

Langley House Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Langley House Surgery on 20 January 2016. The branch surgery located in Bosham was not inspected. 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Feedback from patients about their care was consistently and strongly positive.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group
- The practice had good facilities and was well equipped to treat patients and meet their needs though the limitations of providing this from a listed building proved a challenge to the staff.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

The practice did not have effective systems in place which ensured medicines were managed safely. For example, Patient Specific Directions (PSDs) were not authorised in the appropriate manner, handwritten prescription stationary was not tracked, controlled drugs were not managed correctly, repeat prescriptions were generated even though the review date had passed and patient confidentiality was not always ensured whilst prescriptions were being delivered. The areas where the provider must make improvement are:

- Ensure that medicines management systems are reviewed to protect patients against the risk of unsafe care and treatment.

In addition the provider should:

- Ensure that Controlled Drugs awaiting destruction are destroyed in a timely manner

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as Requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example, new staff were vetted before being employed at the practice.

- The practice had policies and procedures in place to help with continued running of the service in the event of an emergency.
- The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained.
- Procedures for dealing with medical emergencies were robust. Emergency medicines were stored in a central location.
- The systems in place for managing medicines were not effective particularly in regard of repeat prescriptions, blank prescription pad management and controlled drugs.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published on 2 July 2015 showed patients rated the practice higher than others for several aspects of care. For example, 91% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group average of 89% and national average of 87%.
- 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 observed a strong patient-centred culture. For example, GPs would transfer from a room upstairs during surgery to facilitate a wheelchair bound patient.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs though the limitations of providing this from a listed building proved a challenge to the staff.
- Patients could request routine travel immunisations including Yellow Fever vaccinations
- 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.

Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. There was a virtual patient participation group active.
- There was a strong focus on continuous learning and improvement at all levels.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. All staff worked effectively as a team.

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.

Good



- 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.
- Regular monthly multi-disciplinary meetings were held at the surgery with the practice's Proactive Care Team colleagues (community nurses, physiotherapist, occupational therapist, social workers and pharmacist) to discuss the needs of patients. The proactive care team worked with patients with long term conditions and their carers to actively promote health and wellbeing in the community.
- All patients had an annual medicines review to ensure their treatment was optimised
- The practice offered continuity of care with a named GP.
- Patients were encouraged to have their flu vaccine to reduce the risk of related illnesses

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice was proactive in identifying any patients who were carers and ensured they were signposted to other agencies for support.
- Data showed that the percentage of patients on the diabetes register, with a record of a foot examination and assessment of risk for 2014/15 was 95%, which was higher than the national average of 88%.
- Longer appointments and home visits were available when needed.
- All of the patients with long term conditions had a named GP and an 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.

Summary of findings

- The practice had developed several in-house templates which they had incorporated within the patient electronic record system. This provided prompts about the checks that a patient might require. The templates had been shared with neighbouring practices to assist in better patient care.

Families, children and young people

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

Good



- 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.
- Data showed that for 2014/15, 82% of patients with asthma had an asthma review in the preceding 12 months was better than the national average of 75%.
- 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.
- Data showed that for 2014/15 76% of women aged 25-64 had received a cervical screening test in the preceding five years compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Information for young people was prominent and accessible at the front door to avoid them having to come into the waiting room.
- Practice staff had received safeguarding training relevant to their role and knew how to respond if they suspected abuse. Safeguarding policies and procedures were readily available to staff
- Urgent appointments were available each day for children and young patients to be seen.
- The practice GPs undertook regular six week checks for new born babies as well as regular immunisation clinics with their nurses – reception staff actively contacted the new mothers to arrange these appointments as soon as notification of a birth from the hospital is received. Parents of children who did not attend after three invitations receive a phone call from the allocated GP.

Summary of findings

Working age people (including those recently retired and students)

Good



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 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.
- Extended hours were available for working patients. Early morning appointments were available from 7 am to 8 am and late evening appointments after 6.30 pm on a Tuesday.
- The practice offers telephone advice for working patients who don't always need a face to face appointment.
- Electronic Prescribing was available which enabled patients to order their medicines on line and to collect them from a pharmacy of their choice, which could be closer to their place of work if requested.

People whose circumstances may make them vulnerable

Good



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.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice used language line as a telephone interpreting service for where English was not their first language and a member of staff was able to use sign language for patients with hearing difficulties. There was also a hearing loop available for use within the practice.
- The practice had written care plans for their most vulnerable patients – they had targeted the 2% most vulnerable patients as advised by NHS England.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

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).

