing poor mental health (including people with dementia)

The practice was rated as outstanding for responsive and well led services. These ratings apply to everyone using the practice, including this population group.

- Published QOF results for 2015/2016 showed that 59% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is low compared to the clinical commissioning group (CCG) and national average. However, more recent QOF data provided by the practice showed high QOF performance for dementia related indicators. This reflected the work the practice had done to deliver their previous high achievement into the practice they took over.
- The practice had conducted a project to ensure appropriate dementia diagnosis. They visited patients in local nursing and care homes to determine appropriate diagnosis and ensure that patients received appropriate care and treatment. Results showed that as a result of the project 45 additional patients had been diagnosed with dementia. Feedback from nursing and care home staff was that the project had been useful in identifying patient support needs. The practice hosted a drop in service to provide support for patients with dementia and their carers, provided by an external organisation. They had also arranged and held a forum with local dementia services to discuss ways to enhance patient care.
- Published QOF 2015/2016 performance for mental health related indicators was 50% which was lower than the CCG average of 91% and national average of 93%. On the day of the inspection the practice showed us more recent data indicating that QOF performance for mental health related indicators was 62% on the day of the inspection.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice was a Dementia Friendly practice.

Outstanding



# Summary of findings

- The practice proactively supported staff to undertake training relating to the needs of patients with mental health difficulties. For example, a Royal College of General Practitioners qualification in substance misuse.
- The practice provided medical appointments for patients attending a rehabilitation centre for drug and alcohol difficulties. They provided comprehensive medical checks for patients when they were admitted to the centre. Three GPs were trained to provide a substitute prescribing service for patients experiencing substance misuse difficulties, and the practice offered medical treatment and monitoring for patients experiencing alcohol difficulties.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice performance was mixed compared with local and national averages, 282 survey forms were distributed and 120 were returned. This represented 0.6% of the practice's patient list.

- 73% of patients who responded found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and national average of 73%.
- 74% of patients who responded were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 78% and national average of 76%.
- 86% of patients who responded described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.
- 75% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 30 comment cards which all contained positive comments about the standard of care received. Comments were that patients were treated with dignity and respect and that staff were helpful and supportive. However, five comment cards also reported dissatisfaction related to waiting times and with booking GP appointments.

We spoke with five patients during the inspection. All five patients made positive comments about the practice including that results and treatments were explained clearly, patients were involved in decisions about treatments, and that opening hours were satisfactory. However, areas for development highlighted by patients related to difficulties accessing appointments.

Friends and Family Test results for June 2016 to November 2016 showed that 30 responses were received and 28 (93%) of patients were either likely or extremely likely to recommend the practice to friends or family. One patient did not know if they would recommend the practice and one other said that they would be unlikely to recommend the practice.

# Worthing Medical Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Worthing Medical Group

Worthing Medical Group is located in Worthing, West Sussex and is part of NHS Coastal West Sussex Clinical Commissioning Group. The main site is Shelley Road Surgery, there are branch surgeries at Heene Road Surgery and Health Central Surgery and all are located in Worthing, West Sussex. Health Central Surgery provides a specific service to patients who are homeless.

The practice has approximately 20,000 registered patients. The practice has patients from varying age groups with a slightly higher proportion of patients aged between 25 and 40, and 80 and above. The area in which the practice is located is placed in the fifth most deprived decile. In general, people living in more deprived areas tend to have a greater need for health services. According to the Office for National Statistics and information provided by the practice, the practice catchment area has a high proportion of patients from a white British background and there are some patients registered from other ethnic groups.

There are two GP partners, one managing partner, nine salaried GPs and one GP locum. There are eight male GPs and four female GPs. The practice employs six nurse practitioners, ten nurses, three health care assistants, and one phlebotomist (a phlebotomist is someone who takes blood samples from patients). The practice manager is

supported by an assistant practice manager and a team of administrative and reception staff. The practice provides teaching to medical and nursing students, and is in the process of obtaining accreditation to provide teaching to doctors who are training to be GPs.

The practice is open at the following times:

- Shelley Road Surgery is open and appointments are available between 8am and 8pm Monday to Thursday and 8am to 6.30pm on Friday.
- Heene Road Surgery is open between 8am and 6pm Monday to Friday and appointments are available from 8am to 6pm on these days.
- Health Central Surgery is open between 8.30am to 4.30pm Monday to Friday and appointments are available at these times.

