

# Woodlands & Clerklands Partnership

## Quality Report

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

## Ratings

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

# 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 the Woodlands and Clerklands Partnership on 19 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Results from the GP patient survey showed patients' satisfaction with access to care was better than national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered a wide range of clinics including those due to the specialist interests of GPs and nurses. For example, on site vasectomy, epilepsy reviews and a specialist treatment for a type of benign vertigo (dizziness). They also offered a walk-in blood test clinic twice per week.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

# Summary of findings

- There was a strong focus on education and shared learning throughout the practice.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

- The practice had an ethos of education and had designed a competency framework for the patient services team, to provide a standard process for staff to achieve and progress within their role. The framework included key competencies that should be achieved within the first year, and then onward progression towards additional tasks that carried an upscale in pay. Appraisals were used to monitor achievements and work with staff to develop their skills. Staff we spoke to within this role told us they enjoyed the opportunities at the practice and the flexibility to choose training in different aspects of the role.
- The practice had high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture of learning and

improvement. There were consistently high levels of constructive staff engagement. Staff at all levels were actively involved in identifying learning, and facilitating improvement to quality of care and patients experiences

- The partners and management had an inspired shared purpose, strive to deliver and motivated staff to succeed, including that they were actively supporting the nursing team to progress within their career.

The areas where the provider should make improvement are:

- Ensure patients who are carers and who are cared for are pro-actively identified and supported.
- Continue to ensure the care and treatment of all diabetic patients is reviewed, and ensure plans are in place to reduce the exception reporting results.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



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

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice proactively identified housebound patients in order to provide additional care and support.
- Patients suffering a chronic disease were recorded on a separate list by the practice in order to ensure their care was reviewed at least annually.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- 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.
- We saw examples of personalised care plans for patients with a learning disability and for patients with dementia.
- The practice had created a poster at the reception area to assist patients to communicate their spoken language with staff at the reception desk.

## 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 offered an on-site vasectomy service for patients in the Crawley area.
- 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. Patients' satisfaction with access to care was above local and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included a portable hearing loop, disabled facilities and baby changing facilities.
- The practice had identified patients who may require extra assistance on separate lists that were recorded on the practice computer system in an easily accessible location, including those with a sight or hearing impairment, wheelchair users and housebound patients.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

Outstanding



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. The practice had a culture of education, and placed quality patient care at the centre of their decision making.
- There was a clear leadership structure and staff felt supported by management. Staff told us they felt encouraged to make suggestions for improvement of the practice.
- The practice held annual business strategy meetings, six monthly away days, and a range of meetings to ensure all staff were involved in identifying learning and facilitated improvement across all staffing groups.
- The practice team had won awards the nursing team, who won a Sussex-wide “proud to care team award” for compassion in 2013. Additionally one of the health care assistants won a Crawley CCG award for “putting patients at the heart” in 2014 for her work with learning disability checks at the practice.
- Most of the GPs and nurses had a specialist interest and additional qualifications in those areas.
- The practice had designed a competency framework for the patient services team, to provide a standard process for staff to achieve and progress within their role.
- 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.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients aged over 75 had a named accountable GP.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 87% of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was comparable with national average 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.
- The practice offered a range of services to people with long term conditions. This included clinics for diabetes, asthma and hypertension.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



# Summary of findings

- 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.
- 87% of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was comparable with national average 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered antenatal checks with an on-site midwife, full contraception counselling, and dedicated coil clinics.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

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

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

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- Appointments were offered to patients with no fixed address. Staff told us that they would support those patients by registering them with a temporary address.
- 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.

Good





# 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.

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

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

- 92% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average 84%.
- 95% 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 better than the national average 88%.
- 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.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016 and the results showed the practice was performing in line with local and national averages. There were 276 survey forms distributed and 114 were returned. This represented less than 1% of the practice's patient list and a response rate of 41%.

- 80% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% 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%.
- 80% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

- 74% 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 nine comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were professional, empathetic and attentive.

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

We reviewed the latest results from the Friends and Family Test in February 2016, which received 23 responses. This showed that 91% of respondents would recommend the practice.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensure patients who are carers and who are cared for are pro-actively identified and supported.
- Continue to ensure the care and treatment of all diabetic patients is reviewed, and ensure plans are in place to reduce the exception reporting results.

