

# Warmdene Surgery

## Quality Report

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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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# 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 Warmdene Surgery on 28 November 2016. Overall the practice is rated as good.

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.
- Risks to patients were assessed, well managed and reviewed regularly.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above the average national average particularly for patients with severe and enduring mental health problems and patients diagnosed with dementia.
- The National Diabetes Audit showed the percentage of patients with type two diabetes receiving annual checks for the effectiveness of their treatment was the highest within the CCG (84% compared with 57% CCG and 59% nationally).
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- 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.

# Summary of findings

- The practice team was forward thinking and part of local pilot schemes and collaborative working with other local practices to improve outcomes for patients in the area.
- The provider was aware of and complied with the requirements of the duty of candour.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed, and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average 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.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### 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.
- 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



# Summary of findings

## 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.
- 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.
- A care coach, whose role was to help patients access the right health and social care support, was available as part of the 'proactive care' project.
- The practice hosted a volunteer who worked as a 'community navigator', helping patients with complex needs to access the various community resources that were available.
- The practice carried out advance care planning where appropriate.
- 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 good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided annual reviews and flu vaccines at home for those unable to attend the practice.
- The practice participated in the unplanned admissions and proactive care services to help prevent patients from being admitted to hospital unnecessarily and from losing their independence.
- The practice worked closely with local initiatives utilising community pharmacy support to ensure regular medication reviews were undertaken, including holistic reviews in the patient's own home if appropriate.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management.
- Performance for diabetes related indicators was in line with the clinical commissioning group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose level was 64 mmol/mol or less in the preceding 12 months was 73% compared with the CCG average of 72% and the national average of 78%.
- The National Diabetes Audit showed the percentage of patients with type two diabetes receiving annual checks for the effectiveness of their treatment was the highest within the CCG (84% compared with 57% CCG and 59% nationally).
- The practice was involved in piloting the National Diabetes Prevention Programme locally as part of cluster working.
- Longer appointments and home visits were available when needed.
- Patients at risk of hospital admission were identified as a priority.

Good



# Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had established high quality care plans for patients, including those with diabetes.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was similar to the clinical commissioning group (CCG) average of 79% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had a policy of returning urgent calls relating to children under five years old within 30 minutes of receiving the phone call.
- We saw positive examples of joint working with midwives and health visitors.
- Children's safeguarding meetings were held quarterly and attended by the GPs, practice nurses, midwifery team, health visitor and school nurse.
- The practice used early warning sign algorithms to identify acute illness in children.

Good



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

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

- 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.

Good





# 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.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice had established high quality care plans for patients, including those with learning disabilities.
- The practice offered longer appointments for patients with a learning disability and sent correspondence in 'easy read' format to aid understanding.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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

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

- The practice results for the management of patients diagnosed with dementia were better than local and national averages. For example, 91% of these patients had received a face-to-face review within the preceding 12 months compared to the CCG average of 77% and the national average of 84%.
- The practice results for the management of patients with poor mental health were better than local and national averages. For example, 94% of their patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months which was in line with the CCG average of 76% and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



# Summary of findings

- 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 national GP patient survey results were published in July 2016. The results showed the practice was performing in line with national averages. Of the 233 survey forms which were distributed, 109 were returned. This represented 1% of the practice's patient list.

- 68% of patients who responded found it easy to get through to this practice by phone compared to the national average of 73%.
- 87% of patients who responded were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 90% of patients who responded described the overall experience of this GP practice as good compared to the national average of 85%.
- 86% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

The practice conducted their own patient survey to which more than 470 patients responded. Results from 2015/2016 were in line with those from the national survey.

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 which were all positive about the standard of care received. Patients also gave anecdotal feedback about the care they received from their own GP and the nursing team commenting on specific scenarios when they had received kindness and good care from their GP and nurse. Patients also commented on the kindness of the reception team.

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

The most recent friends and family test results from October 2016 had 64 responses. Results showed that 94% of patients who responded would recommend the practice to friends and family.

