

Saxonbrook Medical

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Saxonbrook Medical on 15 March 2016. The practice was rated as requires improvement for safe, effective, responsive and well-led services and overall. They were rated as good in caring. On 8 November 2016 we undertook a further comprehensive inspection. 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 a system in place for reporting and recording significant events. Improvements had been made to the reporting and recording of significant events and there was evidence of discussion and learning with staff.
- The practice had clearly defined and embedded systems to minimise risks to patient safety. Improvements had been made with the development

of a range of risk assessments and the way in which risks were managed was evident. Health and safety, legionella, electrical testing and equipment calibration had been addressed through this process.

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect although results for patients feeling involved in their care and decisions about their treatment were lower than the national average.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns. The process for managing complaints had improved with evidence of patient apologies and the identification of trends.
- Patients and staff we spoke with said improvements had been made in accessing appointments with the newly developed call and triage system. National

Summary of findings

survey results demonstration that satisfaction was below average in this area, however on the day of inspection patients told us there had been recent significant improvements with this.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. Staff told us that communication had improved and they felt involved in the development of the practice.
- The provider was aware of the requirements of the duty of candour.
- Clinical audits were undertaken and we saw evidence that some of these were full cycle. The practice had made improvements in this area and had held audit meetings with the multi-disciplinary team to develop a programme and involve a range of clinical staff.
- Patient outcomes were mixed, with some areas of performance below average, such as in relation to asthma and chronic obstructive pulmonary disease. Exception reporting was higher than average in some areas. However, these issues were adversely affected by changes within the practice including relocation, an influx of patients registering with the practice from a local walk in centre and a high proportion of patients from hard to reach groups. The practice were working to make improvements and there were demonstrable improvements in diabetes performance since the previous inspection. Unpublished data showed an increase of sixteen percentage points in the number of patients receiving a foot examination.
- Mental health performance was below average; however the practice had developed a dedicated mental health and wellbeing service which had recently won national awards.

- The practice had made improvements in mandatory training attendance for staff with the development of a range of training available including online and some in-house sessions to ensure that training was timely. However, records relating to induction were not always evident or complete.

We saw one area of outstanding practice:

- A mental health wellbeing service had been developed within the practice. This provided patients with support with a number of issues including anxiety, depression, eating and mood disorders. The service also provided support around the long term management of chronic conditions such as schizophrenia. Data showed that the service had reduced the number of referrals into secondary care mental health services. The service had been the recent recipient of the Nursing Times 'Nursing in Mental Health' category and the clinical lead for the practice had been awarded the Nurse of the Year for the development of the service.

The areas where the provide should make improvements are:

- Ensure that induction records are complete for new staff.
- Ensure that improvements are made to the way in which the practice identifies carers.
- Ensure that all aspects of underperformance in the national GP patient survey are addressed, including areas such as patients not feeling involved in the planning of their care.
- Continue to work to improve patient outcomes (QOF) within the practice.

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 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 were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety and had made recent improvements to risk management processes.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

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 below average compared to the national average in a number of aspects of chronic disease management. However, factors influencing this included the relocation of the practice, an influx of patients from a local walk in clinic and a high proportion of those being from hard to reach groups such as those with mental ill health.
- Clinical audits were being undertaken and we saw that the practice had begun the process of developing an audit programme with involvement from a range of clinical staff.
- Staff told us that when they commenced in post they had an induction period, however records relating to this were not always completed.
- Staff were aware of current evidence based guidance.
- Staff had the skills and knowledge 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.

Summary of findings

- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, through the development of the wellbeing service within the practice.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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

Good



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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. In addition, monthly multi-disciplinary meetings were held at the practice with the involvement of a range of other professional as needed.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible Add examples.

People with long term conditions

Good



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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification was 53% which was lower than the CCG (81%) and national (82%) averages. However, unpublished data from the practice showed an improvement of 16 percentage points at the time of our inspection.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Summary of findings

- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice wellbeing clinic was known to a range of local services and referrals had been received by teachers, school nurses, midwives and health visitors.

Good



Working age people (including those recently retired and students)

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

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

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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).

Good



- The practice carried out advance care planning for patients living with dementia.
- 45% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is significantly worse than the national average of 78%. However, the practice was taking action to improve services for people in this population group and the data pre-dates some of these improvements.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the preceding 12 months was 39% which was worse than the national average of 77%. However, the practice was taking action to improve services for people in this population group and the data pre-dates some of these improvements.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

Summary of findings

- The practice wellbeing service had been running for several months and had seen improvements in patients accessing support around their mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 277 survey forms were distributed and 108 were returned. This represented 0.6% of the practice's patient list.