When the practice is closed the patients can access the out of hours service via NHS 111 services provided by IC24.

Services are provided via a General Medical Services (GMS) contract (GMS contracts are a contract between NHS England and general practices for delivering general medical services).

Services are provided from the following main location and the branch practices and patients can attend any of the three practice premises.

Services are provided from the following locations:

Shelley Road Surgery (main site)

23 Shelley Road

Worthing

West Sussex

BN11 4BS

Heene Road Surgery (branch site)

# Detailed findings

145 Heene Road

Worthing

West Sussex

BN11 4NY

Health Central Surgery (branch site)

Stoke Abbott Road

Worthing

West Sussex

BN11 1HE

CQC previously inspected Worthing Medical Group on 6 March 2014 and found it compliant with regulations.

We visited Shelley Road Surgery and Health Central Surgery as part of this inspection. We did not visit Heene Road Surgery as part of the inspection.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 January 2017. During our visit we:

- Spoke with seven GPs, three advanced nurse practitioners, two nurses, one health care assistant, four members of management staff, three receptionist and two members of administrative staff.
- Received questionnaires from one GP at the practice and 14 members of reception and administrative staff.
- Spoke with five patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 30 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 or verbal 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared in meetings, by email and through computer system messages. All staff were encouraged to participate in learning from events and to improve safety as much as possible. Action was taken to improve and review safety in the practice. For example, following a misdiagnosis the practice conducted a full investigation and provided an apology to the patient. The practice developed and provided further training to staff on the topic and also delivered this training to other local services to promote learning. Practice staff were also supported to attend additional training provided by the clinical commissioning group (CCG) on the topic. The practice had purchased additional clinical equipment and had amended the computer system so that it prompted clinicians to conduct additional checks in addition to those recommended in guidelines to reduce the risk of future misdiagnoses. Information about the health condition was also given to patients to raise awareness.

### Overview of safety systems and processes

The practice had 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. Policies and flowcharts clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a practice safeguarding team with clearly defined responsibilities. The team consisted of a GP lead, advanced nurse practitioner deputy lead, and dedicated members of managerial and administrative staff. The GPs and nurses 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. All clinical staff were trained to child protection or child safeguarding level three and had attended adult safeguarding training. Administrative staff had also received safeguarding training.
- Notices in the waiting room and consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- 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. 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). Clearly defined processes were in place for handling repeat prescriptions which included the review of high risk medicines. There were clear policies in place for repeat prescribing and clinical and administrative staff were aware of their roles. There was an independent

## Are services safe?

pharmacy located at Shelley Road Surgery and the practice liaised with the pharmacy to streamline processes for managing prescriptions. The practice carried out regular medicines audits, with the support of the local (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. A number of nurses had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff and from each other for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific direction from a prescriber.

- We reviewed five personnel files and found that these were well organised and 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 mostly assessed and well managed.

- There were procedures in place for monitoring and managing most risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments for all sites and carried out regular fire drills. Fire equipment checks had been undertaken. However, the practice told us that the premises in which Health Central Surgery was based was managed by Sussex Community NHS Trust and that they were responsible for maintenance at this site. However, the practice did not have a comprehensive system to assure themselves and document that required actions identified in the fire risk assessment had taken place to ensure patient safety at this site.

- Portable electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- There were no records of an electrical installation check having been undertaken at the main site. The practice had already arranged for this to take place in February 2017.
- 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). The practice did not have a comprehensive system to assure themselves and document that all actions to mitigate legionella risks had taken place at Health Central Surgery.
- 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.

### 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.
- Staff received regular basic life support training.
- The practice had a defibrillator available and oxygen with 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 staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date and staff attended internal and external events to keep up to date with guidance. 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 from 2015/2016 were 79% of the total number of points available which was low compared to the clinical commissioning group (CCG) average of 96% and national average of 95%. The practice reported that these results were due to a merger with Heene Road Surgery in January 2016. The practice showed us unverified QOF data from just prior to the merger indicating that they had achieved 100% (558 of 559) of points available and they told us that the CCG had agreed to pay them for the points achieved prior to the merger. This was because they did not have time to improve QOF scores for patients at the branch surgery between January 2016 and QOF year end in March 2016. The practice showed us evidence on the day of the inspection they had achieved a high number of possible QOF points to date for a number of clinical indicators. QOF data from 2014/2015 was 100% of available points showing previous high QOF achievement for Worthing Medical Group.

