

Furnace Green Surgery

Quality Report

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

Ratings

Overall rating for this service	Requires improvement 
Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Requires improvement 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Furnace Green Surgery on 5 January 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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.
- Some risks to patients were assessed and well managed. However, systems and processes to address risks were not implemented well enough to ensure patients and staff were kept safe.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients' needs were assessed and individualised care was planned and delivered following best practice guidance.
- Information about services and how to complain was available and easy to understand.
- The practice had a number of policies and procedures to govern activity, but some were unavailable or did not formally exist at the time of our inspection.
- 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.
- They offered a number of enhanced services to meet the needs of their patients. This included clinics for diabetes and asthma, a dementia identification service and an anti-coagulation clinic.
- There was a strong focus on continuous learning and improvement at all levels within the practice.
- A number of meetings were held at the practice, however these were not attended by all staff.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvements are:

- Ensure there are clear and formal arrangements in place for the management of infection control and for the assessment, monitoring and minimising of associated risks.
- Ensure clinical waste is disposed of safely and securely in order to minimise the risks to staff, patients and visitors to the practice.
- Clearly define and embed practice specific policies, processes and practices to ensure patients are safeguarded from abuse.
- Formally document all practice specific policies and procedures and ensure these are made available to all staff. Improve policies and procedures to ensure the security and tracking of blank prescriptions at all times.

The areas where the provider should make improvements are:

- Seek to improve communications with external agencies.
- Ensure information sharing from senior meetings with staff at all levels.
- Provide arrangements for all staff to attend formal meetings.
- Improve processes to engage with the patient reference group in order to gather feedback and involve patients in the delivery of the service.
- Display information that translation services are available to patients who do not have English as a first language, and ensure all staff are aware of these services.

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.

Requires improvement



- There was an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses.
- There were some arrangements to safeguard children and vulnerable adults from abuse. All staff had received training, however practice specific policies were not in place and some staff were not able to identify the safeguarding lead.
- Some risks to patients who used services were assessed and well managed, such as those relating to fire safety and business continuity.
- The practice was clean and tidy however there was a lack of systems, policies and processes to address the risk of infection control. Clinical waste was not always stored securely and safely.
- The practice had adequate arrangements in place to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All staff received annual appraisals and personal development plans.
- We observed a strong culture of learning and noted many staff had received further training in order to deliver enhanced services to meet the needs of patients. This included additional training in the Mental Capacity Act 2005 and identification of dementia, to enable a high quality of service to residents at a nearby care home.

Summary of findings

- The practice offered services to more complex cases of diabetes and we noted the QOF data showed the practice performed considerably better than the national average.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Feedback from patients about their care and treatment was consistently positive and highlighted a theme of person centred care.
- 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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. However some key policies were not in place and communication from meetings was not always shared with all staff members.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had a patient reference group (PRG). The two members we spoke to told us the group is mainly virtual, but had not been very active and they felt there is room for improvement. One member had never been asked to contribute or have any involvement in the practice.
- 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 provider was rated as requires improvement for providing safe and well led services and good for providing effective, caring and responsive services. 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 and had a range of enhanced services. These included services such as; dementia identification and reducing unplanned hospital admissions. Those at risk all had personalised care plans to meet their complex care needs.
- The practice was responsive to the needs of older patients, and offered home visits, urgent appointments and longer appointments for those with enhanced needs.
- There was a good system in place for ensuring continuity of care for patients in a nearby nursing home. The practice GPs performed a twice weekly visit to the care home.
- Patients were able to speak with or see a GP when needed and the practice was accessible for patients with mobility issues.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for providing safe and well led services and good for providing effective, caring and responsive services. 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.
- The practice was committed to improving performance and had a dedicated diabetes clinic to improve outcomes for patients. Performance for diabetes related indicators were better than the national average. For example, patients with diabetes had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 90% compared with a national average of 78%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 97% compared with a national average of 88%.

Requires improvement



Summary of findings

- Longer appointments, home visits and email consultations were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- The practice offered a range of enhanced services to people with long term conditions. This included clinics for diabetes, asthma, hypertension and an anti-coagulation clinic.

