

The Lawns Surgery

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous inspection April 2018 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Outstanding

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at the Lawns Surgery on 27 April 2018 as part of our planned inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- There was a strong ethos of providing a dedicated, personalised and individual service to patients.
- The GPs personally telephoned patients with blood tests results and contacted patients to check on their well-being during the day and after hours.
- Patient feedback received during the inspection was overwhelmingly positive.
- National GP patient survey results for the practice were amongst the highest nationally and locally.

- We observed that staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Despite the limitations of its small and outdated premises the practice staff worked well to provide a good service to patients.

We saw an area of outstanding practice :-

- We received 40 CQC comments cards asking patients what they thought about the practice. Feedback from patients was overwhelmingly and consistently positive about the way staff treated them. The GPs were described as caring, compassionate, thorough and dedicated and there was a high level of personal praise for the dedication and individualised care provided to patients by the principal GP. The service was described as “incredible”, “exceptional” and “exemplary”. It was clear that they thought staff at the practice ‘went the extra mile’ and the care they received exceeded expectations. The GPs took blood from patients during consultations when required and personally contacted them with the results even if this meant phoning out of usual working hours and at weekends. Feedback from patients showed how much they valued the personalised care and attention they received in this respect.

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

Population group ratings

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

Our inspection team

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

Background to The Lawns Surgery

The Lawns Surgery provides general medical services to people living in Rustington, Littlehampton, East Preston and Angmering. At the time of our inspection there were approximately 2,600 patients registered at the practice.

The practice population has a significantly higher than average number of patients between 60 and 85 years of age than the national and local clinical commissioning group (CCG) average. It also has a higher than average number of patients with a long standing health condition. Income deprivation for both children and older people is slightly higher than the CCG average but lower than the national average.

The service is provided by a sole GP provider Dr Charles Schlosberg who employs a part-time female GP, a

practice nurse, a phlebotomist, a practice manager, an assistant practice manager and a small team of administrative and reception staff. For information about practice services, opening times and appointments please visit their website at <https://www.thelawnssurgery.co.uk>

The service is located at:-

The Primary Centre,
Zachary Merton Hospital,
Glenville Road,
Rustington,
Littlehampton, West Sussex BN16 2EA

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. The receptionists had not had any

specific awareness training or advice on the 'red flag' sepsis symptoms, however during the week after the inspection the practice confirmed that this had now taken place.

- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Are services safe?

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice and all of the population groups except Older People as good for providing effective services overall. We rated the practice as outstanding in effective for the Older People population group.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/2017. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice provided a personalised approach to the care of older people. Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs.
- The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The GPs worked with multi-disciplinary teams to develop care plans for older patients to prevent avoidable, unplanned hospital admission. The practice showed us data from the clinical commissioning group (CCG) which showed that from October 2016 to September 2017 the practice had one of the lowest rates of non-elective admissions for the CCG area and the lowest in its locality. The practice told us this was because of their ability to respond to acute problems in all age groups and the accessibility to immediate clinical care when needed on a daily basis.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice had taken a pro-active approach to patients who had pre-diabetes (people without a diagnosis of diabetes but who were at risk of developing diabetes following borderline blood glucose results) and ran a series of Saturday morning surgeries to review this patient group.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. This included regular meetings with the health visitor to review the list of children under the age of five to highlight any that have missed immunisations or who may be a cause for safeguarding concerns.

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

- The practice's uptake for cervical screening was 79%, which was in line with the 80% coverage target for the national screening programme.

Are services effective?

- The practices' uptake for breast and bowel cancer screening was in line the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those 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 principal GP had a special interest in dealing with patients who had a history of substance misuse and took responsibility for registered patients who were opiate dependant. Patients were provided with regular face to face care to help them manage their dependency appropriately and regular health screening.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was above the national average.

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, an audit of the monitoring of patients with pre-diabetes was undertaken to ensure that the practice had not missed any diagnosis of type two diabetes resulted in a further six patients being identified for ongoing treatment of their condition. It also enabled the practice to identify other patients who had pre-diabetes and refer them to a well-being course provided by the district council. Where appropriate, clinicians took part in local and national improvement initiatives.