Data showed:

- Published QOF 2015/2016 data for diabetes related indicators was 97% which was similar to the CCG average of 96% and national average of 90%. However,

exception reporting was 22% which was high compared to the CCG average of 16% and national average of 12%. (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). The GP specialist adviser reviewed exception reporting on the day of the inspection and exceptions were recorded in line with appropriate guidance.

- Published QOF 2015/2016 data for mental health related indicators was 50% which was lower than the CCG average of 91% and national average of 93%. On the day of the inspection the practice showed us data indicating that to date QOF performance for mental health related indicators was 62%.
- Published QOF 2015/2016 data for a number of other indicators were low compared to CCG and national averages. These were related to asthma (48%), chronic obstructive pulmonary disorder (74%), dementia (69%), depression (65%), heart failure (83%), hypertension (79%), peripheral arterial disease (80%), and rheumatoid arthritis (17%), secondary prevention of coronary heart disease (80%), cardiovascular disease – primary prevention (76%), contraception (86%), and smoking (64%).
- On the day of the inspection the practice showed us QOF data indicating that to date there were improvements in the percentage of available points achieved in a number of these clinical areas. For example, asthma (67%), chronic obstructive pulmonary disorder (80%), dementia (100%), depression (100%), heart failure (88%), hypertension (65%), peripheral arterial disease (85%), and rheumatoid arthritis (85%). This demonstrated that the practice had improved care for patients in a number of areas since the merger.

The practice had conducted a project to ensure appropriate dementia diagnosis. They visited patients in local nursing and care homes to determine appropriate diagnosis and ensure that patients received care, treatment, and support. Results showed that 45 additional patients had been diagnosed with dementia. Feedback from nursing and care home staff was that the project had been useful in identifying patient support needs. The practice hosted a drop in service to provide support for patients with dementia and their carers provided by an

# Are services effective?

## (for example, treatment is effective)

external organisation. They had also arranged and held a forum with local dementia services to discuss ways to enhance patient care. The practice was a Dementia Friendly practice.

There was evidence of quality improvement including clinical audit.

- There had been twelve clinical audits completed in the last year, four 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, the practice had conducted an audit of care and treatment provision for newly registered patients living in nursing and care homes. In May 2016, 57 patients were registered and in November 2016, 59 patients were registered. Repeat audit showed improvements in the percentage of newly registered patients with care plans (81% in May 2016, 92% in November 2016), medicine reviews (63% in May 2016, 85% in November 2016), and resuscitation status recorded within two weeks of admission to the home (74% in May 2016, 85% in November 2016). We saw that the practice had developed a presentation of audit results which they planned to share with staff to promote learning and identify any further action plans.

### Effective staffing

The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice.

- The practice had an induction programme for all newly appointed staff.
- 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 such as diabetes, cardiology, dementia, asthma, and chronic obstructive pulmonary disease.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff reported that there was good access to both regular and adhoc supervision and support, but that clinical supervision was not always documented. Staff told us that there was a plan to begin documenting all supervision. Staff had received appraisals.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, positive interactions with patients, and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice closed for a half day every two weeks to ensure protected learning time and multidisciplinary training and education.
- The practice proactively supported staff from all disciplines to attend external training courses and achieve further professional qualifications. For example, a Royal College of General Practitioners qualification in substance misuse, diploma in leadership and management, fellowship relating to the needs of older patients, and non-medical prescriber qualifications. External training had been provided on a range of areas including self-harm, eating disorders, mental health, contraception, smoking cessation, and needs of transgender patients. The practice supported staff who wished to develop their knowledge and skills and this was also reflected in developments to roles and responsibilities in line with this.

### 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.

The practice had developed an effective system to ensure that incoming clinical correspondence was dealt with

# Are services effective?

(for example, treatment is effective)

promptly and by the appropriate person. Staff had clearly defined responsibilities in managing correspondence and there was a flowchart and list of staff roles circulated each day to ensure that all staff were aware of their responsibilities in managing routine and high priority actions. The practice had conducted audits in April 2016 and November 2016 to ensure that documents scanned into medical records were in the correct record and legible. A total of 80 documents were randomly selected and all were in the correct record and legible. This demonstrated that the practice was committed to ensuring medical records were comprehensive and accurate. Where documents were labelled incorrectly on three occasions action had been taken to provide information and education to the member of staff involved.