Families, children and young people

The provider was rated as requires improvement for providing safe and well led services and good for providing effective, caring and responsive services. 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 some systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. The GPs told us that child safeguarding meetings were not attended, and we were told the practice would like to improve communication with other agencies, particularly midwives and health visitors.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81% which was comparable to the national average of 82%.
- Immunisation rates were good for all standard childhood immunisations.
- The practice had a designated GP who lead in sexual health and family planning, who could offer a wide range of services.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for providing safe and well led services and good for providing effective, caring and responsive services. 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:

Requires improvement



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice had extended opening hours with appointments offered 7am to 8am every Monday, 6:30pm to 7:30pm alternate Tuesdays and Wednesday, and every third Saturday from 9am to 12pm.
- 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.

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for providing safe and well led services and good for providing effective, caring and responsive services. 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:

- Most staff knew how to recognise signs of abuse in vulnerable adults and children. All staff had received training, however practice specific policies did not exist and some staff were not able to identify the safeguarding lead.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, and offered longer appointments where required.
- The practice ensured timely referral to urgent response services to ensure the changing needs of vulnerable patients were met.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for providing safe and well led services and good for providing effective, caring and responsive services. 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:

- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Requires improvement



Summary of findings

- The practice carried out a dementia identification service and advanced 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.
- 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.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July 2014. Most of the results showed the practice was performing in line with local and national averages. 253 survey forms were distributed and 114 were returned.

- 81% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group average of 67% and a national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 83% and national average 85%).
- 87% of patients described the overall experience of their GP surgery as good (CCG average 82% and national average 85%).

- 78% of patients said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 72% and national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards which were both positive about the standard of care received. They both stated they receive excellent care from the practice, one patient wrote “I wouldn’t go to any other surgery”.

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

Areas for improvement

Action the service **MUST** take to improve

- Ensure there are clear and formal arrangements in place for the management of infection control and for the assessment, monitoring and minimising of associated risks.
- Ensure clinical waste is disposed of safely and securely in order to minimise the risks to staff, patients and visitors to the practice.
- Clearly define and embed practice specific policies, processes and practices to ensure patients are safeguarded from abuse.
- Formally document all practice specific policies and procedures and ensure these are made available to all staff. Improve policies and procedures to ensure the security and tracking of blank prescriptions at all times.

Action the service **SHOULD** take to improve

- Seek to improve communications with external agencies.
- Ensure information sharing from senior meetings with staff at all levels.
- Provide arrangements for all staff to attend formal meetings and clinical supervision.
- Improve processes to engage with the patient reference group in order to gather feedback and involve patients in the delivery of the service.
- Display information that translation services are available to patients who do not have English as a first language, and ensure all staff are aware of these services.

Furnace Green Surgery

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 second CQC Inspector, a GP specialist advisor and a practice manager specialist advisor.

Background to Furnace Green Surgery

Furnace Green Surgery is located in a residential area of Crawley and provides primary medical services to approximately 6,800 patients. The practice also provides care and treatment for the residents of a nearby care home, which serves individuals with dementia or nursing needs.

There are four GP partners and one salaried GP; three male and two female. The GPs collectively cover 29 sessions per week. The practice is registered as a GP training practice, supporting medical students and providing training opportunities for doctors seeking to become fully qualified GPs. There are three GP trainers.

There are five female members of the nursing team; two nurse practitioners, two practice nurses and one health care assistant. GPs and nurses are supported by the practice manager, an office manager and a team of reception/administration staff.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of patients who are aged 75 years or older when compared to

the national average. The number of patients aged 0 to 18 is slightly lower than average. The number of registered patients suffering income deprivation is below the national average.

The practice is open between 8:30am and 6:30pm Monday to Friday with no lunch time closure. Appointments are offered 8:50am to 11:50am for morning sessions and 3:30pm to 5:30pm for afternoon sessions. Extended hours appointments are offered 7am to 8am every Monday, 6:30pm to 7:30pm alternate Tuesdays and Wednesday, and every third Saturday from 9am to 12pm. Appointments can be booked over the telephone, online or in person at the surgery. The practice provides information on how to access an out of hours service on their website and a poster at the front door.

The practice runs a number of services for its patients including; an anticoagulation clinic, atrial fibrillation screening for stroke prevention, asthma clinics, diabetes clinics, new patient checks and holiday vaccines and advice.

Services are provided from the location of Furnace Green Surgery, 50 The Glade, Crawley, West Sussex, RH10 6JN. The service is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; family planning services; surgical procedures; and maternity and midwifery services.