# Warmdene Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

## Background to Warmdene Surgery

Warmdene Surgery is situated on the outskirts of Brighton, East Sussex and operates from:

Warmdene Surgery

County Oak Medical Centre

Carden Hill

Brighton

East Sussex

BN1 8DD

The practice has a branch surgery which operates from:

Deneway Surgery

Lionsdene

11 The Deneway

Brighton

BN1 5AZ

The practice provides services for approximately 9,400 patients living within the local area. The practice holds a general medical services (GMS) contract and provides GP services commissioned by NHS England. (A GMS contract is one between the practice and NHS England where

elements of the contract such as opening times are standard.) The practice has larger numbers of patients aged 75 years and older and patients aged under 18 years compared to the local and national averages. Deprivation is very low when compared to the population nationally.

As well as a team of five GP partners (three male and two female), the practice also employs three practice nurses and two health care assistants. A business manager, an operational services manager and a quality lead form the management team and there is a team of receptionists and administrative clerks.

The practice is a training practice for foundation level two doctors, medical students and student nurses.

Warmdene Surgery is open between 8am and 6.30pm on weekdays and appointments are available at the main site, Warmdene Surgery, from 8am to 6.30pm Monday to Friday with extended hours appointments available on Mondays and Tuesdays from 6.30pm to 8pm. Appointments are available at the branch site, Deneway Surgery, from 8am to 1pm on Mondays, Tuesdays, Thursdays and Fridays. There is a duty GP each day available for phone appointments and urgent face to face appointments according to patient need. Routine appointments are bookable up to four to six weeks in advance. Patients are able to book appointments by phone, online or in person.

The practice has access to a cluster wide community pharmacist who is available to visit patients at home according to need. The practice runs minor surgery clinics and coil clinics. One of the GPs runs a weekly minor eye surgery clinic from the practice. The practice shares its premises with another GP practice and a pharmacy. Weekly midwifery and regular dermatology clinics are run from the premises. Separate organisations providing musculoskeletal and audiology clinics rent rooms in the same premises.

# Detailed findings

Patients are provided with information on how to access the duty GP or the out of hour's service by calling the practice or by referring to its website.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services; family planning and surgical procedures.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 November 2016. During our visit we:

- Spoke with a range of staff (the operational services manager, the business manager, the quality lead, GPs, nursing and administrative team) and spoke with patients who used the service. The administration team were asked to complete questionnaires.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, on one occasion clinical specimens were not collected when the courier was unable to gain access to the practice after surgery hours. The practice responded by adding the specimen collection to the closure of practice protocol to ensure collection before the reception team locked the doors each day. A key code system was also installed to give the courier access to collect the specimens.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, nurses were trained to level two and all other staff were trained to at least level one.

- 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 the practice had conducted a risk assessment, signed by the operational services manager and the lead GP, to assess whether a Disclosure and Barring Service (DBS) check was required. While some of the reception team acted as chaperones, the risk assessment stated that a DBS check was not required as they were never alone with the patient. (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 risk assessments were reviewed annually.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to

## Are services safe?

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

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

### Monitoring risks to patients

Risks to patients were assessed and well managed.

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

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and many administrative staff were multi skilled which allowed them to cover each others' roles when required.

### 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available. The exception reporting for the practice was lower than the CCG and national averages (6% compared to 11% in the CCG and 10% nationally). 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 2015/2016 showed:

- Performance for diabetes related indicators was in line with the clinical commissioning group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose level was 64 mmol/mol or less in the preceding 12 months was 73% compared with the CCG average of 72% and the national average of 78%.
- The practice results for the management of patients with poor mental health were better than local and national averages. For example, 94% of their patients with severe and enduring mental health problems had a

comprehensive care plan documented in their records within the last 12 months which was in line with the CCG average of 76% and the national average of 89%. Exception reporting was 9%, which was better than local and national averages (19% CCG and 13% nationally).