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. Patient navigators were available to assist patients in using choose and book appointments. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs, such as long term conditions, end of life care.

## 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.

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service and there was information available on the practice website.
- The practice referred patients to a pilot project to provide comprehensive health education for patients with pre-diabetes.

The practice's uptake for the cervical screening programme was 79%, which was slightly lower than the clinical commissioning group (CCG) average of 82% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were 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. Where patients did not attend appointments patients were contacted by phone or screening was offered opportunistically during consultations. Information about cervical screening was also displayed in the waiting area.

The practice encouraged its patients to attend national screening programmes for chlamydia, bowel and breast cancer. The percentage of eligible patients screened for bowel cancer was 54% compared to the CCG average of 61% and national average of 58%. The percentage of eligible patients screened for breast cancer was 68% compared to the CCG average of 72% and national average of 72%.

Childhood immunisation rates for the vaccines given were variable compared to CCG and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 45% to 78%, which was below average. Rates for five year olds ranged from 88% to 90%, which was in line with CCG averages of 90 to 93% and national averages of 88 to 94%. The practice showed us more recent unverified immunisation data on the day of the inspection. This showed that for childhood immunisations given to under two year olds current immunisation rates were 94% and that rates for immunisations given to five year olds were 94%. The practice followed up patients who did not attend for childhood immunisations to provide information and offer further appointments.

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

The practice showed us unverified data indicating that in November 2016 50% of eligible patients under the age of 65 had received a flu vaccine which was fifth highest in the CCG and above the CCG average of 40%. 71% of patients over 65 had received a flu immunisation which was eighth highest in the CCG and above the CCG average of 61%. Information about flu immunisation was displayed in the waiting area. During flu season the practice provided flu immunisations on Saturdays and home visits to patients living in nursing and care homes and those unable to attend the practice to offer immunisations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 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.

Patients that we spoke with made some positive comments about the practice. Four of five patients reported that staff were kind and treated them with dignity and respect and one patient said that interactions with staff were variable. We spoke with two members of the patient participation group who told us they were satisfied with the care provided by the practice.

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 comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients who responded said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 87% of patients who responded said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 86% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.

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

The practice had provided staff with training on how to respond to patients in a respectful, supportive and compassionate manner. We saw that this topic was also discussed during team meetings and staff were encouraged to identify ways to support patients who may feel distressed. Confidentiality was discussed during governance meetings and staff were encouraged to reflect on ways of sending information in the most secure way possible.

### 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. Three of the five patients that we spoke with told us that they had sufficient time during consultations to make an informed decision about the choice of treatment available to them, but two patients told us that they did not have enough time in consultations. Patient feedback from the comment cards we received was positive. We also saw that care plans were personalised.

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

- 85% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 79% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 83% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

## Are services caring?

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.
- Information leaflets were available in easy read format and in other languages.

### **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 and nurses if a patient was also a carer. The practice had identified 195 patients as carers (1% of the practice list). The practice had a dedicated member of staff who acted as carers' lead and who worked at the practice full time. The carers' lead spoke with carers on the phone and face to face to provide advice about local services and to help carers to arrange appointments at a convenient time. Information packs

were given to carers to direct them to the various avenues of support available to them. There was also a dedicated information board for carers in the waiting area. The practice had arranged an open day for carers in November 2016 which was attended by approximately 50 carers. All registered carers had been invited to attend and local carer support agencies had also advertised the event to carers not registered at the practice. The open day was attended by carer support agencies, the police and NHS services to provide carers with information about local organisations. Carers who were unable to attend the open day were being sent written information about the event. Positive feedback about the event was provided from external carer organisations.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent a letter. This contact was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice had also developed a leaflet providing information for patients who were bereaved.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England area team and clinical commissioning group (CCG) to secure improvements to services where these were identified. The practice had been instrumental in successfully bidding to obtain Prime Minister's Challenge Fund to provide additional minor illness and minor injuries clinics at four external practices across Worthing. They had written and won the bid and implemented the whole service for two localities. This had provided over 57,000 additional patient appointments since it had begun in July 2015. This service was staffed by GPs, nurses and paramedic practitioners. Patients could be seen for new or longstanding difficulties. Clinics operated during the day and evenings on weekdays and during the day at weekends. We saw that information was displayed in the waiting areas and on the website to provide patients with information about these clinics and the practice referred patients to these services.