The practice has a Personal Medical Services Plus (PMS Plus) contract with NHS England. (PMS is one of the three contracting routes that have been available to enable commissioning of primary medical services. PMS Plus enables further service developments in the practice, which includes additional budgets for community services, prescribing or secondary care services). The practice is part of NHS Crawley Clinical Commissioning Group (CCG).

Detailed findings

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.

How we carried out this 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 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 January 2016. During our visit we:

- Spoke with a range of staff including; the four GP partners, two nurse practitioners, one practice nurse; the health care assistant, the practice manager; the office manager; and four receptionists/administrators. We also spoke with eight patients who used the service, including two members of the patient reference group.
- Observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Made observations of the internal and external areas of the building.
- Reviewed documentation relating to the practice including policies and procedures.

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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient who had minor surgery experienced a delay in receiving a result following a sample being sent for testing. The practice investigated the event and discussed this during a significant events meeting, where it was determined the practice did not receive the report in a timely manner. As a result, the practice implemented a recall procedure after any minor surgery and allocated a designated person to follow up responses from the histology department.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- There were some arrangements were in place to safeguard children and vulnerable adults from abuse. GPs were trained to Safeguarding level three. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. This included that safeguarding information was recorded on the patient notes, enabling clear identification of vulnerable adults and children amongst practice staff. For example, an alert was entered onto the electronic system for children on a child protection plan. The practice had made a local policy available to all staff, which provided contact details for external agencies and

links to local manuals and procedures. We were not shown any policies providing practice specific guidance or details of responsible persons. There was a lead member of staff for safeguarding, but this was not known by all staff. Safeguarding cases were discussed amongst the GPs at the practice, however multi-agency meetings were not attended. We were told the practice would like to improve communication with other agencies, particularly midwives and Health Visitors. We were told that reports were always provided where necessary for other agencies.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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). The practice had a comprehensive chaperone policy.
- We observed the premises to be clean and tidy. The health care assistant was the lead for infection control and had undertaken further training to complete these duties, and attended regular updates. We were told regular checks of the premises were completed but there were no records to confirm these checks had been undertaken. Disposable curtains were available in treatment rooms but some of these were not dated, and it was not possible to determine when these had last been replaced. No formal infection control audits had been completed since 2009. We reviewed two documents of June 2014 and December 2015 which had been entitled as infection control audits. However, these contained only some brief statements about required infection control measures and some minimal assessment of existing processes within the practice. The documents did not include a full assessment of all infection processes within the practice and did not assess the measures in place in all areas of the practice. The practice had not developed an action plan to ensure that the findings had been addressed but we noted that some improvements had been made since 2014. The practice did not have an infection control policy or handwashing policy and the staff we spoke to had not received any in-house training. Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in

Are services safe?

treatment rooms. There were also notices for needle stick injury and staff knew the procedure to follow in the event of an injury. Personal protective equipment including disposable gloves, aprons and coverings were available for staff to use.

- All sharps bins were correctly assembled and labelled. With the exception of one, they were sited safely. In one treatment room there was a lack of appropriate space for a sharps bin, and we were told by two staff members that the bin was usually balanced on an examination couch within the room. We noted the clinical waste bin located outside was unsecured due to a damaged lock, and the practice took immediate steps to ensure this would be resolved. Both of these issues presented a risk of injury if the contents were spilled or accessed.

The majority of arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).

- 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. The practice performed regular medication reviews and we saw examples where high risk medication had been monitored. Prescription pads were securely stored during opening hours and there were systems in place to monitor their use. However we were told that blank prescriptions were not locked away when the practice was closed, specifically, they remained in the printer trays and in clinical rooms that could not be locked which were accessed by unsupervised contractors.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. This nurse received support from the medical staff for this extended role. The practice did not hold meetings for nursing staff and we were told they met informally on an irregular basis. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of

identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice did not have a health and safety policy, however information was available to all staff within the staff handbook.
- 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. We were told that the practice use locums and these were mostly those who had previously worked at the practice, such as registrars and salaried GPs. We saw evidence that appropriate recruitment checks were completed prior to their use.

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 received annual basic life support training and there were emergency medicines available in the treatment room.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. These were both fit for use. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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 included appropriate contact numbers and these had been provided to staff to ensure they were readily accessible in an emergency.

