

Bridgeside Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Bridgeside Surgery	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bridgeside Surgery on the 2 December 2014. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe and well led services. The concerns which led to these ratings apply to everyone using the practice. Therefore the different population group are also rated as requires improvement. The practice was rated as good for providing a caring effective and responsive service.

Bridgeside Surgery provides general medical services to people living in Hailsham. The practice is situated in a residential area. At the time of our inspection there were approximately 5,200 patients registered at the practice with a team of two GP Partners. A third GP was in the process of registering as a partner with the practice via the CQC.

The inspection team spoke with staff and patients and reviewed policies and procedures. The practice

understood the needs of the local population and engaged effectively with other services. However, there was no written strategy as to how the practice would cope with key members of staff leaving and increasing patient numbers due to new housing developments in the area. Recruitment files we reviewed did not contain the required information and staff appraisals had not taken place on an annual basis. However, there was a culture of openness and transparency within the practice and staff told us they felt supported. The practice was committed to providing high quality patient care and patients told us they felt the practice was caring and responsive to their needs.

The practice has an overall rating of requires improvement.

Our key findings were as follows:

- Patient feedback about the practice and the care and treatment they received was very positive.
- Infection control audits and cleaning schedules were in place and the practice was seen to be clean and tidy

Summary of findings

- The practice routinely carried out clinical audits and investigated significant events and complaints.
- Staff told us there was an open/no blame culture and they were supported in their roles.
- An active patient participation group was working in partnership with the practice and there was evidence the practice was listening to its patients.
- There were a range of appointments to suit most patients' needs and on-line facilities for booking appointments and repeat prescriptions.
- Patients told us they were able to get the time needed with their GPs and did not feel rushed. However, this meant that some patients reported delays in appointment times due to appointments over-running with other patients.

There were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure that all recruitment checks are carried out including risk assessments and recorded as part of the staff recruitment process and that the recruitment policy reflects accurately the procedures necessary. Ensure there is a written risk assessment where decisions have been made regarding staff not receiving a criminal check via the Disclosure and Barring Services (DBS)
- Ensure staff are supported through appraisals.
- Ensure the practice carries out a risk assessment for legionella and has a corresponding policy.
- Ensure all staff have appropriate policies, procedures and guidance to carry out their role.
- Ensure that audit cycles are fully recorded in order to demonstrate actions taken have enhanced care and record where improvements to the service have been made.

In addition the provider should:

- Ensure that patient information is clearly displayed for requesting chaperones
- Ensure that patient information is clearly displayed in relation to the complaints system and contains information of other organisations that can support a complainant.
- Develop a written strategic plan for the practice to include succession planning and how the practice will cope with new building developments which would mean a growing population size.
- Ensure portable electrical equipment is routinely tested and examined and record information relating to this.
- Ensure that staff are trained in safeguarding vulnerable adults.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, there were no supporting policies for safeguarding children or vulnerable adults and staff had not received training for safeguarding vulnerable adults. Audits, significant events and complaints were reviewed and learning discussed with staff. However, the practice had missed opportunities to develop policies or procedures in response to learning to show improvements in patient care. Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example, recruitment checks were not documented, there was no system in place for the management of legionella and there was no portable appliance testing for electrical equipment. Staff told us they routinely asked if patients would like a chaperone for intimate examination. However, we noted there was no information on display offering this service, therefore patients may not know they could request a chaperone if they wished. There were enough staff to keep patients safe. Emergency procedures were in place to respond to medical emergencies. The practice had policies and procedures in place to help with continued running of the service in the event of an emergency. The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and planned. Staff worked with local multidisciplinary teams to provide patient centred care. Patients had a named GP which allowed for continuity of care.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with

Good



Summary of findings

compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. During the inspection we witnessed caring and compassionate interactions between staff and patients. Patients had access to local groups for additional support.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Patients reported good access to the practice and continuity of care, with urgent appointments available the same day. The practice had good facilities and was equipped to treat patients and meet their needs. The practice had a system in place for handling complaints and concerns. Information for patients on the complaints procedure was available on the practice website. However, we noted that the complaints procedure was not displayed in the practice waiting room. There was evidence of shared learning from complaints with staff and patients.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led. Staff felt supported by management and knew who to approach if they had any issues or concerns. However, not all staff had received regular annual performance reviews. The practice had a number of policies and procedures to govern activity however, there were no policies in relation to safeguarding children or vulnerable adults, Mental Capacity Act 2005 including mental capacity assessment guidance or patient consent. The practice manager informed us they were aware that reviews for some policies and procedures were overdue. We noted that the whistleblowing policy was last updated in 2011 and contained information that was no longer relevant. Key members of staff were in the process of leaving the practice and there was no written strategy as to how the practice would manage without these staff members. Regular meetings took place. Minutes of the meetings were shared with staff who were unable to attend the meeting. The practice proactively sought feedback from patients and had an active patient participation group (PPG). All staff had received inductions and attended staff meetings and events.