- The practice offered appointments outside of normal working hours so working patients could attend.
- There were longer than average routine appointments available for all patients which lasted 14 minutes. Vulnerable patients had longer appointments when needed which lasted 28 minutes. This included patients with a learning disability, mental health difficulties, long term conditions and for patients where there were language barriers.
- The practice provided the option to cancel appointments via text message or through a 24 hour cancellation line. They reported that this had reduced the rate of missed appointments and meant that more appointments were available to patients who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Five members of clinical staff spoke another language and could provide assistance during consultations to patients speaking languages other than English. Information leaflets in other languages were printed by clinicians and provided to patients as needed.
- Patients with difficulties communicating due to hearing or speech difficulties could use a text message service to arrange appointments.
- The practice provided services to 777 older patients living in nursing and care homes. There was a dedicated GP and advanced nurse practitioner identified each day that provided support to patients in these locations. These staff members provided weekly visits to nursing and care homes to offer proactive healthcare advice. They also provided consultations, treatments and advice in response to new concerns. A separate phone line was provided so that staff at nursing and care homes could quickly contact the practice to seek advice on prescriptions and medical concerns. Staff at the practice provided monthly education sessions and training events to nursing and care home staff. Approximately 20 staff from 20 nursing and care homes attended a recent training event. Training topics included Deprivation of Liberty Safeguards, wound care, end of life care and support for workers undertaking phlebotomy training. We saw evidence of positive feedback about this service from other health care professionals.
- The practice identified patients who were at high risk of hospital admission and took steps to enable appropriate treatment and support at home. This included home visits from nurses or GPs and the development of holistic and personalised plans.
- There was a lead nurse for patients experiencing frailty. The practice had developed a system to identify 187 severely frail patients who were not identified by other risk programmes. They offered comprehensive patient reviews and worked with other professionals to support these patients and develop care plans to support their needs. The practice was liaising with their computer supplier to roll out the system for identifying frail patients to other practices in the area and nationally.
- The practice had adopted the Gold Standard Framework for end of life care. They held regular multidisciplinary meetings for patients receiving end of life care. The practice had a dedicated phone line so that patients receiving end of life care and their carers could request prescriptions and receive these at short notice.



# Are services responsive to people's needs?

(for example, to feedback?)

- The practice provided twice weekly visits to a home for approximately ten patients with acquired brain injury living in a nursing/hospital home and visits in response to new concerns as needed. GPs also attended multidisciplinary meetings with other involved professionals and developed care plans for patients.
- The practice provided medical appointments for patients attending a rehabilitation centre for drug and alcohol difficulties. They provided comprehensive medical checks for patients when they were admitted to the centre. Three GPs were trained to provide a substitute prescribing service for patients experiencing substance misuse difficulties and the practice offered medical treatment and monitoring for patients experiencing alcohol difficulties.
- The practice offered a branch service for patients that were homeless which was based at Health Central Surgery. Approximately 150 patients used this service. There were dedicated GPs and advanced nurse practitioners working at this service and also a number of staff with additional expertise in mental health and substance misuse. The practice provided all newly registered patients with an initial 30 minute GP appointment and 30 minute nurse appointment. The service provided support for patients with substance misuse and alcohol difficulties, sexual health advice, as well as routine health assessments and treatments. The service provided outreach to local homeless shelters and participated in a forum for services involved in providing support to homeless people to share local knowledge. It held regular multidisciplinary meetings with other professionals. We saw evidence that the practice had received positive feedback from patients using this service. As a result of patient feedback, the practice had developed cards explaining their right to register at other practices despite having no fixed address. Patients were given copies of these cards to give other practices if they encountered difficulties registering.
- Three GPs at the practice provided a minor surgery service and trained other GPs in this area.
- There were machines to measure blood pressure and body mass index in the waiting area for patient use with guidance on how to operate the machines and when to seek advice regarding results.
- Shelley Road Surgery was open and appointments were available between 8am and 8pm Monday to Thursday and 8am to 6.30pm on Friday.
- Heene Road Surgery was open between 8am and 6pm Monday to Friday and appointments were available from 8am to 6pm on these days.
- Health Central Surgery was open between 8.30am to 4.30pm Monday to Friday.