## Outstanding practice

- The practice had an ethos of education and had designed a competency framework for the patient services team, to provide a standard process for staff to achieve and progress within their role. The framework included key competencies that should be achieved within the first year, and then onward progression towards additional tasks that carried an upscale in pay. Appraisals were used to monitor achievements and work with staff to develop their skills. Staff we spoke to within this role told us they enjoyed the opportunities at the practice and the flexibility to choose training in different aspects of the role.
- The practice had high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture of learning and improvement. There were consistently high levels of constructive staff engagement. Staff at all levels were actively involved in identifying learning, and facilitating improvement to quality of care and patients experiences
- The partners and management had an inspired shared purpose, strive to deliver and motivated staff to succeed, including that they were actively supporting the nursing team to progress within their career.

# Woodlands & Clerklands Partnership

## 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, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

## Background to Woodlands & Clerklands Partnership

Woodlands & Clerklands Partnership provides primary medical services to approximately 15500 patients and operates from two practices in Crawley, West Sussex and Horley, Surrey.

Patients can access services provided from:

“Woodlands Surgery”, Tilgate Way, Tilgate, Crawley, West Sussex, RH10 5BW.

Or

“Clerklands Surgery”, Vicarage Lane, Horley, Surrey, RH6 8AR.

There are seven GP partners and three salaried GPs (five male, four female). Collectively they equate to almost eight 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.

There are eight female members of the nursing team; three practice nurses and four health care assistant. GPs and

nurses are supported by a business manager, an operational manager, two patient services managers and a team of reception/administration staff (patient services team).

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of patients who are aged under 18 years old when compared to the national average. The number of patients aged 65 and over is slightly lower than average. The number of registered patients suffering income deprivation is below the national average.

Both practices are open continuously from Monday to Friday between 8am and 6:30pm. Extended hours appointments are offered at the Woodlands surgery every Thursday evening from 6:30pm to 7:30pm, and Tuesday and Friday mornings from 7am to 8am at the Clerklands Surgery. 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.

The practice runs a number of services for its patients including; chronic disease management, weight management, smoking cessation, maternity services, and holiday vaccines and advice.

The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS Crawley Clinical Commissioning Group.

# Detailed findings

## 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 19 April 2016. During our visit we:

- Spoke with a range of staff including; four GP partners, one salaried GP, one advanced nurse practitioner, two practice nurses, two health care assistants, the business manager, the operational manager, a patient services manager and seven receptionists/ administrators/ secretaries (patient services team).
- We also spoke with ten 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 Woodlands 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 an effective system in place for reporting and recording significant events.

- Staff told us there was an open culture at the practice and they would inform the business and operational managers of any incidents. There was a recording form available on the practice's computer system, and this supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. This included that they applied a rating system to each significant event in order to decide the seriousness of the issue. We were shown their log of all events and this detailed what actions were taken, their rating system result, and what additional learning had been taken forward to share internally or externally with relevant stakeholders.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. We saw that the practice had an adult safeguarding policy and child safeguarding policy, which were accessible to all staff. There were designated leads for adult safeguarding and child safeguarding and all staff knew who to contact when these persons were absent.

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. We saw the practice also had set up a protocol to record information of concern onto a template, which was passed to the relevant lead and kept on patient notes if appropriate. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and we received a number of examples where staff had raised concern themselves. Staff told us that safeguarding was an ongoing topic for discussion and that staff meetings were used to raise awareness, for example they had recently all watched a child safeguarding video by a national children's charity. All staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice used name badges of a different colour to identify those who were chaperones, this meant that an appropriate member of staff could be easily identified and would not cause delay if a patient requested a chaperone.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who worked together with a deputy lead. They both liaised with the local infection prevention teams to keep up to date with best practice. There was a comprehensive infection control policy in place and staff had received up to date training. We saw evidence that infection control audits were undertaken at both locations and we saw that action was taken to address any improvements identified as a result. The practice nurse also used a comprehensive cleaning checklist that was completed daily and we saw they also completed a spot check audit of clinical rooms every month.

## Are services safe?

- 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 qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. One other nurse was in the process of completing a nurse prescriber's course. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found all had evidence of appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice used an absence management and holiday planning program to maintain a comprehensive oversight of staffing. 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. There was also an emergency button on each telephone unit and a panic button in reception.
- We saw evidence that the practice ensured staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- All emergency medicines and equipment were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available which was above the clinical commissioning group (CCG) average of 95% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators were comparable or better than the national average. For example, patients with diabetes had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 87% compared with a national average of 88%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 96% compared with a national average of 88%. However, the exception reporting was 21% which is higher than the national average of 11%. (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).

