

Ashdown Forest Health Centre

Quality Report

Ashdown Forest Health Centre

Lewes Road

Forest Row

Sussex

RH18 5AQ

Tel: 01342 822131

Website: www.ashdownforesthealthcen.co.uk

Date of inspection visit: 15 December 2015

Date of publication: 11/03/2016

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to Ashdown Forest Health Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ashdown Forest Health Centre on 15 December 2015. Overall the practice is rated as requires improvement.

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

- Mandatory training for staff had not been completed and monitored to ensure that time frames for renewal do not lapse. This includes training in respect of fire safety, first aid, basic life support, infection control and information governance.
- The provider did not maintain a secure storage and recording system to track prescription pads.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of prescription security and staff refresher training in mandatory training
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was consistently and strongly positive.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The practice had worked with a 28 bed nursing home in the local community. Making weekly visits to undertake a comprehensive review of individual treatment and medicines management for nursing home residents. This had reduced hospital admissions and out of hours call outs by 53% in the year 2014/15 when compared to the previous year.

The areas where the provider must make improvement are:

- The provider must ensure that mandatory training for staff is completed and monitored to ensure that time frames for renewal do not lapse. This includes training in respect of fire safety, first aid, basic life support, infection control and information governance.
- The provider must maintain a secure storage and recording system to track prescription forms.

In addition the provider should:

- Continue to work with their practice list in raising the uptake of childhood immunisations ensuring all possible steps are taken to engage with patients declining vaccination.
- Review how they engage with members of their practice list who do not currently embrace conventional medicine.

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 requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed
- The practice had embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The appointment of new staff was supported by appropriate recruitment checks and all of the practice staff had received clearance from the Disclosure and Barring Service where required.
- Procedures for dealing with medical emergencies were robust.
- Prescriptions were not always stored securely. No records were kept of prescription forms received by the practice, nor were there any systems in place to track the use of prescriptions through the practice.
- Staffing levels were maintained to keep patients safe. Administrative systems were responsive and ensured that incoming correspondence was dealt with in a timely and effective manner.
- The practice had policies and procedures in place to help with continued running of the service in the event of an emergency.
- The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained.

Requires improvement



Are services effective?

The practice is rated as requiring improvement for providing effective services.

- Data showed patient outcomes were at or above average for the locality but the practice did need to ensure they continued engaging with their patient list to try to engage them in conventional medicine.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Requires improvement



Summary of findings

- Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing mental capacity and promoting good health.
- 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.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- Staff had received some training appropriate to their roles however further training needs were identified, including infection control, information governance and equality and diversity.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- A strong patient centred culture was observed.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.
- Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- 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 was aware of notifiable safety incidents and had suitable systems in place for dealing with them.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient representation group was active.
- There was a strong focus on continuous learning and improvement at all levels

Good



Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for safe and effective and good for well led, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided medical services for nursing homes without there being an additional private contract for this. The GPs conducted regular weekly doctors rounds for these homes.
- Elderly patients with complex care needs and those at risk of hospital admission all had personalised care plans that were shared with local organisations to facilitate the continuity of care.
- We saw evidence that the practice was working to the Gold Standards Framework for those patients with end of life care needs.
- The practice endeavoured to assist patients to remain in their preferred place of care for as long as possible.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe and effective and good for well led, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

- For patients with more complex diabetic needs there were appointments available as required with the practice nurse.
- The practice had identified that 5% of their patient list were carers.

Families, children and young people

The provider was rated as requires improvement for safe and effective and good for well led, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- 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 relatively low for all standard childhood immunisations which was due to specific issues the practice faced with the patient demographic.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors.
- Practice staff had received safeguarding training relevant to their role and knew how to respond if they suspected abuse.
- Safeguarding policies and procedures were readily available to staff.
- The practice ensured that children needing emergency treatment would be seen on the day.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe and effective and good for well led, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- 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.

Requires improvement



Summary of findings

- 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.
- GPs offered advice by telephone each day for patients who had difficulty in attending the practice.
- Electronic prescribing was available which enabled patients to order their medicine on line and to collect it from a pharmacy of their choice.
- The practice offered NHS Health-checks and advice for diet and weight reduction.
- Patients could request routine travel immunisations including Yellow fever vaccinations.
- The practice offered routine appointments for patients on alternate Saturday mornings for patients who found it difficult to attend during the week.

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe and effective and good for well led, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- There was a learning disability lead at the practice who oversaw the care provided to patients on the learning disability register.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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.
- Translation services were available for patients who did not use English as their first language.
- The practice could accommodate those patients with limited mobility or who used wheelchairs.

