

Sidley Medical Practice

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

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 Sidley Medical Practice on 23 August 2016. Overall the practice is rated as requires improvement.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.
- There was an open and transparent approach to safety and a system in place for reporting significant events, although we found the process could be improved. This included that not all staff were aware of how to report significant events, the recording was not always complete and the learning was not always shared to improve patient care.
- Most risks to patients were assessed and well managed. However, some systems and processes to address risks were not implemented well enough to ensure patients and staff were kept safe. This included the arrangements to manage infection control, the completion of recruitment checks, and that safeguarding training had not been completed by all staff.
- 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 and there was continuity of care, with urgent appointments available the same day. The patients we spoke with on the day of the inspection who told us they were happy with the care and treatment they received.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported, but not by all members of the senior management team. We found a lack of clinical input into the running and direction of the practice as there was no clinical lead.
- The practice had a number of policies and procedures to govern activity, but some had not been dated or were not practice specific.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and had made a number of improvements to the practice and ensured regular communication with the patients.

The areas where the provider must make improvements are:

- Ensure that there are clear processes for reporting, recording, acting on and monitoring significant events, incidents and near misses that are understood by all staff. Ensure that lessons learnt from complaints and significant events are communicated to the appropriate staff to support improvement at all levels.
- Ensure that all documents and processes used to govern activity are practice specific and up to date. This includes adult safeguarding arrangements, and the use of both patient group directions and patient specific directions when authorising clinical staff to administer vaccines and medicines.
- Ensure there are formal pathways to seek, act and monitor all relevant and current evidence based guidance and standards. This includes the National Institute for Health and Care Excellence (NICE) best practice guidelines and patient safety alerts.
- Ensure all the learning and development needs of all staff are identified and addressed through a system of comprehensive annual appraisals. Ensure all staff are up to date with training appropriate to their job role; including adult and child safeguarding, fire awareness and information governance.
- Ensure there are clear and formal arrangements in place to assess the risk of, prevent, detect and control the spread of infections. This includes that actions from infection control audits are completed and recorded. Ensure that the cleaning of medical equipment and fabric curtains is undertaken, recorded and monitored.
- Ensure recruitment procedures are established and operated effectively to satisfy that staff employed are of good character, such as obtaining references as set out in the practice recruitment policy.
- Ensure the risks to the health and safety of patients and staff has been assessed and mitigated where reasonably possible, by conducting and recording fire drills at least annually, to include whole practice evacuation.
- Ensure there are systems and processes in place to assess, monitor and improve the quality and safety of the services being provided by developing an on-going audit programme in a range of clinical areas.
- Ensure that effective and timely care planning takes place to ensure the health, safety and welfare of patients. Communicate the methods to store and locate patient care plans to all clinical staff.
- Improve the mechanisms for all staff to raise concerns; ensuring consistent support and mentorship is available from all members of the management team. Formally communicate to all staff the practice governance, vision, strategy and supporting business plan.

In addition the provider should:

- Allocate and define a role of clinical lead.
- Ensure that alerts for children and adults at risk which are placed on the practice computer are also placed on family members' records, as appropriate.
- Review the visibility of signage to inform patients of the availability of chaperones, to include all treatment rooms.

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.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, the practice did not demonstrate that significant events were always thoroughly recorded, or that learning was shared effectively with staff.
- 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 systems, processes and practices in place to keep patients safe and safeguarded from abuse, although we found not all staff had received training appropriate to their role.
- Most risks to patients were assessed and well managed. However, some systems and processes to address risks were not implemented well enough to ensure patients and staff were kept safe. This included the arrangements to manage infection control, the recording and completion of some aspects of cleaning, the recruitment checks carried out and the use of patient group directions and patient specific directions was not in line with legislation.

Requires improvement



Are services effective?

The practice is rated as requires improvement 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. However, we found the practice had a lack of oversight for the actioning of latest guidance or best practice including patient safety alerts.
- We found a lack of on-going clinical audit programme to show that continuous improvements had been made.
- The learning and development needs of all staff were not always identified and addressed through a system of comprehensive annual appraisals.
- The practice did not demonstrate how they ensured role-specific training and updating for relevant staff.