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 clinical staff up to date, such as emails cascaded to staff and clinical staff meetings. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The GPs and nurses we spoke to told us they led in specialist areas such as diabetes, heart disease/cardiology, dementia and infertility, and received support and advice from each other. GPs told us this supported all staff to continually review and discuss new best practice guidelines, for example, to give feedback from courses attended and discuss recent publications at a regular teaching session held at the practice.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, we saw evidence of robust and relevant structured annual reviews completed for patients with long term conditions, such as diabetes and rheumatology.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available, with 7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators were better than the national average. For example, patients with diabetes had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 90% compared

with a national average of 78%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 97% compared with a national average of 88%.

- The percentage of patients with hypertension having regular blood pressure tests was 87% which was better than the national average 84%.
- Performance for mental health related indicators was better than the national average. For example, 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 84%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 88% which was better than the national average of 84%.

Clinical audits demonstrated quality improvement.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- We reviewed six clinical audits completed in the last two years; two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve care and treatment for patients.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding adults and children, fire safety, health and safety, and confidentiality. We spoke to staff that had been recruited within the last 18 months. We were told the induction process was comprehensive, and included shadowing appropriate practice staff, mentoring, assessment and in-house training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the nursing staff we spoke to told us about updates they had attended and the clinical support they received, including for diabetes and smoking cessation.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

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 during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff we spoke to had had an appraisal within the last 12 months and received a written summary of the discussion. We reviewed three staff appraisals and we saw that staff were given tailored support appropriate to their own area of work.

- All staff received training that included; safeguarding adults and children, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The GPs and nurses we spoke to told us they felt encouraged to take responsibility for their own learning and share knowledge with others in the practice.

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. 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 patients to other services.

Staff worked together and with other health and social care services 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. The notes for patients using the Out of Hours service were shared electronically with the practice and we saw evidence of this. We were told about the unplanned admissions avoidance process for the 3% most at risk patients, including a meeting held every three months, and saw evidence of the assessment form that set out the actions to complete within the practice for each patient. We were also given examples of where the practice

had referred patients in a timely manner to appropriate external services, such as a referral was made within four hours to urgent response services for a person suffering poor mental health.

The practice attended a Proactive care meeting to discuss and review end of life cases with complex medical needs (Proactive care is a team consisting of representatives of community agencies). The practice received a list of the cases that had been chosen for the agenda. This meeting took place every six weeks and we saw evidence of the minutes, recorded by the Proactive care team who also took responsibility for the actions.

We noted the practice had not organised or held a palliative care meeting since April 2015. We saw evidence of the minutes that were entered individually onto the patient notes at that time.

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. We spoke to the nurse who provides care and treatment to residents of a nearby care home, who had received additional Mental Capacity Act 2005 training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term

Are services effective?

(for example, treatment is effective)

condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then supported by the practice as well as signposted to external services

- The nursing team could support patients with asthma and could conduct cervical smears, blood test and vaccines. One of the nurses we spoke to told us about the service the practice offers to more complex diabetes patients, and additional training they had undertaken to carry out these duties.
- The practice had a comprehensive dementia identification service. This was provided to support registered patients and residents cared for at a nearby care home, where the practice performed twice weekly visits. All residents were met by the practice GPs and an advanced care plan was written that was tailored to their specific care needs. This service is also provided at the practice, for example all reception staff were trained to recognise symptoms of dementia in order to alert GPs. We saw evidence of this training and one of the reception staff we spoke to gave an example of expressing concern to a GP due to the symptoms the patient was displaying. Patients needing extra care are referred to external support services, provided annual reviews, flexible appointments and home visits.

The practice's uptake for the cervical screening programme was 81% which was comparable to the national average of 82%. The practice had a policy to send a letter to patients who did not attend their appointment.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for these screening programmes was above average when compared to the CCG. For example, patients aged 60 to 69 who had been screened for bowel cancer in last 30 months was 64%, compared to the CCG average of 56%.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 95% to 98% and five year olds from 91% to 94%.

Flu vaccine rates for the over 65s were 69%, and at risk groups 48%. These were comparable to national averages.