- 72% of patients described the overall experience of this GP practice as good compared with the CCG average of 80% and the national average of 85%.
- 58% of patients described their experience of making an appointment as good compared with the CCG average of 62% and the national average of 73%.
- 62% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to CCG average of 69% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received. We were told that care was good, that the new triage system was working well and that patients felt safe, listened to and involved in their care.

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

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that induction records are complete for new staff.
- Ensure that improvements are made to the way in which the practice identifies carers.

- Ensure that all aspects of underperformance in the national GP patient survey are addressed, including areas such as patients not feeling involved in the planning of their care.
- Continue to work to improve patient outcomes (QoF) within the practice.

Outstanding practice

- A mental health wellbeing service had been developed within the practice. This provided patients with support with a number of issues including anxiety, depression, eating and mood disorders. The service also provided support around the long term management of chronic conditions such as schizophrenia. Data showed that the service

had reduced the number of referrals into secondary care mental health services. The service had been the recent recipient of the Nursing Times 'Nursing in Mental Health' category and the clinical lead for the practice had been awarded the Nurse of the Year for the development of the service.

Saxonbrook Medical

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Saxonbrook Medical

Saxonbrook Medical Centre is a GP practice based in a residential area of Crawley in Sussex. The practice provides GP services to 17,200. Services are provided from two locations, the main practice site at:

Saxonbrook Medical, Maidenbower Surgery, Maidenbower Square, Crawley, West Sussex, RH10 7QH.

And the branch surgery at:

Saxonbrook Medical, Northgate Surgery, Cross Keys House, 14 Haslett Avenue West, Crawley, West Sussex, RH10 1HS.

There are two GP partners and ten salaried GPs (three male, eight female). Collectively they cover 74 sessions per week. The practice also employs a full time physician associate. (Physician associates are medically trained to support doctors in the diagnosis and management of

patients). 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; six nurses and two health care assistants. GPs and nurses are supported by a practice manager, an operations manager, and a team of reception/administration staff.

Both surgeries are open from Monday to Friday between 8am and 6:30pm. The telephone lines are closed at lunchtime between 12:30pm and 1:30pm. An emergency telephone service is provided during this time. Extended hours appointments are offered at the Maidenbower

surgery every Tuesday and Wednesday morning from 7am to 8am, and every Tuesday evening from 6pm to 8pm. 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 (IC24) 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. They also ran their own in-house wellbeing service which was led by the clinical manager who was a mental health nurse.

The practice has a higher proportion of patients under the age of 18 and a lower proportion of patients over the age of 65 when compared with both the CCG and national averages. In addition the practice had a higher proportion of patients in paid work or education and a smaller proportion of patients with a long standing health condition. The practice is in the third least deprived decile, with significantly less deprivation than the national average and slightly less deprivation than the CCG average.

The practice has a Personal Medical Services (PMS) contract with NHS England. (PMS 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

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 8 November 2016. During our visit we:

- Spoke with a range of staff including two GP partners, a salaried GP, a trainee GP, the clinical manager, two practice nurses, a healthcare assistant, the practice and operational managers and six reception/administrative staff. We also spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was a system 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- During the March 2016 inspection it had been identified that significant events relating to administrative issues had not always been responded to appropriately and that staff were not always involved in discussions around these. During the November 2016 inspection staff we spoke with reported that this had improved.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there had been a number of incidents relating to issues with the phone system and reception staff being exposed to challenging behaviour from some patients unable to get appointments. Reception staff told us the issues had been discussed as a practice team and as a result this had led to the implementation of a new phone system and call centre to manage patient calls. Other action had included a risk assessment for work related stress and subsequently additional support for staff to manage this.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. We found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to child protection or child safeguarding level two or three.
- 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 maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines.

Are services safe?

Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. During the March 2016 inspection it had been identified that prescription forms were not stored securely overnight and that there was no system in place for tracking or monitoring the use of prescriptions. During this inspection in November 2016 we found that all prescriptions were locked away when not in use and a tracking system had been implemented with records of prescription numbers maintained. Blank prescription forms and pads were securely stored and there were systems to monitor their use. 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 and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety. Improvements had been made since the March 2016 inspection.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had developed a variety of other risk assessments 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). All remedial action had been undertaken following the legionella risk assessment.

- Improvements had been made to the risk assessment process and new risk assessments had been carried out since the previous inspections including those relating to the use of blinds with loop cords, work related stress and environmental risk assessments for each room/area within the practice.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice had experienced a high turnover of administrative staff over the course of the last year. They were in the process of recruiting new staff and had implemented new approaches to staff support.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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. Relevant guidelines were discussed at multi-disciplinary meetings held on a monthly basis.