Requires improvement



Summary of findings

- Staff worked with other health care professionals 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.
- 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. For example, the practice was working towards creating a federation with other surgeries as part of the East Sussex Better Together programme (this aims to have a fully integrated health and social care economy by 2018).
- 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. This included a lift, portable hearing loop, disabled facilities and baby changing facilities.
- 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 management staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients, but staff were not clear about the vision or business plan and their responsibilities in relation to it.

Requires improvement



Summary of findings

- There was a clear leadership structure and staff felt supported by most of the management team.
- 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.
- Most practice policies were implemented and were available to all staff but we saw that some policies had not been dated or were not practice specific.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus embracing the use of new technology and had implemented a number of systems to improve efficiency.

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 safety, effective services and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 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.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safety, effective services and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, 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.
- Performance for diabetes related indicators were in line or slightly above national averages. For example, the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 90% compared with a national average of 88%.
- Longer appointments and home visits 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. 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.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for safety, effective services and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of

Requires improvement



Summary of findings

A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. However, the practice did not demonstrate all staff had received safeguarding training at the appropriate level for their role.

- 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 comparable to the clinical commissioning group (CCG) average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety, effective services and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Appointments were available at the Albert Road Surgery every Saturday from 8am to 11am.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered online services including booking/cancelling appointments and an electronic prescribing service.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety, effective services and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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.

Requires improvement



Summary of findings

- 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. However, not all staff knew who the safeguarding leads at the practice were and the practice was not able to demonstrate that all staff had completed relevant training for child and adult safeguarding.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safety, effective services and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- Performance for mental health related indicators were in line with national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 96% which is comparable to the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 75% which was comparable to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published January 2016. The results showed the practice was performing in line with or slightly above local and national averages. There were 238 survey forms distributed and 103 were returned. This represented a response rate of 43% and less than 1% of the practice's patient list.

- 70% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered good personalised care and staff were friendly, understanding and caring. There were three cards received where patients were not all positive, comments included difficulty with making appointments, appointment lengths and waiting times.

We spoke with three patients during the inspection. These patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They said it was easy to make an appointment but not always with their named GP.

Sidley Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Sidney Medical Practice

Sidley Medical Practice provides personal medical services to approximately 16,500 patients and operates from two practices in Bexhill-on-Sea. These are known as Sidney Surgery, a purpose built premises in a residential area with a link to an adjacent pharmacy, and Albert Road Surgery that is located in the town centre and based in a converted residential property.

Patients can access services provided from either location:

Sidley Surgery, 44 Turkey Road, Bexhill-on-Sea, East Sussex, TN39 5HE.

Or

Albert Road Surgery, 24 Albert Road, Bexhill-on-Sea, East Sussex, TN40 1DG.

There are eight GP partners and five salaried GPs (five male, eight female). Collectively they equate to almost seven full time GPs. The practice is registered as a GP training practice, supporting medical students and providing training opportunities for doctors seeking to become fully qualified GPs.

In addition there are six members of the nursing team; three practice nurses (one male, two female) and three health care assistants (female). There are six members of

the senior management team including; a managing partner and practice manager, a deputy practice manager and an operations manager. There are 24 members of reception/administration staff supporting the practice.

Both practices are open Monday to Friday between 8am and 6:30pm with a lunchtime closure from 1pm to 2pm; during this time patients can call the normal surgery phone number and a duty doctor is available. Pre-booked extended hours appointments are offered at the Albert Road Surgery every Saturday from 8am to 11am.

Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hours service by calling the surgery or viewing the practice website.

Data available to the Care Quality Commission (CQC) shows the practice is located in an area that is considered to be in the fifth most deprived decile nationally. People living in more deprived areas tend to have greater need for health services. Statistically, this practice area has a higher number of people with a long-standing health condition when compared to the national average and the number of people suffering income deprivation is higher than the national average.

This practice serves a higher than average number of patients who are aged over 65 years when compared to the national average. The number of patients aged from birth to 18 years is slightly lower than the national average.

The practice offers a number of services for its patients including; family planning, minor surgery, hypertension clinics, drug and alcohol misuse services, smoking cessation, and travel vaccines.

The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting

Detailed findings

routes that have been available to enable commissioning of primary medical services). The practice is part of the NHS Hastings and Rother Clinical Commissioning Group. The practice list is currently closed to new patients.