- The practice results for the management of patients diagnosed with dementia were better than local and national averages. For example 91% of these patients had received a face-to-face review within the preceding 12 months compared to the CCG average of 77% and the national average of 84%. Exception reporting was 10%, which was in line with local and national averages (8% CCG and 7% nationally).
- The percentage of patients with hypertension having regular blood pressure tests was in line with the local and national averages achieving 75% in comparison with the CCG average of 77% and the national average of 83%. Exception reporting was 2%, which was in line with local and national averages (5% CCG and 3% nationally).

The practice told us their results were due to the thorough system they had in place for ensuring patients attended for their annual reviews. Patients were invited for review in writing and then chased letter, phone call and opportunistically. The practice then conducted a quarterly review of those who had not responded to improve uptake further.

Further evidence relating to the practice's performance for diabetes related indicators from the National Diabetes Audit showed the percentage of patients with type two diabetes receiving annual checks for the effectiveness of their treatment was the highest within the CCG (84% compared with 57% CCG and 59% nationally).

There was evidence of quality improvement including clinical audit.

- There had been 14 clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice had an ongoing audit plan which included clear rationale for each audit. The results of the audits were discussed in clinical meetings and shared with the clinical commissioning group (CCG).



# Are services effective?

## (for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit of the use of antibiotics for patients with respiratory tract infections showed a reduction of inappropriate prescribing on the second cycle.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82%, which was similar to the clinical commissioning group (CCG) average of 79% and the national average of 81%. There was a policy to offer phone reminders for patients who did not attend for their cervical screening

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

test. 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.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of female patients between the ages of 50 and 70 years old who had breast screening in the preceding three years was 76%, which was better than the CCG average of 67% and national average of 72%. The percentage of patients between the ages 60 and 69 years old of who had bowel screening in the preceding 30 months was 68%, which was better than the CCG average of 56% and the national average of 58%.

Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 74% to 94% (68% to 93% CCG and 73% to 95% nationally) and five year olds from 60% to 98% (66% to 94% CCG and 82% to 95% nationally).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. In ten of the comment cards patients told us that the service and care received was excellent. The remainder provided anecdotal evidence of positive experiences at the practice.

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

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

- 90% of patients who responded said the GP was good at listening to them compared to the national average of 89%.
- 88% of patients who responded said the GP gave them enough time compared to the national average of 87%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw compared to the national average of 95%.

- 90% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 98% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 94% of patients who responded said they found the receptionists at the practice helpful compared to the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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

- 86% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 79% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 84% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 209 patients as carers (2% of the practice list). The reception team wore badges asking patients to let them know if they were caring for someone. The practice provided Carers' information packs and there was information on the noticeboards directing carers to the various avenues of support available to them. The practice worked closely with the local carers'

centre to ensure patients were given up to date support information. A representative from the carers' centre attended the practice's flu clinic to raise awareness of support and services available for carers.

Staff told us that if families had suffered bereavement, their usual GP contacted sending them a letter expressing their sympathy and giving details of relevant support services. A patient consultation was offered at a flexible time and location to meet the family's needs. The practice was proactive in caring for patients at the end of their life and worked with other health care professionals to ensure patients received care in their preferred place. After death reviews were conducted at monthly palliative care meetings to help learn lessons and therefore improve care in the future.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England area team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- The practice had established high quality care plans for patients.
- The practice offered longer appointments for patients with a learning disability and sent correspondence in 'easy read' format to aid understanding.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided annual reviews and flu vaccines at home for those unable to attend the practice.
- The practice participated in the unplanned admissions and proactive care services to help prevent patients from being admitted to hospital unnecessarily and from losing their independence.
- The practice worked closely with local initiatives utilising community pharmacy support to ensure regular medication reviews were undertaken, including holistic reviews in the patient's own home if appropriate.
- The practice carried out advance care planning where appropriate.
- A care coach, whose role was to help patients access the right health and social care support, was available as part of the 'proactive care' project.
- The practice hosted a volunteer who worked as a 'community navigator', helping patients with complex needs to access the various community resources that were available.
- The practice was involved in piloting the National Diabetes Prevention Programme locally as part of cluster working.