- Data showed that 82
- Data showed that 85% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed comprehensive care plan in comparison to the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 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 published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 274 survey forms were distributed and 113 were returned. This represented 1% of the practice's patient list.

- 76% of patients found it easy to get through to this surgery by phone compared to the Clinical Commissioning Group (CCG) average of 73% and national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 93% of patients described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).
- 86% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79%, national average 78%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received five comment cards which were all positive about the standard of care received. Comments made stated that they were treated with dignity and respect and that all the staff were friendly. One comment stated that the premises required some work on but this issue was on-going and the management of the practice had been proactive in trying to obtain better premises and were awaiting a feasibility study on moving premises.

We spoke with six patients during the inspection. All of these patients said they were happy with the care they received and thought staff were approachable, committed and caring. It was also stated that they received wonderful care and that they were lucky to be patients at the practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that medicines management systems are reviewed to protect patients against the risk of unsafe care and treatment.

Action the service **SHOULD** take to improve

- Ensure that Controlled Drugs awaiting destruction are destroyed in a timely manner.
- Review their delivery processes to ensure patient confidentiality is maintained.

Langley House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, a practice manager specialist adviser and a pharmacist inspector.

Background to Langley House Surgery

Langley House Surgery offers personal medical services to the population of Chichester from a grade 2 listed building. There are approximately 11,700 registered patients. The practice population has a higher number of patients over 50 years of age than the national and local Clinical Commissioning Group (CCG) average. The practice population also shows a lower number of patients aged 0-04, 05-09, 10-29 and 60-69 years of age than the national and local CCG average.

There are a higher than average number of patients with a long standing health condition and a slightly lower number with health-related care problem in daily life to the national average. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England

Langley House Surgery is run by three male partner GPs. The practice is also supported by six salaried GPs, five female and one male, three practice nurses, two healthcare assistant, a team of administrative staff, an assistant practice manager and a practice manager.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks and holiday vaccinations and advice.

Services are provided from two locations: The main practice site is:

Langley House Surgery

22 West Street, Chichester, West Sussex, PO19 1RW

There is a branch surgery located at:

Unit 4, Broadbridge Business Centre, Bosham, Chichester, PO18 8NF. The branch surgery was not inspected during this inspection.

Opening hours are Monday to Friday 8:00am to 6:30pm.

Extended hours appointments were available each weekday morning between 7am and 8am and late evening appointments after 6:30pm on Tuesday.

During the times when the practice was closed - 6:30pm until 8:00am, the practice had arrangements for patients to access care from an Out of Hours provider.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 January 2016.

During our visit we:

- Spoke with a range of staff including GPs, nurses, healthcare assistants, reception and administration staff, the practice manager and assistant practice manager. We also spoke with patients who used the service and three members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, one patient had been prescribed a medicine that they were contraindicated for and a notification was sent to all clinicians reminding them to prescribe within guidelines and changed the template used for this patient.

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

Dispensary staff received medicines recalls. They would then if required action the alert, document these actions and inform the practice manager in writing.

Overview of safety systems and processes

The practice had systems in place to keep patients safe however, systems for managing medicines were not well managed. Systems we looked at included;

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. For example, GPs were trained to Safeguarding level three for children.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the safe temperature range and action to take in the event of a potential failure. Records showed fridge temperature checks were carried out which ensured refrigerated medicines was stored at the appropriate temperature. Staff told us the dispensary could be hot in the summer however, the temperature within the dispensary area was not monitored.
- Processes were in place to check medicines were within their expiry date and suitable for use. However, under the dispensary work surface we found a box containing a number of part blister packs, three of which lacked batch numbers and an expiry date.
- Staff told us that the healthcare assistants administered the flu vaccine following patient specific directions (PSD).
- All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were kept securely at all times in accordance with national guidance. However, only blank prescription forms for use in printers were tracked through the practice.
- The practice held stocks of controlled drugs (CD) (medicines that require extra checks and special storage arrangements because of their potential for misuse).

Are services safe?

The CD were stored securely and access to them was restricted. However, we found a small quantity of a CD not recorded in the CD register and out of date stock controlled drugs that had been awaiting destruction for at least one year. Dispensary held a supply of pre-signed, but incomplete requisition forms for CD's. The practice recorded who had collected the dispensed CD.