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 91% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%.

The overall exception rate was 16.5% which was 5% higher than the CCG average and 7% higher than the national average. A number of clinical domains also showed a higher than average exception rate including asthma and chronic obstructive pulmonary disease. Diabetes exception reporting was in line with local and national averages. (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). However, the practice had a number of factors that had influenced their exception rates. These included the relocation of the practice on two occasions in 2015 and a subsequent increase in the proportion of patients from a local walk in centre including a high proportion of those from hard to reach groups such as those who are homeless or with mental ill health.

Data from 2015/16 showed:

- The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification was 53% which was lower than the CCG (81%) and national (82%) averages. However, unpublished data from the practice showed an improvement of 16 percentage points at the time of our inspection.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the preceding 12 months was 39% which was worse than the national average of 77%. However, the practice was taking action to improve services for people in this population group and the data pre-dates some of these improvements.
- Asthma related performance indicators at 100% were similar to CCG (100%) and national (97%) averages, however exception reporting was higher than average.
- Chronic obstructive pulmonary disease indicators at 100% were similar to CCG (100%) and national (96%) averages, however exception reporting was higher than average.

There was evidence of quality improvement including clinical audit:

- There had been four clinical audits commenced in the last two years including full cycle repeat audits. For example, we viewed a two cycle audit that demonstrated how tasks were allocated to GPs using templates that had been designed by the practice. The use of the templates had led to improvements in the information collected by non-clinical staff so that tasks could be managed more efficiently. There was evidence of the planning of on-going audit cycles where the improvements made would be implemented and monitored. Minutes of a multidisciplinary audit meeting demonstrated a forward plan in relation to the improved use of clinical audit within the practice.
- Findings were used by the practice to improve services. For example, a recent asthma audit identified patients who had been treated for a wheeze but were not on a register. As a result patients were invited into the practice for a review and appropriate investigations.

Information about patients' outcomes was used to make improvements such as the practice focusing on patients with diabetes to increase the percentage of those who had received reviews such as foot examinations.

Effective staffing

Are services effective?

(for example, treatment is effective)

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- All newly appointed staff we spoke with told us they had received an induction that was relevant to their role. However, the practice did not have a clear induction programme for all newly appointed staff and an induction form had not been used for all staff new into post. However, we saw evidence that staff new into post received training and instruction relating to areas such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff eligible 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 had systems in place to share relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. 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.

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and general health and well-being.
- Smoking cessation advice was available from nursing staff within the practice.
- A mental health wellbeing service had been developed within the practice. This provided patients with support with a number of issues including anxiety, depression, eating and mood disorders. The service also provided support around the long term management of chronic conditions such as schizophrenia.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 79%, which was comparable with the CCG average of 81% and the national average of 81%. Note: This is the national average per QOF. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening for those eligible was at 55% compared with 54% (CCG) and 58% (nationally). Breast cancer screening for those eligible was at 59% compared with 56 % (CCG) and 72% (nationally).

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 73% to 95% compared with the CCG average from 72% to 96% and five year olds from 67% to 99% compared with the CCG average from 65% to 97%.

There was a policy to offer telephone or written 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. There were failsafe systems 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.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 generally comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.

- 89% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 90% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 94% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Children and young people were treated in an age-appropriate way and recognised as individuals.

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 averages although somewhat lower than the national average in relation to feeling involved by GPs in decisions about their care. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 81% 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 CCG average of 75% and the national average of 82%.

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

Are services caring?

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

Patient and carer support to cope emotionally with care and treatment

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 69 patients as carers (0.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. For example, same day appointments were available and carers were offered routine flu vaccines and shingles vaccines where eligible.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population. They had opened a branch surgery in the centre of Crawley in the last year, taking on additional patients as a result of the closure of another practice. They demonstrated a good understanding of the needs of the population and had developed services to respond to this.

- The practice offered extended appointments every Tuesday and Wednesday morning from 7am to 8am, and every Tuesday evening from 6pm to 8pm for patients who could not attend during normal opening hours. Telephone consultations were also available.
- The practice had recently invested in a call centre system to better respond to a high volume of patient calls. This included a morning and afternoon triage session where a clinician was present in the call centre to triage patient needs.
- The practice had developed an in-house mental health wellbeing service where patients could self-refer for assessment of their mental health needs. Appointments were offered within a week and were available outside of normal working hours. The service had resulted in a 25% reduction in referrals to secondary care mental health services. Both the service and the clinical lead within the practice had recently won awards for the Nursing Times Nursing in Mental Health Category and Nurse of the Year.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and on-going conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

- The practice had a dedicated 'enhanced care lounge' for patients requiring a low stimulus environment. Examples of its use included for patients with a learning disability, those with mental ill health and mother's wishing for a quiet environment in which to breast feed.