When the practice was closed patients could access the out of hours service via NHS 111 services provided by IC24.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

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

- 76% of patients who responded were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 75% and national average of 76%.
- 73% of patients who responded found it easy to get through to this practice by phone compared to the CCG average of 72% and national average of 73%.

We received 30 comment cards which all contained positive comments about the standard of care received. However, five comment cards also reported dissatisfaction related to waiting times and with booking GP appointments.

Two of the five patients that we spoke with on the day of the inspection told us that they were able to get appointments when they needed them, but three patients reported difficulty making an appointment. The practice was aware of GP patient survey results and described steps to further increase patient access. They were taking steps to recruit additional clinical staff members to increase appointment availability, reduce missed appointments and to increase self-help materials available in the waiting area and on the website to reduce unnecessary patient appointments. The practice had also introduced a system to monitor response time to phone calls. The practice reported that they had used information from the call monitoring service to make changes to reception staffing to increase capacity to answer calls promptly. There was information displayed in the waiting area stating that 98% of phone calls were answered in less than five minutes. The

## Access to the service

The practice was open at the following times:



# Are services responsive to people's needs?

(for example, to feedback?)

practice had a clear policy to provide guidance to staff about how to best facilitate patient access to appointments. This included staffing, triaging, and different types of appointments that might be most appropriate.

The practice had a system in place to assess:

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

Reception staff had access to guidance to help them identify the most appropriate appointment type and to direct patients to emergency medical services if required. Reception staff told us that they had received training on the guidance and that they would always seek advice from a GP if unsure. GPs would phone patients to gather further information to allow for an informed decision to be made about appointment provision according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits and appointments.

## 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 in the form of leaflets in the waiting area and information on the practice website.

We looked at 39 complaints received in the last 12 months and found these were satisfactorily handled. 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, following a complaint about interactions with a staff member the practice investigated the complaint, apologised to the patient and spoke with the staff member about how to promote positive patient interactions.

# 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 be a large, multi-disciplined practice that focused on the patient. It also aimed to ensure that services were accessible and that the patient was seen at the right time, in the right place and by the right professional. The practice was clear in its vision to work with the clinical commissioning group (CCG) and other organisations in order ensure resources were used appropriately to ensure the sustainability of the local health economy. The development and training of staff and the promotion of staff satisfaction and retention were also key. The practice had a well-developed business plan which set out its vision, supporting objectives and the strategy for achieving them. Its objectives were innovative and challenging as well as achievable and there were a number of examples of how the practice had turned its vision in to reality including:-

- The supporting of and then subsequent merger with a struggling, neighbouring practice which enabled a service to patients to be maintained, continuity of employment for staff and a growth in practice size. This helped increase the practice's sustainability for the future and helped the local health economy remain stable.
- Playing an instrumental role in setting up and successfully bidding to obtain funding from the Prime Minister's Challenge Fund to provide additional minor illness and minor injuries clinics at four sites across Worthing. They had written and won the bid and implemented the whole service for two localities. As a result this provided increased access for all patients in these localities to urgent appointments during weekdays from 8am until 8pm and at weekends from 10am until 2pm. This helped ensure patients were seen by the right person at the right time.

A systematic approach was taken to working with other organisations to improve patient outcomes, tackle health inequalities and obtain best value for money. For example the practice worked with a local homelessness charity, a substance misuse service and the CCG to provide a dedicated service for homeless patients. Approximately 150 homeless patients used this service. There were dedicated GPs and advanced nurse practitioners working at this service and also a number of staff with additional expertise

in mental health and substance misuse. The service provided outreach to homeless shelters and participated in a forum for services providing support to homeless people to share local knowledge.

The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.