- The practice had appropriate processes in place for the dispensing of medicines by appropriately trained dispensary staff. However, repeat prescriptions were generated past the number of permitted issues. This meant that patients could request and receive medicines that may no longer be appropriate for them.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.
- The practice offered a delivery service to patients using the dispensing service who were unable to collect their medicines.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice provided followed up appointments for women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the

reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, with 7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the national average. For example, the practice achieved 95% for recording a foot examination and risk classification within the preceding 12 months against a national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was below the national average. The practice achieved 76% against a national average of 82%.

Performance for mental health related indicators was also similar to the national average. Data showed that

85% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed comprehensive care plan in comparison to the national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been six clinical audits completed in the last two years, two of these were completed audits 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 of an audit included changing prescribing templates to ensure patients who were taking antipsychotic medicines were reviewed every three months.

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

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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 records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Health information was made available during consultation and GPs used materials available from online services to support the advice they gave patients. There was a variety of information available for health promotion and prevention in the waiting area and the practice website referenced websites for patients looking for further information about medical conditions.

The practice's uptake for the cervical screening programme was 76%, which was comparable with the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. For patients with a learning disability they ensured a female chaperone was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable with Clinical Commissioning Group averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% and five year olds from 89% to 95%.

Flu vaccination rates for the over 65s were 76%, and at risk groups were 53%. These were also comparable to national averages, which were 73% and 50% respectively..

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the five 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 communicated with three members 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 above average for four out of six of its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 87%.
- 81% of patients said the GP gave them enough time (CCG average 87%, national average 87%).
- 94% of patients said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 84% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).

- 95% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 93% of patients said they found the receptionists at the practice helpful (CCG average 87%, national average 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 on 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:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 86% and national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%)
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 90%, national average 90%)

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.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified approximately 1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a condolence

letter. This call was either followed by a patient consultation at a convenient time and location to meet the family's needs 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.

- The practice offered extending hours appointments: early morning appointments were available between 7am and 8am each weekday and evening appointments after 6:30pm on Tuesday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to obtain advice and receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was unable to install a lift to improve access due to the property being a listed building. For patients unable to use the stairs the GP would relocate to a downstairs room to facilitate the consultation. The patients requiring this were known by the practice and had been flagged on their system.
- A range of information leaflets aimed at the health needs of young patients was available from the access ramp leading into the surgery meaning that young patients could access this information freely and discretely.
- Repeat prescriptions could be requested on line using the practice web page, via the community pharmacy, by hand, or post. Community pharmacies were able to collect prescriptions for dispensing to patients. Where clinically appropriate prescriptions of durations other than 28 days were issued.
- A delivery service was offered to patients using the dispensing service unable to collect their medicines from the practice

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. Appointments were from 8am to 11:30am every morning and 2pm to 6:30pm daily. Extended surgery hours were offered at the following times on weekdays between 7am and 8am at the branch surgery in Bosham. Later evening appointments from 6:30pm were offered at Langley House Surgery. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments on the day were also available for patients that needed them.

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.

- 78% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 73% and national average of 75%.
- 76% of patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 58% of patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 60%).
- Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Information was available in the practice leaflet, on the practice website and on display in the waiting area. A Friends and Family Test suggestion box was available within the patient waiting area which invited patients to provide feedback on the service provided, including complaints. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at eight complaints received in the last 12 months and found these were all discussed, reviewed and learning points noted. We saw these were handled and

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

dealt with in a timely way. Complaints were discussed during the weekly meetings and we saw evidence that lessons learned from individual complaints had been acted on.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which 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

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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. There was an active PPG which met virtually, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the introduction of telephone consultations along with the introduction of electronic prescriptions which has made repeat prescription ordering easier for patients.
- The practice gathered feedback from staff through meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example,

Are services well-led?

Good 

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

the practice was actively identifying patients who were pre-diabetic, ensured they received lifestyle advice and monitored these patients so they could be treated and cared for appropriately.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Care and treatment was not provided in a safe way for service users specifically, the proper and safe management of medicines. For example, repeat prescriptions were generated after medicines review dates had passed; the dispensary held pre-signed blank controlled drug requisitions and there were no records for monitoring the issue or use of prescription pads.</p> <p>Regulation 12(1)(2) (g)</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	