

Cornwallis Surgery

Quality Report

Cornwallis Surgery
Station Plaza Health Centre
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Date of inspection visit: 9 February 2016

Date of publication: 19/05/2016

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cornwallis Surgery on 9 February 2016. Overall the practice is rated as requires improvement.

We found that many improvements had been made since our previous inspection in July 2015 when the practice had been rated as inadequate and was placed into Special Measures.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff had not received regular supervision and appraisal of their performance.
- Staff had not received up to date contracts of employment. Some staff were unclear about their employment status and the organisational structure.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information on the practice website was out of date and did not reflect current service provision. Up to date information was available within the practice.
- Information about how to complain was available within the practice and was easy to understand.
- Patients said they were able to access appointments when they needed one. Urgent appointments were available on the same day. However, patients told us there was a high level of use of locums within the practice.
- 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 sought feedback from staff informally.

Summary of findings

- Public meetings had been held at which changes in the structure of the service were discussed and patient questions addressed.
- The practice had not carried out a survey or analysis of patient feedback on the services provided.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Provide opportunities for staff to receive regular supervision and appraisal.
- Seek and act upon feedback from patients in order to continually evaluate and improve services.
- Provide staff with contracts of employment which reflect their current employment status.

The areas where the provider should make improvements are:

- Ensure the updating of recruitment checks for all staff.
- Continue to review patient treatment outcomes to ensure continuous improvement. For example, the management of patients with diabetes and COPD and the practice's uptake for the cervical screening programme.
- Update the practice website to ensure accurate information is available to patients which reflects the current service provision.
- Ensure registration with the Care Quality Commission accurately reflects the services provided.

I confirm that this practice has improved sufficiently to be rated as requires improvement overall. The practice will be removed from special measures.

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. Since the last inspection of the practice, the new provider had taken action to address the concerns we had previously found.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- When there were unintended or unexpected safety incidents, patients received reasonable support, information, a verbal and written apology.
- Risks to patients were assessed and well managed. There were enough staff to keep patients safe.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Emergency procedures were in place to respond to medical emergencies.
- The practice had policies and procedures in place to help with the continued running of the service in the event of an emergency.
- Medicines were safely stored and managed.
- The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained.

Good



Are services effective?

The practice is rated as requires improvement for providing effective services. The new provider had addressed some of the concerns we identified during our previous inspection.

- Data from the Quality and Outcomes Framework showed some patient outcomes were below average for the locality and compared to the national average. The new provider had identified areas where improvements were required and had begun to implement processes and regular review of data to promote continuous improvement.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- A programme of clinical auditing had been developed and had begun to be implemented within the practice.

Requires improvement



Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was a lack of 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.

Are services caring?

The practice is rated as requires improvement for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice lower than others for several aspects of care. The new provider had taken some steps to ensure improvements were being made.
- 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 within the practice. However, the practice website required updating to reflect current service provision.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The new provider had made good progress in addressing the concerns we identified during our previous inspection.

- 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 urgent appointments available the same day. However, patients told us that there was a high use of locum GPs within the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

The practice is rated as requires improvement for being well-led. The new provider had addressed many of the concerns we identified during our previous inspection.

- 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 within the practice and staff felt supported by management. However there was a lack of clarity around terms of employment and the organisational structure for staff.
- 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.
- There was a focus on continuous learning and improvement of patient treatment outcomes.
- The provider was aware of and complied with the requirements of the Duty of Candour. 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 had held public meetings at which changes in the structure of the service were discussed and patient questions about them addressed.
- The practice had not sought feedback from patients on the services provided. The practice had not conducted a patient survey. The patient participation group had been re-launched very recently and was not yet active.
- All staff had received inductions but staff had not received regular performance reviews.