### Governance arrangements

Governance and performance management arrangements were proactively reviewed and reflected best practice. The governance framework supported the delivery of the strategy and good quality care. It outlined the structures and procedures in place to ensure:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There was written information to clarify which members of staff took the lead in different clinical, professional and administrative areas.
- The practice also provided staff with information on a daily basis by email about which staff were working, staff absences and which staff had designated responsibility for different aspects of the service on that day, such as for care homes and for fulfilling different administrative tasks.
- Practice specific policies were implemented and were available to all staff. These were regularly reviewed and updated. The practice had set up a reminder system to ensure that all policies were regularly reviewed.
- The practice told us that the premises in which Health Central Surgery was based was managed by Sussex Community NHS Trust and that they were responsible for maintenance at this site. However, the practice did not have a comprehensive system to assure themselves and document that required actions identified in fire and legionella risk assessments had taken place to ensure patient safety at this site.
- A comprehensive understanding of the performance of the practice was maintained and the practice had successfully managed a significant improvement performance against the quality and outcomes framework for patients that had recently been taken on as a result of the merger.

# Are services well-led?

Outstanding



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

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

There were monthly governance meetings and emails were regularly sent to all staff outlining the minutes of governance meetings and the findings of any governance reports. These emails contained detailed information about any issues that had arisen and learning and action points for staff members.

## Leadership and culture

Leaders had an inspiring shared purpose and strive to deliver and motivate staff to succeed. On the day of inspection the partners and managers 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. The practice placed importance on being well led and invested in leadership and management. The practice manager had been made a managing partner in recognition of the importance of strong management and leadership arrangements. The practice business plan set out a clear succession plan for the management and leadership of the practice.

There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive staff engagement. Staff at all levels were actively encouraged to raise concerns. For example the practice had undertaken a staff survey in 2015 which focused on the culture of the practice. As a result of the survey the practice had been able to address specific staff concerns and had developed a staff retention policy in order to ensure high levels of staff satisfaction and the ability to retain high quality staff. The retention policy covered staff induction, ongoing training and development, social events and how to make work more 'fun', staff welfare, the work environment and communication. There were regular social events for staff including an Easter egg hunt and summer and Christmas parties paid for by the partners. Staff told us the partners and managers were approachable and always took the time to listen to all members of staff.

The leadership encouraged continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear proactive approach of seeking out and embedding new ways of

providing care and treatment. For example, the practice developed a system to identify severely frail patients who were not identified by other risk programmes. The practice had used this system to identify an additional 187 severely frail patients. They offered these patients comprehensive reviews and had worked with other professionals to support these patients and develop care plans. The practice was liaising with their computer supplier to roll out this system to other practices both in the local area and nationally.

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). 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 patients reasonable support, truthful information and a verbal or written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management. Staff told us the practice held regular team meetings and profession specific meetings where staff and managers provided updates and feedback, reviewed staff morale and provided support as needed.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days took place on a regular basis.
- Staff said they felt respected, valued and supported, by the partners and managers 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 produced a regular staff newsletter and had an elected staff council that could forward proposals to managements for improvements at a monthly meeting. There was a fifty pound challenge every month so staff could choose small changes and additions to their work environment such as water coolers, flowers and extra equipment.

# Are services well-led?

Outstanding



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

- There was a strong culture of supporting staff to progress in their careers. A key part of the practice's vision was the development and training of a skilled workforce. The practice had supported a number of staff in their training and career development to allow them to learn new skills and take on new roles. For example, one of the receptionists had been supported by the practice financially and professionally to train and develop in to the role of diabetes nurse specialist. Another receptionist had been trained and developed in to the role of practice manager.

## 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. We saw evidence that they had made changes in response to feedback such as shortening the phone answering message and introducing a queuing system in the waiting area to increase privacy. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG had suggested changes to the seating in the waiting area and the practice had made changes as a consequence. The practice staff also provided monthly educational events to PPG members to promote healthcare knowledge.

- Patients also conducted fundraising activities and funds were spent obtaining additional medical equipment, such as machines to measure whether patients were a healthy height for their weight and to measure electrical activity in the heart. This equipment was used by the practice to provide tests and treatment for patients.
- The practice had gathered feedback from staff through staff surveys and away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, following staff feedback the practice had installed air conditioning, provided additional equipment for administrative staff, and made changes to computer protocols. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was involved in developing and providing specific services for patients with no fixed address, patients experiencing frailty, and patients living in nursing and care homes.

The practice was committed to and strategically involved in supporting and developing healthcare services in the locality. One partner was the Primary Care Lead for the CCG. Another partner was founding director of the GP Federation and provided nurse training for the county.