Requires improvement



Summary of findings

- Carers and those patients who had carers, were flagged on the practice computer system to alert staff. This included patients and carers of those receiving palliative care and possibly end of life treatment.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safe and effective and good for well led, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- < >
The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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.
- It 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 people with mental health needs and dementia.
- The practice invited patients suffering from dementia and their carers for an annual review. Each patient had a comprehensive health check and a care plan agreed.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015. The results showed the practice was performing in line with local and national averages. 281 survey forms were distributed and 113 were returned, this represented 1% of the practice's patient list.

- 71% of patients found it easy to get through to this surgery by phone compared to a clinical commissioning group (CCG) average of 70% and a national average of 73%.
- 87% of patients found the receptionists at this surgery helpful (CCG average 88%, national average 87%).
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 90%, national average 85%).
- 94% of patients said the last appointment they got was convenient (CCG average 93%, national average 92%).

- 72% of patients described their experience of making an appointment as good (CCG average 75%, national average 73%).
- 66% of patients usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards all of which were positive about the standard of care received. Some of the comments received were that the surgery was of the highest order, the reception staff are friendly and the doctors lovely, the practice is consistently excellent, outstanding care and that all staff at the surgery are brilliant.

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

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- To ensure that mandatory training for staff is completed and monitored to ensure that time frames for renewal do not lapse. This includes ensuring staff have completed relevant training for fire safety, infection control and information governance.
- Maintain a secure storage and recording system to track prescription forms.

Action the service **SHOULD** take to improve

- Continue to work with their practice list in raising the uptake of childhood immunisations ensuring all possible steps are taken to engage with patients declining vaccination.
- Review how they engage with members of their practice list who do not currently embrace conventional medicine.

Outstanding practice

- We saw one area of outstanding practice: The practice had worked with their nursing home responsibilities making weekly visits to undertake a

comprehensive review of individual treatment and medicines management for nursing home residents. This has reduced hospital admissions and out of hours call outs by 53%.

Ashdown Forest Health Centre

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 advisor, an inspection manager, a practice nurse specialist advisor, a practice manager specialist advisor, and two pharmacist inspectors.

Background to Ashdown Forest Health Centre

Ashdown Forest Health Centre offers personal medical services to the population of Forest Row. There are approximately 9,500 registered patients. It is a dispensing practice.

Ashdown Forest Health Centre is run by four partner GPs, three male and one female partner. They are supported by three salaried GPs, two females and one male, two practice nurses, two healthcare assistants, a team of administrative staff, a practice manager and a patient services manager. The practice is recognised as a training practice for doctors in their final stages of training to become a GP. At the time of inspection the practice had two training GPs. There were some additional challenges presented to the practice through their patient list as they had a significant number of patients that embraced alternative medicine rather than conventional medicine.

Services are provided from one location:

Ashdown Forest Health Centre

Lewes Road, Forest Row, Sussex, RH18 5AQ.

Opening hours are 8:30am to 6:30pm Monday to Friday. There is also an extended hours service operating on alternate Saturdays from 9:00am to 11:30am.

During the times that the practice was closed 6:30pm to 8:30am, the patients accessed healthcare via NHS 111.

The practice has a lower number of patients aged between 0-39 than the national and local clinical commissioning group average. There is a lower than average number of patients with a long standing health problem and a health care problem in daily life. The percentage of registered patients suffering deprivation (affecting both children and adults) is lower than the average for England.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 that we hold about the practice and asked other organisations to share what they knew. This included demographic data, results of surveys and data from the Quality and Outcomes Framework (QOF). QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice.

The visit was announced and we placed comment cards in the practice reception so that patients could share their views and experience of the service before and during the inspection visit. We carried out an announced visit on 15 December 2015. During our visit we spoke with a range of staff including three partner GPs and one salaried GP, five administrative staff, all members of the nursing care team, the practice manager and the patient services manager.

We observed staff and patient interactions and talked with six patients and three members of the patient representation group. We reviewed policies, procedures and operational records such as risk assessments and audits. We reviewed 29 comment cards completed by patients, who shared their views and experiences of the service in the two weeks prior to our inspection.

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 are provided for specific groups of people and what good care looks 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. People affected by significant events received a timely apology and were informed about actions taken to improve care where appropriate. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out a thorough analysis of the significant events. We looked at several significant events and saw that appropriate action was taken and noted. For example, we saw entered onto the significant events record a vaccination error that a staff member had raised. We saw records of the actions taken and the learning outcomes of the event.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared by email to staff to make sure action was taken to improve safety in the practice. When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Safety was monitored using information from a range of sources, including the national Institute for Health and care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

There were arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 relevant to their role. GPs and nurses were trained to Safeguarding level three of children and adults.