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

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 23 August 2016. During our visit we:

- Spoke with a range of staff including; GP partners and salaried GPs, the nursing team, the senior management team and receptionists/administrators/secretaries.
- We also spoke with three patients who used the service, including one member of the patient participation 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 main premises at Sidley Surgery.
- 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 a system in place for reporting and recording significant events.

- Staff told us they were unsure who the lead was and of the process for reporting significant events, but they would inform either their line manager, assistant practice manager or practice manager of any incidents. There was a recording form available on the practice's computer system which 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 management team carried out a thorough analysis of the significant events but not all staff, including clinical staff, could describe this process. Although we saw that significant events were discussed at a clinical meeting, we noted that the learning outcomes and any subsequent actions were not always recorded as completed or shared with all staff. For example, an incident occurred when a patient attended suffering chest pains. The GP requested urgent assistance and the practice staff promptly responded, including administering emergency treatment until paramedics arrived. We noted the practice had taken steps to ensure the patients privacy and dignity, updated patients in the waiting room that there would be a delay and that following the incident the nursing team were asked to check and restock the emergency equipment. We reviewed two significant event forms for this same incident (dated differently) and saw minutes of a clinical meeting soon after where this incident was discussed. However one of the forms did not detail who completed the form, or any learning outcomes or action plan. This information was provided on the second form, but there was no detail provided to evidence whether the learning outcomes or actions had been completed.

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 arrangements in place to safeguard children and vulnerable adults from abuse but we found these could be improved. These arrangements reflected relevant legislation and local requirements. Policies originally written by the Clinical Commissioning Group and adopted by the practice were accessible to all staff, however these were not practice specific. There were four substantial policies and it was not clear which should be used by staff if they required guidance, two of these outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for child safeguarding and for adults at risk, however not all staff we spoke with knew who these were or how to access policies and procedures. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Children and adults at risk were identified on the practice computer system using an alert on their record, for example those at risk of harm, subject to safeguarding procedures or on a child protection plan. However we noted the alert was placed on the individual file only, and not extended to their family if appropriate, in order to provide wider safeguarding identification. Staff demonstrated their competency and that they understood their responsibilities, but not all staff we spoke with told us they had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Not all nurses that we spoke with had been trained to child safeguarding level two. Non clinical staff were trained using an online training system to level one.
- A notice on the television information screen in the waiting room advised patients that chaperones were available if required but we noted that signs were not visible in the treatment rooms. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Are services safe?

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We reviewed the practice cleaning schedule and task list, however we noted the cleaning of fabric curtains used in clinical rooms was not included. The practice told us they would add this aspect to their schedule immediately. We also were told about appropriate cleaning carried out for the clinical equipment but we were not shown evidence this was recorded, with the exception of one piece of equipment used for ear irrigation. A practice nurse had very recently become the infection control clinical lead and certified training had not yet been undertaken. The role was partly shared with the deputy nurse manager and deputy practice manager and we found that it was not always clear who had responsibility for all of the aspects of this role. The infection control nurse had liaised with the local clinical commissioning group infection prevention lead in order to obtain up to date policies and best practice. We saw evidence that the infection control nurse had made a number of improvements since taking on the role, such as developing a tip sheet to include advice for waste segregation and sharps injuries. There was an infection control protocol in place and staff had received up to date training using an online training system. Annual infection control audits were undertaken and we saw evidence of the most recent audit in March 2016; however we did not see evidence of an action plan to address any improvements identified as a result as were told this was in progress by the deputy practice manager. The practice had also been audited by an external company for waste management and we were told the actions identified in the report were under review.
- Some of 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. One of the nurses had recently qualified as an Independent

Prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We reviewed the PGDs in use by the practice and found that six had not been completed correctly, as the nurses had not been authorised to use by an appropriate person, in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. Although these were largely completed in accordance with guidelines, we were told that some patients were administered vaccines and medicines before authorization had been sought from a prescriber, for example during flu clinics.