Requires improvement



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 requires improvement for providing effective, caring and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits with GPs and a nurse practitioner.
- Urgent appointments were available for older patients with enhanced needs.
- Nationally reported data showed that some outcomes for conditions commonly found in older people were lower than national averages. The provider had recognised these and had implemented processes to ensure their improvement and ongoing review.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for providing effective, caring and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed that some outcomes for some long-term conditions were lower than national averages. For example, the percentage of patients with diabetes in whom the last IFCC-HbA1c was 64mmol or less in the preceding 12 months was 47.56% compared with a national average of 77.54%. The provider had recognised these and had implemented processes to ensure their improvement and ongoing review.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- Patients received a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the 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 requires improvement for providing effective, caring and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

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

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for providing effective, caring and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for providing effective, caring and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients who needed one.
- The practice provided a secure service for violent patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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 requires improvement for providing effective, caring and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- Performance for mental health related indicators was better than the national average.
- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88.47%. The percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 100% compared with a national average of 89.55%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with depression.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey published in January 2016. The results showed the practice was performing below local and national averages in some areas. 378 survey forms were distributed and 100 were returned. However, it should be noted that some respondents may have provided responses based upon services provided by the previous provider. The new provider had taken steps to ensure improvements were made.

- 72% found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 73%.
- 89% were able to get an appointment to see or speak to someone the last time they tried phone compared to a CCG average of 89% and a national average of 85%.
- 80% described the overall experience of their GP surgery as fairly good or very good phone compared to a CCG average of 87% and a national average of 85%.

- 67% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area phone compared to a CCG average of 78% and a 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 four comment cards which were all positive about the standard of care received. One comment card described the recent improvements seen within the practice. All four comment cards described the helpful nature of reception staff within the practice.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring. Two of the patients we spoke with and one of the comment cards we received told us about the high number of different locum GPs within the practice which they felt limited the continuity of care.

Areas for improvement

Action the service **MUST** take to improve

- Provide opportunities for staff to receive regular supervision and appraisal.
- Seek and act upon feedback from patients in order to continually evaluate and improve services.
- Provide staff with contracts of employment which reflect their current employment status.

Action the service **SHOULD** take to improve

- Ensure the updating of recruitment checks for all staff.

- Continue to review patient treatment outcomes to ensure continuous improvement. For example, the management of patients with diabetes and COPD and the
- Update the practice website to ensure accurate information is available to patients which reflects the current service provision.
- Ensure registration with the Care Quality Commission accurately reflects the services provided.

Cornwallis Surgery

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 advisor and a practice manager specialist advisor.

Background to Cornwallis Surgery

Cornwallis Surgery provides general medical services to approximately 2,300 registered patients. The practice delivers services to a slightly lower number of patients who are aged 65 years and over, when compared with the national average. Data available to the Care Quality Commission (CQC) shows the number of registered patients suffering income deprivation is higher than the national average.

A previous inspection of Cornwallis Surgery took place in July 2015, following which the practice was rated as providing inadequate services and was placed into special measures. Following our previous inspection, the provider submitted an application to cancel their registration and this application was accepted. CQC subsequently accepted an application from another provider to register to provide services from the same location. Patients previously registered with Cornwallis Surgery were able to access care from the new provider. The special measures status transferred to the new provider who was responsible for ensuring that improvements were made.

At this inspection, the provider told us that they had merged their services with another practice within Station Plaza Health Centre and with three additional externally located practices within the Hastings area. They told us

that the practice was now called Cornwallis Plaza Surgery and that the three external locations were run as branch surgeries. They told us that the newly formed group was to be known as Hastings Healthcare and provided services to over 18,000 patients. However, at the time of our inspection the changes which had been implemented within those five practices were not reflected within the providers' registrations with the Care Quality Commission (CQC). We asked the provider to take immediate action to ensure those registrations accurately reflected the services provided.

The practice is located in large, purpose built premises which houses a number of other primary care service providers. The practice is centrally located immediately next to Hastings train station and with good transport links to surrounding areas. Care and treatment is delivered by one GP who is the Clinical Director, a number of locum GPs and a physician's associate. The practice employs one practice nurse and a healthcare assistant. A nurse practitioner who provides care to patients from five locations undertakes home visits to housebound and vulnerable patients. GPs and nurses are supported by an area manager, an assistant practice manager and a team of reception and administration staff.

At this inspection, we noted that the new provider had not made necessary changes to the practice's website. The website contained only information related to the previous provider and previous services provided. There was no information on the website to inform patients that a new provider was providing services or of any changes made to the delivery of services.

The practice is open from 8.00am to 6.30pm on weekdays. There are no extended hours services available to patients.

Services were provided from:

Detailed findings

Cornwallis Surgery, Station Plaza Health Centre, Station Approach, Hastings, East Sussex TN34 1BA.