Access to the service

Both surgeries were open from Monday to Friday between 8am and 6:30pm. The telephone lines were closed at lunchtime between 12:30pm and 1:30pm. An emergency telephone service is provided during this time. Extended hours appointments are offered at the Maidenbower

surgery every Tuesday and Wednesday morning from 7am to 8am, and every Tuesday evening from 6pm to 8pm. 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 (IC24) by calling the surgery or viewing the practice website. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments 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 mixed when compared to local and national averages.

- 63% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 68% and the national average of 76%.
- 47% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 73%.
- 85% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 81% and the national average of 85%.
- 83% of patients said their last appointment was convenient compared with the CCG average of 87% and the national average of 92%.
- 58% of patients described their experience of making an appointment as good compared with the CCG average of 62% and the national average of 73%.
- 46% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 55% and the national average of 58%.

Are services responsive to people's needs?

(for example, to feedback?)

However, in the weeks prior to our inspection the practice had implemented a new telephone system where all calls were routed through a call centre based at the branch surgery. The system was able to produce data on the number of calls in a queue and dropped calls as well as how long people had been waiting for their call to be answered. The system was cloud based which meant the phones could be shared across both sites during times of high call volume, resulting in the calls being answered more quickly. Staff we spoke with told us there had been a significant improvement in a very short space of time. Patients told us on the day of the inspection that they were able to get appointments when they needed them and three out of five patients told us the system had resulted in improvements to access. Data from the practice showed that the average time a call was on hold had improved by 32% in the morning and by 56% in the afternoon.

The practice had a system to assess:

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

The triage system was used to prioritise the need for medical attention, with clinical input a routine part of this system. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system 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 including a patient information leaflet and a section on the practice website.

We looked at 31 complaints received in the last 12 months and found that these were satisfactorily handled. Improvements had been made since the March 2016 inspection and where appropriate all patients received a verbal apology and follow up conversations took place with patients to ensure they were satisfied with how their complaint had been resolved. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, 13 of the 31 complaints directly related to issues with patient access to the practice and appointments which was being addressed through the implementation of the new telephone and triage system.

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 and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The clinical lead told us that a priority in terms of the implementation of their strategy was creating stability in terms of the staff team following a number of changes in terms of both clinical and non-clinical staffing.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. The clinical manager took the lead on the development of services and a new practice/business manager had been in post for two months at the time of our inspection.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. Staff told us there had been an improvement in communication and the regularity of meetings held. We saw evidence of issues such as complaints and significant events being discussed regularly and staff told us they felt able to influence change within the practice.
- During the March 2016 inspection it had been identified that while there was evidence of clinical audit being undertaken these were not always full cycle audits. During this inspection while we did not see evidence of completed full cycle audits we did see that the process had begun to create a programme of continuous clinical

and internal audit. Audits had been discussed at multi-disciplinary meetings and all clinical staff were being encouraged to become involved in the process of monitoring quality and making improvements.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, risk assessments had been implemented in a number of areas since the previous inspection including environmental risk assessments of all rooms and areas within the practice.

Leadership and culture

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

The provider was aware of and had systems 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). The partners encouraged a culture of openness and honesty. We found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.

Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported, particularly by the partners and management 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. Staff reported that improvements had been made in communication and that the management of the practice was open and transparent. We were given examples of when staff felt able to influence change within the practice, such as in relation to the new call and triage system.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had recently experienced some change in membership and that, along with a number of staff changes meant that meetings had not been as regular as they once were. However, feedback from the PPG included that they felt involved in changes within the practice and had been consulted over issues such as feedback from patient surveys and ongoing changes within the practice.
- Patients we spoke with did not always feel informed of changes within the practice. For example, while patient feedback was positive about recent changes to the triage and access systems, patients had found out about the change only when accessing appointments.

- Feedback from patients was responded to appropriately with information about complaints recorded and reviewed at staff meetings. Patient surveys had been carried out in a number of areas, for example in relation to the mental health wellbeing service and the new triage service.
- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management add your own examples of where the practice had listened to staff feedback. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. They worked closely with the local Clinical Commissioning Group having recently extended the practice to the implementation of a branch surgery in the centre of Crawley to meet the needs of a more diverse patient population group. Specific areas of innovation within the practice included the development of a new triage call centre that had already demonstrated improvements in the way patients were able to access services. The mental health wellbeing service had made demonstrable improvements in the way patients could access the service quickly without a referral. The practice and clinical manager had been recognised by the Nursing Times with recent awards for this service.