The practice offered a health check with the health care assistant to all new patients and also to patients aged 40-74 who were registered with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way. These were also carried out during the extended hours on Saturday mornings to assist the working population or those who were unable to attend during normal practice hours.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- 92% of patients say the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 84% and the national average of 87%.
- 98% of patients say the last GP they saw or spoke to was good at listening to them compared to the CCG average of 85% and the national average of 89%.
- 100% of patients had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 87%.

On the day of our inspection we spoke with eight patients. All of these patients told us they were extremely satisfied with the care provided by the practice. They said they were listened to and were treated with respect and care. They also said reception staff were very helpful and courteous. One of the patients we spoke to had young children and spoke positively about the services they received from the practice, and told us they were treated with care and consideration.

CQC comment cards were made available to tell us what they thought about the practice and we received two completed cards, which were both positive about the service experienced. They both stated they receive excellent care from the practice, one patient wrote that they wouldn't go to any other surgery.

Two of the patients we spoke to were members of the virtual patient reference group (PRG). The PRG are a group of patients who work together with the practice staff to represent the interest and views of patients so as to

improve the service provided to them. The PRG members told us the group is mainly virtual, but has not been very active and they felt there is room for improvement. One member had never been asked to contribute or have any involvement in the practice. However, this need to develop the PRG is recognised by the practice and we saw this action in the practice business plan as one of the items to improve. The PRG members also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Throughout our inspection we observed that members of staff were courteous, friendly and attentive with patients both in person and on the telephone. Reception staff were knowledgeable about individual patients and often greeted them by name as they approached the desk. The reception area was open; however the waiting area was located away from the reception desk, separated by a clear partition. Staff told us that a room could be made available should patients want to speak confidentially away from the reception area. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Within consulting rooms we noted that disposable curtains were provided so that patients' privacy and dignity was maintained during examinations, investigations and treatments.

Care planning and involvement in decisions about care and treatment

The national GP patient survey information results showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 81%.
- 91% said the last nurse they saw was good at explaining tests and treatment compared to the CCG average of 88% and the national average of 90%.
- 88% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

Are services caring?

All of the patients we spoke to on the day told us health issues were discussed with them and they felt involved in decision making about their care and treatment. 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 they wished to receive. Almost every patient we spoke to knew their named GP, and they all spoke very highly of the care they received by the GPs they had seen. Comments included that the GPs were all brilliant, and one patient said they were happy at the practice because of being known so well by all staff. Patient feedback on the comment cards we received was also positive and aligned with these views.

Most of the staff we spoke to were aware translation services were available for patients who did not have English as a first language. However, we did not see notices in the waiting room advising this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room and on the practice website told patients how to access a number of support groups and organisations. The practice had a register of 155 patients who were carers, which were recorded both on the practice's computer and a book at reception. We saw leaflets and information in the waiting room to direct carers to various avenues of support available to them.

Patients that we spoke to on the day of inspection were all extremely happy with the emotional support that the practice provided. Examples included the personalised care and support a mother received for her son living with a long term condition, and a family member of a cancer patient spoke of the additional support that GPs at the practice had offered.

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 a Saturday morning clinic for patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day emergency appointments were available for all patients, including children and those with serious medical conditions.
- 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.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, as a result of patient complaints the practice reverted to a local telephone number, rather than a national number, to ensure patients had affordable methods to access services.

The practice told us that individual patient care was important to them and they were proud of the support they provide to each of their patients. The feedback from all of the patients and staff we spoke to on the day reflected this. We were provided with a number of examples where they felt that the practice had gone above and beyond to provide compassionate support specifically tailored to their care needs. For example, a diabetic patient, who worked abroad, liaised with the practice nurse over email to supply test results and book suitable appointments.

Access to the service

The practice was open between 8:30am and 6:30pm Monday to Friday with no lunch time closure.

Appointments were offered 8:50am to 11:50am for morning sessions and 3:30pm to 5:30pm for afternoon sessions. Extended surgery hours were offered 7am to 8am every Monday, 6:30pm to 7:30pm alternate Tuesdays and

Wednesday, and every third Saturday from 9am to 12am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. The practice provided a GP and nurse triage system for patients who requested an urgent appointment. The GP partners told us that all patients requesting a telephone consultation with their GP or a nurse would receive a call on the same day. Patients we spoke with indicated they were able to access appointments when they needed them.

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

- 70% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 70% and national average of 75%.
- 80% of patients said they could get through easily to the surgery by phone (CCG average 68% and national average 73%).
- 46% of patients said they usually get to see or speak to the GP they prefer (CCG average 42% and national average 60%).