A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (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). We saw that the practice had a policy in place that did not permit untrained or unchecked staff to act as a chaperone.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the partner GPs 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 this dispensing practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Staff involved in dispensing activities were trained to an appropriate level, one staff member was NVQ level 3 qualified and the other staff member was NVQ level 2. Standard operating procedures were in place, reviewed annually and signed by relevant staff. We identified a problem with the dispensary fridge which the practice manager has since acted on to resolve. Prescriptions were not always stored securely. No records were kept of prescription forms received by the practice, nor were there any systems in place to track the use of prescriptions through the practice. Analysis of significant events was undertaken and recommendations to changes in procedures were made as a result. We also saw examples of how dispensary staff respond to their dispensing patients' needs on an individual basis.

We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification,

Are services safe?

references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service where applicable. The practice had undertaken a risk assessment for non clinical staff and these were not DBS checked as they had no sole patient contact.

Monitoring risks to patients

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. 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 also 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.

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 that 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. All staff had received basic life support (BLS) training with planned annual refresher training in place and there were emergency medicines available in the treatment room. There was also further emergency medicines available in the GPs home visit bags. The practice had a defibrillator available on the premises and oxygen with adult and children's masks.

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 fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan had been reviewed in July 2015 and all GP partners and the patient services manager held a copy in their personal possession in the event that the building could not be accessed. The plan included emergency contact numbers for staff and for various agencies who might need to be contacted in time of an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 peoples' needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. New guidance was discussed at weekly meetings.

The practice used computerised tools to identify patients with complex care needs who had multidisciplinary care plans documented in their case notes. Discrimination was avoided when making care and treatment decisions. Interviews with staff showed that the culture in the practice was that the patients were cared for and treated based on their need and that the practice took account of patient's age, gender, culture and race as appropriate.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 82.6% of the total number of points available. This practice is an outlier for QOF (or other national) clinical targets. The practice also had an exception reporting figure of 18.8%. The practice has a patient list with many embracing alternative health care and practices and who do not embrace conventional medicine. Data from 2014/2015 showed;

- The percentage of patients with hypertension having regular blood pressure tests was lower than the national average. The practice achieved 77.57% with the national average being 83.65%.
- The percentage of patients diagnosed with dementia whose care has been

- reviewed in a face-to-face review in the preceding 12 months was similar to the national average. The practice achieved 84.61% with the national average being 84.01%.
- The percentage of patients with COPD who had a review undertaken including an
- assessment of breathlessness using the Medical Research Council dyspnoea
- scale in the preceding 12 months was better than the national average. The practice achieved 96.74% against a national average of 89.9%.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable 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 being able to reduce the level of anti inflammatory medicines being prescribed.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, infection prevention and control, basic life support and first aid, fire safety, health and safety and confidentiality. The practice manager provided us with a spreadsheet which recorded staff mandatory training. This indicated that staff training was not up to date. There had been a gap in on-going mandatory training being provided to staff as the provider of training had changed. An action plan was seen that showed that a new provider had been sought and training to cover the areas required were in place. The ongoing training of staff was monitored through a training passport that each member of staff had assigned to them.

Are services effective?

(for example, treatment is effective)

The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to some appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

Not all staff had received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had recently obtained access to and were making 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. To assist communication with the out of hours provider the practice utilised a system called "Share my care".

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on an eight weekly basis and that care plans were routinely reviewed and updated.

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, where appropriate, recorded the outcome of the assessment.
- Patients gave their consent for specific interventions for example, minor surgical procedures, by signing a consent form.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included 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. Patients were then signposted to the relevant service.
- Health information was made available during the consultation and GPs used material from online services to support the advice they gave patients. There was a variety of information available for health promotion and prevention in the waiting room and the practice website referenced websites for patients looking for further information about medical conditions.
- The patient representation group and the practice recognised from population data that there was a significant proportion of patients that did not engage with conventional medicine and preferred to use alternative medicine for their health issues. The practice always sent three letters and made a telephone call to try and persuade patients to attend the surgery for their treatments.

Are services effective?

(for example, treatment is effective)

- The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 86%, which was higher than the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given were significantly lower than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 59% to 71% and five year olds from 63% to 69%. Flu vaccination rates for the over 65s were 51%, and at risk groups 26%. These were also below national averages.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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 to a private area to discuss their needs.

All of the 29 patient CQC 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 also spoke with three members of the patient representation group. 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 published July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and national average of 89%.
- 91% of patients said the GP gave them enough time (CCG average 90%, national average 87%).
- 99% of patients said they had confidence and trust in the last GP they saw (CCG average 98%, national average 95%)
- 88% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 90%, national average 85%).