The practice has opted out of providing out of hours services to its own patients and uses the services of a local out of hours service.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. A previous inspection had taken place in July 2015 after which the practice was rated as providing inadequate services and was placed into Special Measures. The purpose of this most recent inspection was to check that improvements had been made.

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 the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Health watch and the NHS Hastings and Rother Clinical Commissioning Group (CCG). We carried out an announced inspection visit

on 9 February 2016. During our visit we spoke with staff, including the clinical director, a physician's associate, a locum GP, the area manager, a nurse and a healthcare assistant and administration staff.

We observed staff and patient interaction and talked with four patients. We reviewed policies, procedures and operational records such as risk assessments and audits. We reviewed four comment cards completed by patients, who shared their views and experiences of the service, in the two weeks prior to our visit.

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 are provided for specific groups of people and what good care looks 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 CQC at that time.

Are services safe?

Our findings

Safe track record and learning

When we last inspected the practice, in July 2015, we identified that some of the practice's systems, processes and practices, did not promote patient safety. In particular, we identified that:

- There was a lack of openness and transparency within the management team and a lack of reporting of incidents, near misses and concerns. There was no evidence of learning from incidents and sharing of learning with staff.

At this inspection we found that 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 and a central register of events recorded.
- The practice carried out a thorough analysis of significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of monthly clinical meetings where these were discussed. Minutes of those meetings were sent to all staff following the meeting to ensure their awareness and to capture those staff who had been unable to attend. We saw that 17 events had been recorded between October 2015 and February 2016. We saw that lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had reviewed their arrangements for the location of the storage of their emergency medicines when it was identified that access may be restricted by a limited number of master keys to open the room in which they were stored.

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.

Overview of safety systems and processes

During our last inspection, in July 2015, we identified that some of the practice's systems, processes and procedures did not promote patient safety and potentially placed patients at risk of harm. In particular we found that:

- The review of patients' laboratory tests results were subject to significant delays.
- Appropriate recruitment checks on staff had not been undertaken prior to their employment.
- Medicines were not appropriately managed within the practice. There were no supplies of emergency medicines and the temperature of a refrigerator used to store vaccinations was not routinely monitored.
- There was a lack safeguarding arrangements in place to protect vulnerable adults and children. Staff had not received training in the safeguarding of vulnerable adults and children.

At this inspection we found that the new provider had put in place clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse 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 at a level appropriate to their role. GPs were trained to safeguarding level three.
- A notice in the waiting room and consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Criminal Records check via the 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 had undertaken DBS checks of all staff since our last inspection.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection

Are services safe?

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.

- Environmental and equipment cleaning schedules were in place for all areas of the practice. We noted that there were cleaning schedules located in each clinical room which provided guidance for staff on daily, weekly and monthly cleaning and re-stocking requirements. Hand wash solution, hand sanitizer and paper towels were available in each room. There were good supplies of protective equipment for patients and staff members. Spillage kits were available for staff to use.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice implemented a protocol for repeat prescribing which was in line with national guidance. The protocol complied with the legal framework and covered all required areas. For example, how staff who generate prescriptions were trained and how changes to patients' repeat medicines were managed. Reviews were undertaken for patients on repeat medicines. All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription pads were securely stored and there were systems in place to monitor their use. The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up to date copies of these directions. Electronic prescribing services were available which enabled patients to request repeat prescriptions and have them sent directly to a pharmacy of their choice.
- We checked medicines stored in treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. The practice had implemented revised procedures for ensuring that medicines were kept at the required temperatures since our last inspection. These described the action to take in the event of a potential failure. Records showed that fridge temperature checks were carried out daily which ensured medicines were stored at appropriate temperatures. Processes were in place to check medicines were within their expiry date and

suitable for use. This included recorded checks of stock and expiry dates. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

- We reviewed ten 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. However, we found that one member of staff had left the employment of the previous provider in August 2015 and returned to the employment of the new provider in September 2015. The practice had not undertaken their own recruitment checks but had utilised those from the original period of employment.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

During our last inspection, in July 2015, we found that the practice had a lack of systems and processes to manage and monitor risks to patients, staff and visitors to the practice. The practice did not hold records relating to safety and risk monitoring such as a fire risk assessment and the risks associated with exposure to legionella bacteria which is found in some water supplies.