- We reviewed four personnel files and found not all 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. This included that three files did not contain proof of identity, however all staff had been issued smartcards which require proof of identity to be produced prior to the card being issued. We also found no references had been obtained for all four staff. We were told references were not routinely obtained, however we found this was not in compliance with schedule three and the practices' own policy, which stated two references should be obtained for all staff. The practice regularly used locums and gave priority to those who had worked at the practice before.

Monitoring risks to patients

Most 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 staff area which identified local health and safety representatives. The practice had up to date fire risk assessments conducted by an external company and fire alarms were regularly tested. The practice told us they did not carry out fire drills; this did not comply with fire regulations to conduct and record annual fire drills. We were shown a risk assessment undertaken for this which stated one was not required. All electrical equipment was checked to ensure the equipment was

Are services safe?

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. The practice conducted their own risk assessment for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and we saw evidence of the actions regularly completed.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room and behind reception.
- The practice had defibrillators 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. However the practice did not have a formal internal process to ensure that information from NICE and patient safety alerts were reviewed and actioned. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice did not evidence that they monitored and ensured guidelines were followed, for example 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 100% of the total number of points available, which was above the clinical commissioning group (CCG) average of 98% and national average of 95%. The practice exception reporting rate was 10% which was comparable to the CCG average of 9% and that national average of 9%. (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 comparable with national averages. For example, the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 90% compared with a national average of 88%.

- The percentage of patients with hypertension having regular blood pressure tests was 81% which was comparable to the national average 84%.
- Performance for mental health related indicators were in line with national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 96% which is comparable to the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 75% which was comparable to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- The practice provided evidence of five clinical audits completed in the last two years. However none of these were completed audits of at least two cycles where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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 and they used a checklist to ensure all areas were completed. This covered such topics as safeguarding, 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. Additionally, a practice nurse was creating standard templates for the clinical computer system to be used nationally, which included for reviewing care plans for patients with diabetes, asthma and chronic obstructive pulmonary disease.
- 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

Are services effective?

(for example, treatment is effective)

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. The practice showed us evidence that most staff had received an appraisal within the last 12 months. Not all staff we spoke with told us they had received an annual appraisal. This included one member of staff who told us they had never had an appraisal and had been at the practice over five years.
- Not all staff we spoke with had received training that included: 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. We asked clinical staff to show us examples of completed care plans, including for mental health patients and those with a learning disability, however they were unable to evidence that these were used routinely. For example, one GP was unsure how to find them on the system, one care plan we viewed was blank, and one other care plan had not been comprehensively completed.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- All patients had a named GP. The practice also had a formal buddy system to ensure that each patient had a second GP to ensure continuity of care.

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 monthly basis, which included attendance by district nurses and social services. We saw evidence of recent minutes from these meetings evidencing that 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.

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.
- Advice on patients' diet and smoking cessation advice was available from the health care assistant or local support groups.

Data from QOF showed that the practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data available from QOF showed the practice was performing in

Are services effective?

(for example, treatment is effective)

line with CCG and national averages for both programmes. 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.

Childhood immunisation rates for the vaccinations given were comparable to or better than CCG averages. For

example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 98% (CCG 91% to 97%) and five year olds from 93% to 99% (CCG 90% to 96%).

Patients had access to appropriate health assessments and checks. These included NHS health checks for patients aged 40–74 and new patient checks if requested. 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

Throughout our inspection we observed that members of staff were courteous, friendly and attentive with patients both in person and on the telephone. The reception desk area was open but the waiting area was away from the desk and a partition was present, which meant conversations at the desk could not be overheard. We saw that staff dealt with patients in a friendly, polite and helpful manner. Staff told us that a room could be made available if patients wanted 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 curtains were provided so that patients' privacy and dignity was maintained during examinations, investigations and treatments.

All of the 20 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.

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

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

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% 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 91% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and 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.

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

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

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.
- In the reception area we saw that the digital check in system had a number of different languages available.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 313 patients as carers (approximately 2% of the practice list). The practice had made a separate telephone number available to carers and patients on the vulnerable patients' scheme, enabling

them to bypass the usual system. Written information was available to direct carers to the various avenues of support available to them. The practice also told us that a carer's support charity occasionally set up meetings with the practice and had previously attended the practice to talk to patients in the waiting room.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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. For example, the practice was working towards creating a federation with other surgeries as part of the East Sussex Better Together programme (this aims to have a fully integrated health and social care economy by 2018).