- 89% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 90%).
- 87% of patients said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

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:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified that 5% of their list were also carers. The practice had responded to the needs of carers by updating its carers register and appointing a carers lead, the patient services manager. They also provide a carers pack with information to people which has improved the quality of service for patients and their carers. The practice is also in the process of putting up signs in all rooms asking "Are you a carer?" so people can identify themselves and access assistance more easily.

Are services caring?

A GP also visited patients in warden controlled accommodation to have a “coffee morning” with people where issues such as power of attorney and other issues that affect these people. These meetings are also attended by the community nursing matron.

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 offered appointment times on alternate Saturday mornings for working patients who could not attend during normal opening hours. The practice also enabled working patients to register as new patients during these times as well.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and those who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- The practice has entered a partnership with Age UK East Sussex to provide a community navigator service principally aimed at older patients who have complex needs. This service is hoped to simplify the methods of accessing services along with a greater integration of services around a patient's needs.
- The practice could accommodate those patients with limited mobility or used wheelchairs.

Access to the service

The practice was open between 8:30am and 6:30pm Monday to Friday. Appointments were from 9:00am to 12:00pm every morning and 3:00pm to 6:00pm daily. Extended hours surgeries were offered at the following times on 9:00am to 11:30am on alternate Saturdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance. Patients could also request appointments on the day, telephone consultations or home visits where appropriate. urgent appointments were also available for people that needed

them with the duty doctor. The practice arrangements ensure that one doctor is always lightly booked in the afternoon sessions to ensure access is available for acutely ill children.

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

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 71% of patients said they could get through easily to the surgery by phone, national average 73%.
- 72% of patients described their experience of making an appointment as good (CCG average 75%, national average 73%).
- 66% of patients said they usually waited 15 minutes or less after their appointment time (CCG average 62%, national average 65%).

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. We saw that information was in the practice leaflet, on the practice website and on display in the waiting area. A friends and Family test suggestion box was available within the patient waiting area which invited patients to provide feedback on the service provided, including complaints. None of the patients we spoke had needed to complain about the service they had received.

We looked at five complaints received in the last 12 months and found these were all discussed, reviewed and learning points noted. We saw that they were handled in a timely manner. The practice had weekly meeting where issues were learnt from and information disseminated to staff.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

The practice had a mission statement which 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's mission was to provide high quality evidence based and responsive healthcare to the local community whilst being respectful of the beliefs and values of the individuals that make up that community. The aim was to place patients at the heart of all they do and to be partners in all decisions made.

The practice aim and objectives included valuing learning and teaching at all levels of the team and to foster a culture of lifelong professional development for all. They desired to be open and understanding in the face of criticism or complaint and to value the opportunities provided to improve the service.

There was a clear understanding of the challenges facing the practice and the locality, and staff were keen to improve outcomes for patients. For example ensuring weekend appointments were available for working patients and by working closely with the patient representation group in improving services such as opening during lunch times to enable access to pick up prescriptions and improving confidentiality in the waiting area by providing a screen to allow patients to talk without being overheard.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice

- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

Staff told us that there was an open culture within the practice and that they all felt confident in raising any issues that they had. We also noted that staff away days were held. Staff felt they were respected, valued and supported by the partners within the practice. All staff were encouraged by the partners to identify opportunities to improve the service delivered by the practice.

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 knowing about notifiable safety incidents. There was evidence that the practice responded appropriately to incidents, significant events and complaints. We saw that any patients affected were supported, given truthful information and when appropriate were given an apology.

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. It had gathered feedback from patients through the patient representation group (PRG) and through surveys and complaints received. There was an active PRG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, extended surgeries on a Saturday morning, providing health and practice information on a television screen in the waiting area, collaborating with practice management in attempting to improve car park safety.

Are services well-led?

Good 

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

The practice also gathered feedback from staff through meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss and concerns and issues with colleagues or management. Staff told us how they felt engaged and involved in improving how the practice was run.

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 has undertaken a project providing a comprehensive review of individual treatment and medicines management for nursing home residents. This has reduced hospital admissions and out of hours call outs by 53%. There has also been improved relationships with patient's families due to improved communication and availability of medical staff.

Organising in partnership with the patient representation group community talks on topics relating to the health needs of the practice population.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	The practice could not demonstrate that all staff had received appropriate training or was monitoring the training in order to take action when training requirements were not being met.
Maternity and midwifery services	This was in breach of Regulation 18(2)(a) Health and Social Care Act 2008(Regulated Activities) Regulations 2014.
Surgical procedures	
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The practice could not demonstrate that they had a robust method for securing and tracking prescription forms.
Maternity and midwifery services	This was in breach of Regulation 12(2)(b) Health and Social Care Act 2008(Regulated Activities) Regulations 2014.
Surgical procedures	
Treatment of disease, disorder or injury	