Listening and learning from concerns and complaints

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

- The complaint 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, for example we saw leaflets and posters in the waiting room.

We looked at 10 complaints received in the last 12 months. These were investigated in detail, with transparency and openness. The practice held regular meetings where complaints were discussed to ensure lessons could be learnt, and action was taken as a result to improve the quality of care.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of

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

care. For example, following a complaint the practice received it was discussed that clinical staff should ensure patients understand medical terms used, and explain fully at consultations.

Are services well-led?

Requires improvement 

(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 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.
- We found details of the aims and objectives values in their statement of purpose. This included that they aim to; provide individualised care for all their registered patients, meet the needs of their local population, and to work as a learning organisation that ensures staff receive appropriate training and appraisal to provide a safe, efficient and effective service.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- We reviewed a number of practice specific policies and protocols that were implemented and available to all staff, for example whistleblowing policy, chaperone policy and a complaints policy. Staff knew where to find these policies and confirmed their understanding of them. We were also shown the electronic staff handbook, which included sections on harassment and bullying at work, grievances, equal opportunities and data protection. Some key practice specific policies were not available at the time of inspection or were not in place, providing new or existing staff accessible and up to date guidance in order to deliver safe and effective care and treatment. This included; safeguarding adults and children (a local policy was available), incidents/significant events (we were told this was lost during a server malfunction), equality and diversity, and information governance. Although these policies were not formally available, the staff we spoke with were aware of their responsibilities. They were able to explain their understanding of these topics as a result of their training and could provide examples of where additional information could be sought if needed.

- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, there was a lack of clear and formal arrangements for infection control and for the assessment, monitoring and minimising of associated risks. The overarching governance, policy and procedure were not in place in order to provide guidance, management and support at any level of staff.

Leadership and culture

The four GP partners we spoke to in the practice had a long standing partnership, providing the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They 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 management meetings. This included a weekly business meeting, which was attended by the partners, practice manager, office manager and nurse practitioner. We were told by administrative/secretarial and nursing staff there were no regular formal practice meetings they attended. It was noted that all of the staff spoke positively about working at the practice and felt that the arrangement to cascade communications through their manager or emails was sufficient. However, some staff we spoke to were unaware of changes within the practice and recent significant events.

Are services well-led?

Requires improvement 

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

- Staff told us there was an open culture within the practice. They felt they could confidently raise issues as they occurred or at team meetings, and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were encouraged by the partners to identify opportunities to improve the service delivered by the practice.

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

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

- We saw evidence that practice had gathered feedback from patients through a survey completed in February 2015 and using complaints received. They also told us they use online surveys to inform practice developments, such as the national GP patient survey. There was a virtual PRG and on the day of the inspection we spoke to two members, who told us the group was not very active but they had carried out a patient survey in the last two years. The practice recognised the need for development of this group and we saw this action in the practice business plan as one of the items to improve.

- The practice held an annual away day for the practice and all of the staff spoke positively about these days. For example we were told the most recent day included team building activities, a GP delivered a lecture to facilitate learning, and a staff survey was conducted to gather feedback and inform the practice business plan.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice staff enjoyed an embedded culture of training, sharing knowledge and experience. Each of the partners had an external clinical interest which contributed to wider health services and continually updated the skills of the practice, such as; one partner was the diabetes lead for Crawley and was instrumental in the success of the enhanced Tier 3 diabetes service (including complex insulin initiation and management) at the practice.

The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area. For example the practice offered an anti-coagulation clinic, which is a service traditionally performed in a hospital. This provided an in house service to patients, enabling a single contact to arrange a blood test, the result, and dose for their anticoagulation medicine.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>We found that the registered provider had not always ensured that effective processes were in place to assess and address the risks to the health and safety of staff and patients receiving care or treatment:</p> <ul style="list-style-type: none">• We found that the registered provider did not ensure that effective systems were in place to prevent, detect and control the spread of infections.• We found that the registered provider had not ensured the proper and safe management and disposal of medicines.• We found a lack of clearly defined and embedded policies, processes and practices to ensure patients are safeguarded from abuse.• We found that the practice could not demonstrate that they had a robust method for securing and tracking prescription forms at all times. <p>This was in breach of regulation 12 (1) (2) (a) (b) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>