- The practice offered extended hours appointments at the Albert Road Surgery every Saturday from 8am to 11am.
- There were longer appointments available if required. This included younger patients, and those with a learning disability, dementia or poor mental health.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There was a self-service blood pressure machine, lift, disabled facilities, baby changing facilities, a hearing loop and translation services available. The practice also had a direct link to the pharmacy next door.
- Same day appointments were available for children, and those patients with medical problems that require same day consultation.
- Patients had online services available that included booking/cancelling appointments and ordering repeat prescriptions.
- Appointments were offered to patients with no fixed address.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice offered a variety of services including chronic disease management, family planning and new baby checks. Due to the needs of the local population the practice also hosted other services including; a commercial organisation providing a hearing loss clinic, a memory assessment clinic, drug & alcohol counsellor, and a substance misuse service.

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. Pre-bookable extended hours appointments were offered at the Albert Road Surgery every Saturday

from 8am to 11am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

During our observation of patient bookings, we noted that pre-bookable appointments were offered the next day unless the patient requested a named GP. A nurse appointment was available within two weeks.

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

- 83% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 80% and national average of 78%.
- 70% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.

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.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. The practice had a trial ongoing twice per week where a GP was assigned to triage calls, this included to assess whether a GP appointment or home visit was necessary. They told us they planned to extend this triaging system full time. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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, one of the senior management team, who handled all complaints in the practice.

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

- We saw that information was available on notice boards and leaflets in the waiting room to help patients understand the complaints system.

We saw that 92 verbal and non-verbal complaints had been received in the last eight months and the practice used a comprehensive system to log and track the progress of all complaints. We looked at three in detail and saw evidence

that they had been fully investigated, with transparency and openness. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care, for example we saw evidence of practice meetings where complaints had been discussed amongst clinical staff.

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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and we saw that the practice had a robust strategy and supporting business plans for 2016/17. This reflected the vision and values and was regularly monitored. This included aspects such as the need for new premises for the branch surgery, as the Albert Road building was aged and had insufficient space to meet the future demand for services. They had also considered succession planning for GPs leaving or retiring.

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 most staff were aware of their own roles and responsibilities. The practice senior partner had recently retired and this role had been replaced by the practice manager, therefore there was currently no clinical lead. The senior management team had used this as an opportunity to re-structure, consider improvements and welcome ideas for change at the practice. However we found a lack of clinical input into the running and direction of the practice remained, as there was no clinical lead.
- We reviewed a number of policies that were implemented and available to staff, but not all staff we spoke with knew how to access them. Additionally, we noted not all policies were practice specific or dated and therefore it was not possible to determine when these were written or last reviewed. This could present difficulties for staff to access information that was up to date.
- An understanding of the performance of the practice was maintained. The practice manager had oversight of QOF (Quality Outcome Focus) performance and individual clinical staff also demonstrated an understanding for their specific areas. Indicators were regularly monitored and discussed with the practice team.

- A programme of clinical and internal audit was not in place, in order to monitor quality and to make improvements. We found the oversight of audits could be improved to ensure recommended changes were made that improved patient outcomes, as the audits we were shown were single cycle with no follow up to determine whether the intervention had any effect on patient outcomes
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, some systems and processes to address risks were not implemented well enough to ensure patients and staff were kept safe. This included significant event processes, the arrangements to manage infection control, the recording and completion of some aspects of cleaning, the completion of patient care plans, the recruitment checks carried out and the use of patient group directions and patient specific directions was not in line with legislation.

Leadership and culture

On the day of inspection the senior management team told us they prioritised safe, high quality and compassionate care. Staff told us the GP partners were approachable and 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 and training for all staff on communicating with patients about notifiable safety incidents. 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 leadership structure in place, led by the practice manager, and most staff felt supported by management.

- Staff told us the practice held regular team meetings. This included various management meetings, a clinical

Are services well-led?

Requires improvement 

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

meeting (including significant event/complaints), and individual team meetings. The practice told us they had recently started whole practice meetings and planned to continue this.