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 provider was rated as good for effective, caring and responsive overall and this includes for this population group. The provider was rated as requires improvement for safety and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients were positive for conditions commonly found in older patients. There were arrangements in place to provide flu and pneumococcal immunisation to this group of patients. Patients were able to speak with or see a GP when needed and the practice was accessible for patients with mobility issues. Clinics included diabetic reviews, blood tests and the practice also offered blood pressure monitoring. The practice was responsive to the needs of older patients, and offered home visits. The practice had good relationships with a range of support groups for older patients.

Requires improvement



People with long term conditions

The provider was rated as good for effective, caring and responsive overall and this includes for this population group. The provider was rated as requires improvement for safety and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

When needed longer appointments and home visits were available. All these patients had structured annual reviews to check their health and medicine needs were being met. The GPs followed national guidance for reviewing all aspects of a patient's long term health. 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. Patients with palliative care needs were supported. The practice nurses were trained and experienced in providing diabetes and asthma care to ensure patients with these long term conditions were regularly reviewed and supported to manage their conditions. Flu vaccinations were routinely offered to patients with long term conditions to help protect them against the virus and associated illness.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as good for effective, caring and responsive overall and this includes for this population group. The provider was rated as requires improvement for safety and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Appointments were available outside of school hours and the premises was suitable for children and babies. Specific services for this group of patients included family planning clinics, antenatal clinics and childhood immunisations. Immunisation rates were relatively high for all standard childhood immunisations. The practice offered contraceptive implants and coil fitting. Practice staff had received safeguarding children training relevant to their role. All staff were aware of child safeguarding and how to respond if they suspected abuse. However, the practice did not have a policy for staff to refer to. The practice ensured that children needing emergency appointments would be seen on the day.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as good for effective, caring and responsive overall and this includes for this population group. The provider was rated as requires improvement for safety and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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. Patients were able to request a GP to telephone them instead of attending the practice. The practice was proactive in offering on-line services as well as a full range of health promotion and screening that reflected the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as good for effective, caring and responsive overall and this includes for this population group. The provider was rated as requires improvement for safety and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for patients with a learning disability and created action plans. The practice offered longer appointments for patients with a learning disability where necessary. Translation services were available for patients who did

Requires improvement



Summary of findings

not use English as a first language. The practice could accommodate those patients with limited mobility or who used wheelchairs. Accessible toilet facilities were available The practice supported patients who were registered as a carer.

People experiencing poor mental health (including people with dementia)

The provider was rated as good for effective, caring and responsive overall and this includes for this population group. The provider was rated as requires improvement for safety and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Patients with severe mental health needs had care plans and new cases had rapid access to community mental health teams. The practice regularly worked with local multi-disciplinary teams in the case management of patients experiencing poor mental health. The practice had sign-posted patients experiencing poor mental health to various support groups and local organisations. The practice worked closely with the local mental health team and consultants.

Requires improvement



Summary of findings

What people who use the service say

Patients told us they were satisfied overall with the practice. Comments cards had been left by the Care Quality Commission (CQC) before the inspection to enable patients to record their views of the practice. We received 32 comment cards which contained positive comments about the practice. We also spoke with six patients on the day of the inspection.

All the patients we spoke with were positive about the service they received. They told us staff were caring and supportive. However, they told us it was sometimes difficult to get appointments on the day unless it was an emergency. This was reflected in a few of the comment cards we reviewed.

Comments received through the comments cards were positive about the service patients received. Most told us that appointments were readily available. Comments

about the practice included that patients felt listened to and not rushed, respected and treated with compassion. Comments also included that staff were understanding, empathetic, attentive and friendly.

We viewed the results for the national patient survey. The survey had received responses from 127 patients. The findings indicated that 84% of patients described their overall experience of the practice as good and 92% had confidence and trust in the last GP they saw or spoke to. The findings also indicated that 83% of patients would recommend the practice to someone new in the area.

The practice provided us with a copy of their own practice patient survey results from 2014. Responses were received from 51 patients. The findings indicated that 97% of patients thought the clinician gave them enough time and treated them with care and concern.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that all recruitment checks are carried out including risk assessments and recorded as part of the staff recruitment process and that the recruitment policy reflects accurately the procedures necessary. Ensure there is a written risk assessment where decisions have been made regarding staff not receiving a criminal check via the Disclosure and Barring Services (DBS)
- Ensure staff are supported through appraisals.
- Ensure the practice carries out a risk assessment for legionella and has a corresponding policy.
- Ensure all staff have appropriate policies, procedures and guidance to carry out their role.
- Ensure that audit cycles are fully recorded in order to demonstrate actions taken have enhanced care and record where improvements to the service have been made.