- Same day appointments were available for children and those patients with medical problems that require same day consultation. The practice had a policy of returning urgent calls relating to children under five years old within 30 minutes of receiving the phone call.
- Children's safeguarding meetings were held quarterly and attended by the GPs, practice nurses, midwifery team, health visitor and school nurse.
- The practice used early warning sign algorithms to identify of acute illness in children.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a wheelchair available for patient use, a hearing loop and translation services available.
- There were baby changing facilities and a room was available for breast feeding.
- Leaflets were available in large print for patients who were partially sighted.

### Access to the service

Warmdene Surgery was open between 8am and 6.30pm on weekdays. Appointments were available at the main site (Warmdene Surgery) from 8am to 6.30pm Monday to Friday with extended hours appointments available on Mondays and Tuesdays from 6.30pm to 8pm. Appointments were available at the branch site, Deneway Surgery, from 8am to 1pm on Mondays, Tuesdays, Thursdays and Fridays. There was a duty GP each day available for phone appointments and urgent face to face appointments according to patient need. Routine appointments were bookable up to four to six weeks in advance. Patients were able to book appointments by phone, online or in person.

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

- 83% of patients who responded were satisfied with the practice's opening hours compared to the national average of 79%.
- 68% of patients who responded said they could get through easily to the practice by phone compared to the national average of 73%.

The practice had used their own survey (which received more than 470 responses) to highlight ways in which

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

patients could access services such as by email and on the practice website. The practice survey identified that 69% of patients who responded were unaware of the practice's extended hours service. This was discussed in a meeting with the patient participation group (PPG) who had plans to add the information to the practice newsletter.

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

The practice had a system in place to assess:

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

## **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 on a poster in the waiting room, online and in leaflets available at reception.
- The practice recorded verbal as well as written complaints.
- All complaints were discussed at significant event meetings which helped the practice to identify trends in both.

We looked at 16 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint was received from a patient who had received a letter containing clinical information which did not relate to them. The practice investigated fully and apologised to the patients concerned as well as reminding staff about the importance of confidentiality.

# 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 statement of purpose which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### 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 up to date and implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. All risks were given a date for review to ensure they were relevant and reflected current requirements.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The operational services manager conducted a daily round of the practice to ensure contact was made with every member of staff.
- The nursing team told us they felt well supported by the partners and the management team. They also felt the support was reciprocated throughout the practice between the clinical and administrative teams. The nursing team told us they enjoyed working at the practice and felt that the team focused culture they had led to improved patient care.
- The administrative team and reception teams told us they enjoyed working at the practice. They considered their workplace to be a happy environment and felt they made a good team.

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

# Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The most recent practice survey had received more than 470 responses from patients. The practice had used the survey to remind patients about the services they offered and the different ways they could book appointments.
- The PPG met regularly, assisted the practice in analysis of patient surveys and submitted proposals for improvements to the practice management team. The PPG had plans to introduce a quarterly patient newsletter with information about health issues and services offered within the practice. The newsletter would be available in the waiting room and also emailed to patients.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was exploring the benefits of collaborative working with other practices in the local area, which included a discussion about the benefits of employing a pharmacy technician to work across four local practices.

The practice was working with health visitors to identify families who would benefit from educational sessions on managing acute illness to be delivered in 2017.

The nursing team was working on a project to give patients with long term conditions more control over their own health. Patients had expressed a preference for detailed results of blood tests prior to their annual review so that they could begin to take appropriate action before they attended the practice.

The practice was piloting an electronic care plan, which was available to the wider health care professional network including the ambulance service and palliative care partnership. This was designed to promote integrated care and ensure patients were receiving treatment at their preferred place of care.

The practice told us they were constantly discussing different ways of working in order to improve service for patients. At the time of inspection was advertising for a nurse practitioner in order to relieve pressure on GP appointments and provide patients with a more effective service.