At this inspection we found that risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There were health and safety policies and procedures available within the practice. The practice carried out regular fire drills and had an up to date fire risk assessment for the premises which had been carried out in October 2015. The practice had other risk assessments in place to monitor safety of the premises which included the control of substances hazardous to health and the risk of exposure to legionella which is found in some water supplies. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

Are services safe?

- 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. The clinical director provided support within the practice to ensure the processing and management of patient correspondence and results due to regular use of locum GPs.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available within the central office area of the practice. We saw that basic life support training had last been provided in October 2015.
- 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

At our previous inspection in July 2015, we found that a lack of leadership and clinical oversight within the practice had resulted in a lack of review and assessment of patients' urgent needs.

At this inspection we found 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 peoples' 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

At our previous inspection in July 2015, we found that the practice was unable to demonstrate that they reviewed the care they provided to patients against national and local standards to ensure safe outcomes for patients. The practice team was not making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff.

At this inspection we found 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 85.9% of the total number of points available. Those most recent results related to the performance of the previous provider who had provided services to patients within Cornwallis Surgery. The new provider told us they focused upon those outcomes and the outliers for any QOF clinical targets to guide their approach and implement improvements to patient treatment outcomes within the practice. Data from 2014/2015 showed:

- Performance for diabetes related indicators was in some areas significantly below the CCG and national average. For example, the percentage of patients with diabetes in whom the last IFCC-HbA1c was 64mmol or less in the preceding 12 months was 47.56% compared with a national average of 77.54%. However, 83.72% of patients with diabetes had a blood pressure reading in the preceding 12 months of 140/80mmHg or less, compared with a national average of 78.03%;

The practice had recently developed a diabetes management protocol in line with revised NICE guidelines on the management of type 2 diabetes, in order to ensure that improvements were made. The revised protocol was launched at a diabetes-focused clinical meeting at which a local diabetic nurse specialist had provided up to date information to practice staff. Guides to the interpretation of common blood results had been placed in consulting rooms to aid staff in the interpretation of diabetes blood results.

- The percentage of patients with COPD who had had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 68.29% compared with a national average of 89.9%.

The practice had identified this as an outcome requiring further improvement and had planned to undertake a full review of their processes and clinical approach to the management of respiratory conditions at their next clinical meeting.

- The percentage of patients with hypertension having regular blood pressure tests was comparable with the national average. For example, 80.08% of patients with hypertension had a blood pressure reading measured in the preceding 12 months of 150/90mmHg or less, compared with a national average of 83.65%.
- Performance for mental health related indicators was better than the national average. For example, 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88.47% and the percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 100% compared with a national average of 89.55%.

Are services effective?

(for example, treatment is effective)

At our previous inspection in July 2015, we found that the practice did not have systems in place for carrying out clinical audits. At this inspection we found that the practice had begun to implement a clinical audit strategy in order to promote continuous improvement. We saw that two clinical audits had been undertaken by the new provider. For example, an audit of patients whose blood test results may have indicated undiagnosed diabetes had been carried out. Those patients had been reviewed by the clinical director and further investigation and testing had been requested where appropriate. Another audit had reviewed the care of patients with chronic kidney disease in order to assess recent blood test results and determine whether referral to specialist services was required. Further cycles of these audits had been planned by the practice.

Effective staffing

At our inspection in July 2015, we found that some of the practice's systems, processes and practices, did not promote effective staffing arrangements. In particular, we identified that there was no recognition of the benefit of an appraisal process for staff and little support for any mandatory or additional training that may be required.

During this inspection in February 2016, we found that 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. There was a comprehensive information and training pack available to locum GPs working within the practice.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. 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 vaccinations 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 attendance at local forums.

- The practice encouraged outside speakers to attend their monthly clinical meetings. For example, practice staff had recently received updated information on the support of patients with coeliac disease and in diabetes management.
- However, the new provider had not introduced systems to ensure that staff received an appraisal and a review of their learning needs. Reception, administration and nursing staff told us that the last appraisal they had received was undertaken between three and four years ago with their previous employer. Records we reviewed confirmed this.
- 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

At our previous inspection in July 2015, we found that staff were unclear about their responsibilities for processing, reviewing and responding to issues arising from communications with other care providers on the day they were received. We identified significant delays in processes to ensure that patient laboratory test results were reviewed by a GP. We found that patients may have been at risk of harm due to the delays in action being taken by the practice to provide them with the necessary care and treatment required in response to their laboratory results.