Action the service **SHOULD** take to improve

- Ensure that patient information is clearly displayed for requesting chaperones
- Ensure that patient information is clearly displayed in relation to the complaints system and contains information of other organisations that can support a complainant.
- Develop a written strategic plan for the practice to include succession planning and how the practice will cope with new building developments which would mean a growing population size.
- Ensure portable electrical equipment is routinely tested and examined and record information relating to this.
- Ensure that staff are trained in safeguarding vulnerable adults.

Bridgeside Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspection. The team included a GP and a CQC Inspection Manager.

Background to Bridgeside Surgery

Bridgeside Surgery offers general medical services to the population of Hailsham. The practice is involved in the education and training of doctors, practice staff and other healthcare professionals. There are approximately 5,200 registered patients.

The practice is run by three partner GPs. However, at the time of the inspection only two partners were registered with the Care Quality Commission. We were informed that the third GP was in the process of registering and we saw evidence of this. The practice was also supported by two salaried part time GPs, practice nurses, healthcare assistants, a team of receptionists, administrative staff, a deputy practice manager and a practice manager.

The practice runs a number of clinics for its patients which includes an asthma clinic, a child immunisation clinic, a diabetes clinic, and a smoking cessation clinic with one to one consultations.

Services are provided from:

1 Western
Road
Hailsham
East
Sussex
BN27 3DG

The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider.

The practice was a GP training practice and supported new registrar doctors in training. At the time of inspection there were no doctors who were receiving general practice training.

The practice population has a higher number of patients between 60 and 85 years of age than the national and local CCG average, with a significantly higher proportion of 65-69 year old than the national average. There are a higher number of patients with long term health conditions. The percentage of registered patients suffering deprivation (affecting both adults and children) was lower than the average for England.

The CQC intelligent monitoring placed the practice in band six. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

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. This inspection was planned to check whether the provider was meeting the

Detailed findings

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 Eastbourne, Hailsham and Seaford clinical commissioning group (CCG). We carried out an announced visit on 2 December 2014. During our visit we spoke with a range of staff, including GPs, practice nurses, health care assistants (HCAs) and administration staff.

We observed how patients were being cared for and talked with six patients and reviewed policies, procedures and operational records such as risk assessments and audits. We reviewed 32 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 living in vulnerable circumstances
- 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 (QOF) data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, from reported incidents and national patient safety alerts, as well as comments and complaints received from patients. The practice had a system in place to circulate alerts from national bodies such as the Medicines and Healthcare Products Regulatory Agency (MHRA). Information relating to withdrawal or a dose change for specific medicines was passed to the GPs to be actioned. Staff we spoke with were aware of their responsibilities to raise concerns and how to report incidents.

We reviewed safety records, incident reports and minutes of meetings from the previous 12 months. These showed the practice had managed these consistently over time and so could evidence a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last year and we were able to review these. Significant events, audits and complaints were discussed at a monthly meeting. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. However, the practice had missed opportunities to create new protocols or procedures after reviewing these events. For example, staff informed us of some patients reporting a lack of clarity for finding out blood test results. Although the situation had been discussed and staff made aware of the correct procedure, we noted that a written protocol had not been created. This would have ensured all staff were aware of the correct procedure and information to give to patients. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at meetings and told us they were encouraged to do so.

We spoke with a partner GP in relation to a complaint that had been received from a patient who had not received a call back which they had requested. The GP explained that they had tried to call back on several occasions but had been unable to speak with the patient. We asked the GP to describe the protocol for calling back patients. We were advised there was no protocol and that each GP used their

own judgement as to how long they would continue to try and call. After discussing this with the GP it was noted that this event could have been used to ensure future improvements for patient safety. By developing a patient call back protocol it would enable staff to work to the same procedures. This would ensure that protocols were in place for those patients whose health could potentially be affected by not receiving a call back from the GP.

Reported events and issues were recorded onto a significant events log. Evidence of action taken as a result was recorded onto the record. We noted that the records were completed in a comprehensive and timely manner. For example, a patient had requested a blood test but the forms were completed for a patient of the same name in error. As a result, alerts were placed on all patient records with the same name and staff were reminded to double check they had the correct record for the patient. Where patients had been affected by something that had gone wrong they were given an apology and informed of the actions taken.

National patient safety alerts were disseminated by the practice manager to practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. They also told us alerts were discussed at meetings to ensure all staff were aware of any that were relevant to the practice and where they needed to take action.