- The percentage of patients with hypertension having regular blood pressure tests was 90% which was better than the national average 84%. The exception reporting was below the national average.
- Performance for mental health related indicators was better than the national average. For example, 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88%. The exception reporting was in line with the national average.
- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 92% which was better than the national average of 84%. The exception reporting was in line with the national average. One of the partners was a trained dementia lead, who told us the practice maintained a register of patients with dementia in order to monitor care and treatment. This included ensuring health reviews were completed and we saw examples of complete annual reviews.

There was evidence of quality improvement including clinical audit.

- The practice provided evidence of six audits, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit was completed in 2015 to look at whether or not patients had received an appropriate consultation when they were newly prescribed with hormonal contraception. The audit identified that patients (March 2014 to August 2014) were not receiving a consultation as per best practice guidance, for example a patients BMI (body mass index) was not always taken and the side effects of the contraceptive method were not always explained. In response, all staff were emailed with the audit findings and a pop up was created on their computer system to display every time a patient was seen. This included a reminder to use a template that gave a check list of specific tests and questions prompts. A follow up audit was completed (November 2014 to January 2015) which showed improvement in many areas, however two areas did not improve or decreased. For example, the recording of a BMI

# Are services effective?

## (for example, treatment is effective)

improved from 43% to 68%, side effects explanations improved from 31% to 64% but blood pressure recording reduced from 75% to 64%. The audit showed there was further discussion to continue improvement and focus for these patients.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Practice specific policies were implemented and were available to all staff. We saw that the majority of these had been recently reviewed, although some were overdue or not dated. Following the inspection the practice took immediate action to review all policies, not just those overdue. We have seen evidence of policies already reviewed. The practice also had a staff handbook which included information on topics such as health and safety, working standards and grievances.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- We saw an example of the form that patients were asked to sign as record of their consent to share their information with a designated third party. This included a question to ask if that person was the patient's carer, in order for the practice to provide support.
- The practice proactively identified housebound patients in order to provide additional care and support. They also worked with other professionals, for example they reconciled their list with the district nurse for the coordination of flu clinics.

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 when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

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



# Are services effective?

(for example, treatment is effective)

## 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, and those at risk of developing a long-term condition were signposted to the relevant service.
- Patients suffering a chronic disease were recorded on a separate list by the practice in order to ensure their care was reviewed at least annually.
- Advice on patients' diet and smoking cessation advice was available from the health care assistant or local support groups.

The practice's uptake for the cervical screening programme was 87% which was slightly above 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. There were failsafe 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 vaccines given were comparable or above CCG and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 91% to 99% and five year olds from 91% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients but they did not specifically offer NHS health checks for patients aged 40–74, however the practice offered annual checks to all patients 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 a separate room, which meant conversations at the desk could not be overheard. We saw that staff dealt with patients in a friendly, professional and efficient 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 nine 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. Comments included that the practice staff were friendly, helpful, approachable and considerate.

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. 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 with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to 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 national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% 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, supported by staff, and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw examples of personalised care plans for patients with a learning disability and for patients with dementia.

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 mostly in line with local and national averages. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to 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 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. The practice had created a poster at the reception area to assist such patients to communicate with staff at the reception desk. Patients were asked to point to their language and this meant the receptionist could quickly

## Are services caring?

assist them with a translation service. We also were told that the practice had GPs that spoke additional languages including Hindi, Punjabi, Urdu, Somalian and German.

- In the waiting room we saw that the digital check in system had a number of different languages available.
- Information leaflets were available in easy read format.

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

A wide range of 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 272 patients as carers (less than 1% of the practice list). The practice told us they tried to proactively identify patients on the new

patient registration form and third party consent form, which specifically asked if a patient was also a carer. Staff told us they used to have access to a carer support worker but this service moved, however they were still able to refer patients as required. We saw the practice had developed a carers pack of written information that was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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. The practice had developed a bereavement pack of advice and support information, which was given to relatives. We were told about services they could refer patients to and this included a specific service offering bereavement counselling to children. We saw these packs were also available in the waiting room.