At this inspection we found that the provider that ensured that 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 ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they

Are services effective?

(for example, treatment is effective)

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. Staff had recently undertaken training in 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

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.

The practice's uptake for the cervical screening programme was 71.65%, which was below the national average of 81.83%. However, those most recent results related to the performance of the previous provider who had provided services to patients within Cornwallis Surgery. The new provider had ensured that there was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice had increased nurse appointment availability and had identified dedicated administrators to implement recall processes. 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 to CCG/national averages. For example, childhood immunisation rates for the MMR vaccinations given to under two year olds was 88.1% compared with a CCG average of 82%.

Flu vaccination rates for the over 65s were 64.69%, and at risk groups 47.18%. These were also comparable with CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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

We observed 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.
- We noted 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 four Care Quality Commission patient comment cards we received were positive about the service experienced. Patients said they felt the practice staff were helpful, caring and treated them with dignity and respect. All of the comment cards described the helpful nature of reception staff within the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. We spoke with four patients who also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey published in January 2016, showed patients felt they were not always treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. The new provider was aware of the most recent scores and had taken some steps to ensure improvements, such as access to appointments and staff support systems:

- 70% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 69% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 90% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 67% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

- 77% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 88% said they found the receptionists at the practice helpful compared to the CCG average of 90% and 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 on the comment cards we received was also positive and aligned with these views.

We reviewed results from the national GP patient survey published in January 2016 about patients' involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 71% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 65% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.
- 71% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

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. 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 or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and 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

When we last inspected the practice, in July 2015, we found that the practice was not always responsive to patients' needs. Patients did not always have access to home visits. Access to appointments was restrictive for patients of working age.

At this inspection we found that 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.

- Home visits were available with a nurse practitioner for vulnerable and housebound patients who would benefit from these.
- Care and support was provided by GPs and the nurse practitioner to patients living in nearby care and residential homes.
- Same day appointments were available for children and those with serious medical conditions.
- There were longer appointments available for patients with a learning disability.
- There were disabled facilities and translation services available.
- The practice was highly accessible with a lift service to all floors of the building.
- The practice provided a violent patient service and worked closely with the security team within the premises to ensure the safety of those patients, staff and other visitors to the premises.
- The practice worked closely with community mental health teams who were located in the same premises, to ensure a coordinated approach to the care of patients with all levels of poor mental health. For example, the practice ensured prompt referral to a voluntary organisation to ensure timely support of those patients experiencing anxiety and depression.
- The practice held regular multi-disciplinary and palliative care meetings in conjunction with community teams to ensure timely care planning and review of shared care arrangements, for example for those patients receiving end of life care.

Access to the service

At our inspection in July 2015, we found that the practice closed at 5.00pm each day and there were sessions during each week when no GP appointments could be scheduled. No formal arrangements were in place to ensure patients were able to access care at those times when a GP was not available. The practice did not have adequate arrangements in place to provide nurse appointments to patients. There was no practice nurse employed by the practice at the time of our inspection.

At this inspection we found that the practice was open between 08.00 and 6.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them. There were no extended hours appointments available to patients.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was in some areas below local and national averages. However, it should be noted that some respondents may have provided responses based upon services provided by the previous provider.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 72% patients said they could get through easily to the surgery by phone compared to the CCG average of 77% and national average of 73%.
- 83% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 72% and national average of 59%.

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 a system in place for handling complaints and concerns.

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled complaints within the practice.

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

- We saw that information was available to help patients understand the complaints system via a complaints leaflet held at reception. None of the patients we spoke with told us that they had ever made a complaint.

At our previous inspection in July 2015 we found that there was a lack of review and learning from complaints.