The practice pointed out to us that the Quality and Outcomes Framework (QOF) data showed that the practice had higher than national average prevalence of asthma, atrial fibrillation, COPD, cancer, dementia, heart failure, peripheral arterial disease, secondary prevention of coronary heart disease, and stroke and transient ischaemic attacks. They felt this illustrated the pattern of disease recognition, monitoring and treatment that they had adopted over the years. The QOF data also showed a low figure for cardiovascular disease primary prevention. The practice felt this was because this indicator only measured new cases of raised blood pressure detected within that current 12-month period. The surgery had few patients in this category, as almost all had previously been diagnosed. The QOF data showed that the practice had almost twice the recognised national prevalence of hypertension which they felt reflected their clinical practice of detecting, treating, monitoring and reviewing a condition which was recognised as being a leading cause of cardiovascular, cerebrovascular, and peripheral vascular disease, and dementia.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Are services effective?

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as outstanding for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We received 40 CQC comments cards asking patients what they thought about the practice. Feedback from patients was overwhelmingly and consistently positive about the way staff treated them.
- Relationships between people who used the service and those caring for them were strong, caring and supportive. The GPs were described as caring, compassionate, thorough and dedicated and there was a high level of personal praise for the dedication and individualised care provided to patients by the principal GP. The service was described as “incredible”, “exceptional” and “exemplary”.
- It was clear that they thought staff at the practice ‘went the extra mile’ and the care they received exceeded expectations.
- The practice gave patients timely support and information. The GPs took blood from patients during consultations when required and personally contacted them with the results even if this meant phoning out of usual working hours and at weekends. They often phoned patients in the evenings and weekends to check on their well-being. The lead GP told us they made sure that they phoned at a time that would meet the individual needs of a patient and said how important this personalised care was for the high number patients on the list who were elderly and living alone. Feedback from patients showed how much they valued the personalised care and attention they received in this respect.
- Staff understood patients’ personal, cultural, social and religious needs.
- The national GP survey results for the practice in relation to staff treating patients with care and concern were consistently higher than the local and national average.

- 93% of respondents said the last GP they saw or spoke to was good at treating them with care and concern compared with a local average of 88% and the national average of 86%.
- 100% of respondents had confidence and trust in the last GP they saw or spoke to compared with the local average of 97% and the national average of 95%.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The national GP survey results show that patient satisfaction in relation to involvement in decisions about their care was higher than the local and national average.

Privacy and dignity

The practice respected patients’ privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people’s dignity and respect.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored and personalised services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- The practice took care to ensure that older patients with complex needs had a clear understanding of matters discussed during their consultation, giving them a written record of their consultation and where appropriate in larger font to ease accessibility.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice held regular meetings multi-disciplinary meetings to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. For example, both GPs took blood samples from patients if required during their consultations. They made sure that they personally telephoned the patients the next day with the test results at a time they knew would be convenient to the patient, including after hours.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The practice tried to ensure that patients were seen on the day of their appointment request. Patients reported that the appointment system was easy to use.

Are services responsive to people's needs?

- The national GP survey results for the practice show that patient satisfaction in relation to timely access to care and treatment was higher than the local and national average.
- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Please refer to the Evidence Tables for further information.

Are services well-led?

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear set of values based on providing a personalised service that reflected the care they would want to receive for themselves. The practice worked jointly with patients, staff and external partners in the development of local strategies and plans for services.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice aligned itself with health and social priorities across the region.
- The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality personalised care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the individual needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and

career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- Non- clinical staff were considered valued members of the practice team.
- There was a strong emphasis on the safety and well-being of all staff.
- Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance.
- Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Are services well-led?

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice was in the process of setting up a patient participation group. The practice had joined with six other practices in the locality to hold regular public meetings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Please refer to the Evidence Tables for further information.