# 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 offered an on-site vasectomy service, which was provided by one of the partners under the AQP (any qualified provider) scheme. This practice was the main provider in Crawley to offer this service.

- The practice offered extended hours appointments at the Woodlands surgery every Thursday evening from 6:30pm to 7:30pm, and Tuesday and Friday mornings from 7am to 8am at the Clerklands surgery.
- 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.
- We saw evidence that the practice had identified patients who may require extra assistance on separate lists that were recorded on the practice computer system in an easily accessible location. This included housebound patients (186), patients with a visual impairment (24), patients with a hearing impairment (148) and wheelchair users (25). These were used to alert reception staff to provide appropriate and prompt support for appointments, and by clinical staff to inform care planning and referrals to relevant services/support.
- The practice offered text message reminders for appointments.
- Patients could email the patient services team with non-urgent queries, book appointments online, request repeat prescriptions online, and request a telephone consultation.
- Same day appointments were available for those on the admissions avoidance scheme, children, and those patients with medical problems that require same day consultation.
- Appointments were offered to patients with no fixed address and we saw the practice policy to support homeless patients, which included methods to refer to a local housing organisation.
- Patients were able to receive travel vaccines available on the NHS. They were referred to other clinics for vaccines available privately.
- There were disabled facilities, baby changing facilities, a hearing loop and translation services available.
- The practice regularly attended to the patients of a number of nearby care homes and learning disability homes, to provide services that included medicine reviews and health checks. We received feedback from two of these care homes and both stated GPs were kind, polite and attentive to the needs of the residents. They said that the practice responded quickly when required. There was one less than positive comment received. A care home was concerned that the arrangements were due to change and that routine GP visits to all residents would not be completed. However, the practice has assured that visits would continue to be offered on an appointment basis for individuals according to patient care needs.
- The practice offered a wide range of clinics including those due to specialist interests of GPs and nurses. For example, the practice offered a specialist service known as the epley manoeuvre used to treat benign paroxysmal vertigo (dizziness), which had shown a reduction of referrals to hospital for this treatment. They also employed a pharmacist whose role included epilepsy reviews.
- Along with pre-bookable appointments, the practice offered a walk-in blood test clinic twice per week, which meant patients could attend without an appointment to have their bloods taken. One of the comment cards we received specifically mentioned this service and the convenience of this system.

### Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. 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 and appointments were available on the day through the practice triage system. The practice told us they had developed their triage system by reviewing other practices in the local area. Patients calling the practice were offered a pre-booked appointment, an urgent appointment, or a call back by the triage doctor. The triage GP was allocated a call list to perform a telephone assessment and appointment on the day if required. The practice told us about their triage support system that ensured the call lists did not

# Are services responsive to people's needs?

## (for example, to feedback?)

exceed a certain number, in this situation they were allocated out to each available doctor in turn. They also told us they triaged walk-in patients whenever possible and the GPs were alerted using a computer screen message.

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

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 80% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

All of the ten patients we spoke with told us they were always able to get an appointment in an emergency. The majority of patients felt they had good access to appointments, and many accepted that if they wanted to see a GP of their choice this would be a longer wait.

### **Listening and learning from concerns and complaints**

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available on notice boards and leaflets in the waiting room to help patients understand the complaints system

We looked at 19 complaints received in the last 12 months and we saw that these were fully investigated, with transparency and openness. The practice applied a rating system to each complaint in order to decide the seriousness of the issue. We were shown their log of all complaints and saw what actions had been taken, that an apology was given where appropriate, their rating system result, and what additional learning was taken forward to share internally or externally with relevant stakeholders. The practice also sought feedback from an external medical legal organisation who reviewed the practice's response to complaints. The practice actively recorded any verbal complaints in order to detect patterns or trends and put solutions in place before an issue evolved.

# Are services well-led?

Outstanding



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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote the best possible outcomes for their patients. The practice had a culture of education, and placed quality patient care at the centre of their decision making.

- The mission and strategic goals for the practice were shared with patients in practice information leaflets and on the practice website.
- Staff understood and were engaged with the practice vision. They were aware of the importance of their roles in delivering it.
- The practice held annual business strategy events and developed their business plans as a result of these, which reflected the vision and values. The business manager took pride on creatively involving all members of staff at the practice, for example we saw evidence of the most recent event where feedback had been gathered from clinical staff to help shape the future. The practice regularly monitored their business plans to ensure they continued to look forward, as well as to learn from past experiences.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and

capability to run the practice and ensure high quality care. Most of the GPs and nurses had a specialist interest and additional qualifications in those areas. They told us they prioritised safe, high quality and compassionate care.