Meetings were not held within the practice to discuss complaints received. At this inspection we looked at the 21 complaints received by the practice within the last 12 months and found these were all discussed, reviewed and learning points noted. We saw these were handled and

dealt with in a timely way. We noted that lessons learned from individual complaints had been acted upon. The practice held regular meetings where complaints were discussed and relevant learning was disseminated to staff. We saw evidence of actions taken in response to complaints raised. For example, as a result of one complaint the practice had reviewed their processes associated with the recording of attempts to make telephone contact with patients who had requested a call back.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a robust strategy and supporting business plans which reflected the vision for the practice.
- The clinical director told us of the challenges in recruiting GPs within the local area and the resulting reliance on locum GPs to ensure continued service provision.
- The practice had begun to implement innovative approaches to address these challenges. The practice employed a fully trained and accredited physician's associate who managed patients with minor ailments and those requiring same day appointments in line with a clearly defined practice protocol. The practice was in the process of providing training to enable the physician's associate to interpret normal and common abnormal test results and had developed a clinical protocol to support this approach. GPs would continue to manage all results which fell outside of this protocol.
- The practice was in the process of recruiting a clinical pharmacist who would support the management of medicines, medicine reviews and patients with minor ailments.
- The practice implemented a process whereby doctors triaged requests for home visits and passed appropriate visit requests on to a nurse practitioner.

Governance arrangements

When we last inspected the practice, in July 2015, we found that there was a lack of leadership and governance within the practice and a lack of policies and procedures to govern activity. Some staff felt they were not well supported in raising concerns and did not always feel listened to. Staff roles within the practice were not clearly defined.

At this inspection visit we found that 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 and areas of improvement required was maintained.
- A programme of continuous clinical and internal audit had been introduced which was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

The registered provider and the clinical director for the practice both told us that a separate organisation provided back office support to the practice, for example in the provision of policies, training arrangements and HR services. They told us that the practice was required to demonstrate governance and quality assurance processes to that organisation but that the service was not led by them. We found there was a lack of clarity around the purpose and role of the supporting organisation within the practice. For example, we saw that patient information leaflets included inconsistent branding. One newsletter explained to patients how the newly formed Hastings Healthcare was part of the supporting organisation and detailed that organisation's service objectives. Staff induction checklists included a corporate induction into that organisation's processes and procedures. The level of staff understanding and awareness surrounding the organisational structure was inconsistent.

Leadership and culture

At our inspection in July 2015, we found a lack of openness and transparency within the management team which meant that information and concerns were not shared and reviewed. This resulted in a lack of risk assessment and implementation of changes to ensure the safety of staff and patients.

The new provider had ensured that the clinical director within the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. They were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

Are services well-led?

Requires improvement 

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

The provider was aware of and complied with the requirements of the Duty of Candour. They 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 people 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 management team within the practice. All staff were involved in discussions about developments within the practice and were encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Staff who had worked within the practice prior to the introduction of the new provider had not been issued with revised contracts of employment. This meant that those staff had no valid contract of employment as their previous contracts were with a doctor who was no longer providing services to patients. Staff who had been recently employed by the practice told us they were employed by the supporting organisation and we saw evidence to confirm this. Other staff were uncertain who their employer was. We found there was a lack of clarity and openness surrounding organisational and employer lines of responsibility.

This was of particular significance as the registered manager and clinical director told us that a review of

administrative roles had recently been undertaken. Staff were aware that restructuring and a significant reduction in the number of administration hours would be implemented by April 2016.

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

At our inspection in July 2015 we found that the practice had not gathered feedback from patients.

At this inspection we found that the practice had begun to engage patients in the delivery of the service but had not yet proactively sought patients' feedback.

- The practice had very recently held a meeting within the practice to inform patients of the changes to the structure of the practice and the merger with other practices. They told us that this had included a relaunch of their patient participation group in both real and virtual forms. The practice had launched a private Facebook group to host the virtual meetings on. The patient participation group had not yet worked together to implement any changes or improvements to services within the practice.
- The practice had gathered some feedback from staff through staff meetings and 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 focus on continuous improvement within the practice. Practice staff told us they felt improvements had been made since our last inspection and we saw evidence of this across all areas of the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered provider did not always seek and act on feedback from relevant persons and other persons on services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.</p> <p>We found that the registered provider had not always maintained records which are necessary to be kept in relation to persons employed in the carrying on of the regulated activity.</p> <p>This was in breach of regulation 17 (1) (2) (d) (i) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>We found that the registered provider had not ensured that persons employed in the provision of a regulated activity had received appropriate support and appraisal to enable them to carry out the duties they were employed to perform.</p> <p>This was in breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>