- Most staff felt they had the opportunity to raise any issues with their line manager. They told us they felt informed about changes through meetings and other communication methods within the practice. However, although some staff were aware of recent significant events or complaints at the practice appropriate to their role, not all non-clinical and clinical staff were involved in the process. We also found a lack of awareness of the practice vision and business plan amongst non-clinical and some clinical staff.
- Almost all staff spoke positively about working at the practice. Staff said they felt respected, valued and supported, by most of the partners and senior management team. Some staff told us they felt certain members of the senior management team were not approachable and they did not always feel comfortable raising issues to them. Not all staff felt they were involved in discussions about how to run and develop the practice, particularly some clinical staff.
- We were told about GP and staff shortages and the impact this had on staff wellbeing. However, many staff told us they were encouraged by the recent recruitment into the practice.
- Staff told us they felt positive about the future at the practice, particularly due to new GPs and new administrative staff and a changing culture.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had approximately 12 members and met quarterly, carried out patient surveys and submitted proposals for improvements to the practice management team. The

PPG member we spoke with told us that the meetings were attended by practice staff, including the practice manager and occasionally by external speakers, for example from the local hospital and Healthwatch. We were told their suggestions for improvement were listened to and had been acted on wherever possible. We were told the practice manager asked for their assistance with the patient survey and also updated them on recent complaints including how they were dealt with. The PPG had made improvements in response to patient queries, such as changing the time that the practice doors opened to prevent patients waiting outside before appointment booking opened. The PPG were working towards a newsletter to include information on the practice GPs and they were planning ways to reach out to housebound patients.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice also embraced the use of new technology and had implemented a number of systems to improve efficiency. For example they used a call handling system that recorded all calls, which they used for complaints handling in terms of evidence and training. The system also enabled better monitoring of call numbers for determining staff resources.

They also used a communication suite within the practice that was linked to the practice computer system. This was used to send messages and tasks with the added benefit that details were automatically added from the computer system, for example patient and staff details, when composing messages.

The practice was Accredited Paperlight with all pathology, imaging results, letters, medicine and non-medicine tasks being electronic.

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 systems were in place to assess the risks to the health and safety of service users of receiving care or treatment and had not always done all that was reasonably practicable to mitigate such risks.</p> <p>This included that the provider had not:</p> <ul style="list-style-type: none">• Ensured there were clear and formal arrangements in place to assess the risk of, prevent, detect and control the spread of infections. This includes that actions from infection control audits were completed and recorded. Ensured that the cleaning of medical equipment and fabric curtains is undertaken, recorded and monitored.• Ensured that all patient group directions and patient specific directions were completed correctly and in line with legislation.• Ensured the risks to the health and safety of patients and staff had been assessed and mitigated where reasonably possible, by conducting and recording fire drills at least annually, to include whole practice evacuation.• Ensured that there were clear processes for reporting, recording, acting on and monitoring significant events, incidents and near misses that are understood by all staff. Ensured that lessons learnt from complaints and significant events are communicated to the appropriate staff to support improvement at all levels.• Ensured that effective and timely care planning took place to ensure the health, safety and welfare of patients. Communicated the methods to store and locate patient care plans to all clinical staff.

Requirement notices

This was in breach of regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

We found that the provider had not:

- Ensured formal pathways for the dissemination of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Ensured that all documents and processes used to govern activity are practice specific and up to date. This includes adult safeguarding arrangements.
- Ensured all the learning and development needs of all staff were identified and addressed through a system of comprehensive annual appraisals. Ensured all staff are up to date with training appropriate to their job role; including adult and child safeguarding, fire awareness and information governance.
- Ensured that clearly defined and embedded systems, processes and practices were in place to keep patients safe and safeguarded from abuse. Including that not all staff had received training appropriate to their role.
- Ensured there were mechanisms for all staff to raise concerns; ensuring consistent support and mentorship is available from all members of the management team.
- Ensured there were systems and processes in place to assess, monitor and improve the quality and safety of the services being provided by developing an on-going audit programme in a range of clinical areas.
- Communicated to all staff the practice governance, vision, strategy and supporting business plan.

This was in breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

Regulated activity

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The provider had failed to ensure that recruitment procedures were established and operated effectively to satisfy that staff employed are of good character, such as obtaining references as set out in the practice recruitment policy.

This was in breach of regulation 19 (1) the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.