Staff told us the partners were approachable and always took the time to listen to all members of staff. The staff we spoke with were proud to work at the practice and felt that patients were offered an excellent service. We were told on numerous occasions that they felt committed to the care of patients, and many staff members spoke positively about working in an open environment where they were encouraged to learn. We saw and were told about awards that had been won, which included that the nursing team won a Sussex-wide “proud to care team award” for compassion in 2013. Additionally one of the health care assistants won a Crawley CCG award for “putting patients at the heart” in 2014 for her work with learning disability checks at the practice.

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 partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held a number of regular team meetings for all of the staffing groups. This included a weekly partners meeting, a nursing team meeting and a reception team meeting. The practice also held an annual significant events and complaints review meeting attended by all staff. This ensured that all staff were involved in identifying learning and facilitated improvement across all staffing groups. We noted that along with an annual business strategy meeting the practice also held six monthly away days with all the clinical team and management.



# Are services well-led?

Outstanding



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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners and management in the practice. Staff highlighted that there was no secrecy within the practice and a number of staff told us working there was like being part of a family. We were told that partners often thanked them for their work and gave other examples such as through social events. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff told us they would not hesitate to share ideas for improvements with the management or GPs in the practice.
- Staff told us they felt they had opportunity to grow in their roles and enjoyed working in the practice. There was a low level of staff turnover within the practice and a number of staff had worked there for over 10 years. Additionally, the practice had recruited previous registrars to become salaried GPs.
- The practice was keen to develop staff competency and promoted career progression. For example a nurse was training to become a non-medical prescriber and was planning to become an advanced nurse practitioner. They also were actively supporting a health care assistant to become a nurse.
- In addition, we were told about the practice competency framework for the patient services team. This had been created by the business manager in order to provide a standard process for staff to achieve within their role. The framework included key competencies that should be achieved within the first year, and then onward progression towards additional tasks that carried an upscale in pay.
- We saw that a comprehensive system of appraisals was used to monitor achievements and work with staff to develop their skills. Staff we spoke with within this role told us they enjoyed the opportunities at the practice and the flexibility to choose training into different aspects of the role. For example we spoke with a member of the patient services team who had recently started at the practice working at reception and completing administrative tasks. This staff member told us they had a comprehensive induction and had

received regular appraisals to look at their progress against the competencies. The staff member told us they had considered next steps and chosen a new task to learn which they were about to start working towards.

## 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 practice also had a virtual patient reference group (PPG) of approximately 1,816 members covering both sites. The PPG met regularly and mainly focused on the Horley site, so the practice were looking to start a second group for the Crawley site.. The PPG actively gathered patient feedback, for example in June 2015 each member took turns to speak to patients in the waiting room in order to get their views on the practice. They then dealt with all negative comments in order to help improve the practice. They told us about improvements they had suggested to the practice management team, for example they were working to get a sponsored water cooler in the waiting room and they had also worked closely with the practice with regards to the appointment system.
- The practice used a variety of methods to gather patient feedback using online services such as NHS choices, national patient survey and the Family and Friends Test, the latter of which being popular for this practice with over 550 total responses received up to April 2016.
- They also gathered feedback from staff both generally through meetings and appraisals, along with a staff feedback tool. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved with how the practice was run and were kept informed about changes within the practice and any plans for the future.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes

# Are services well-led?

Outstanding



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

to improve outcomes for patients in the area. The practice was part of the workflow government funded pilot with BICS (Brighton and Hove Integrated Care Service). One member of staff was trained, and the practice was working towards recruiting a dedicated team to support the coding and processing of clinical letters to meet best practice requirements.

The practice considered themselves 'paperlight' with all pathology, imaging results, letters, medicine and non-medicine tasks being electronic.

The practice team was forward thinking and sought to find innovative ways for patients to access care. For example they were hoping to use "patient partner" which is a system that enables patients to phone their practice around the clock, seven days a week, 365 days of the year to book, check or cancel appointments. The practice was also hoping to install a surgery pod, where patients can measure their own vital signs, including weight and blood pressure, and can answer a number of clinical questionnaires prior to their appointment with their GP.