Reliable safety systems and processes including safeguarding

The practice had appointed a dedicated GP as lead in safeguarding vulnerable adults and children. They had been trained to level 3 for safeguarding children and could demonstrate they had the necessary training to enable them to fulfil this role. However, not all staff we spoke to were aware who this lead was but explained they would speak with any of the GPs or the practice manager if they had a safeguarding concern.

The practice did not have policies or procedures in relation to safeguarding children or vulnerable adults. Without policies and procedures for staff to refer to there was a risk that staff may be unaware how to share information, record safeguarding concerns or how to contact the relevant agencies in working hours and out of normal hours.

We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to

Are services safe?

recognise signs of abuse in older people, vulnerable adults and children. Staff told us they had attended an in house training session that had been given by the local child protection team. However, we were unable to see any certificates for this training. We looked at training records which showed some staff had received relevant role specific training on safeguarding children. However, staff had not received training for vulnerable adults.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans.

There was a chaperone policy in place. However, we noted there were no visible signs advertising this service and therefore patients may not be aware that they were able to request a chaperone if they wished. Nursing staff and health care assistants could be used as chaperone.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear process for ensuring medicines were kept at the required temperatures and records we reviewed confirmed this. Staff were able to describe the action to take in the event of a potential failure.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations. There were no controlled drugs stored at the practice. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse.

The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date directions and evidence that nurses had received appropriate training to administer vaccines.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Cleanliness and infection control

We spoke with the practice manager regarding testing for legionella. The practice had not undertaken a risk assessment to minimise the risk of infection to staff and patients and did not have a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings).

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and received training updates. We saw evidence that the lead had carried out infection control audits and that any improvements identified were actioned.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly. We saw evidence that regular service and calibration checks on equipment were performed. We saw that equipment had last been serviced in September 2014. We saw that fire extinguishers were serviced annually with the last one completed in April 2014.

Panic alarms were installed in all consulting and treatment rooms in case of emergency. All staff would respond if a call

Are services safe?

was raised. The practice had not completed a portable appliance test (PAT) for electrical items. The practice manager informed us that they checked all cables and electrical items on a regularly basis but did not formally record their findings.

Staffing and recruitment

The practice manager informed us that both the practice nurses were leaving the practice within a couple of weeks of each other. We asked how the practice was planning to manage and if there was a written strategy as to how the practice would work without the two practice nurse positions in the short and long term. We were informed that there was no written plan but GPs had decided to take on several of the practice nurse roles while waiting for a replacement. Advertisements had been placed but applications had been low. The practice manager was planning to use locum nurses if the positions could not be filled in an adequate time frame.

Staff told us there were usually suitable numbers of staff on duty and that staff rotas were managed well. There was also a system for members of staff, including GPs and administrative staff to cover annual leave. Staff told us there were enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe.

We reviewed three recruitment files for staff and found that they did not contain the correct information required under the regulations. Files did not contain proof of identification including photographic identification, references from previous employers or health declarations. We reviewed the recruitment policy. The policy made no reference to the information required under the regulations. For example, ensuring there is a full employment history with gaps in employment investigated, proof of identification and discussion had with past employers regarding the persons conduct or reason for leaving where they have worked with children or vulnerable adults. These checks would help to ensure staff employed were of good character. The practice

manager told us that the practice had considered whether administration and reception staff should have a criminal check through the Disclosure and Barring Service (DBS). The decision had been taken that this was not necessary but we noted there was no written risk assessment supporting this discussion.

Monitoring safety and responding to risk

The practice had systems and processes to manage and monitor risks to patients, staff and visitors to the practice. These included checks of the building, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. For patients with long term conditions and those with complex needs there were processes to ensure these patients were seen in a timely manner. Staff told us that these patients could be urgently referred to a GP and offered double appointments when necessary.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. Emergency medicines were available in a secure area of the practice and all staff knew of their location. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence and from local commissioners. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with National Institute of Clinical Excellence (NICE) guidelines, and these were reviewed when appropriate.

National data showed that the practice was in line with referral rates to secondary and other community care services for all conditions. All GPs we spoke with used national standards for the referral into secondary care. For example, suspected cancers were referred and seen within two weeks.

The practice used computerised tools to identify patient groups who were on registers. For example, carers, patients with learning disabilities or patients with long term conditions. We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and medicines management. There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly ensured that patients requiring medicines reviews were flagged with their GPs.

The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF). QOF is a national performance measurement tool. For example, we saw an audit regarding

the prescribing of specific medicines for patients with asthma. Following the audit, the GPs carried out medicine reviews for patients who were prescribed these medicines and altered their prescribing practice, in line with the guidelines.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. For example, 97% of patients with rheumatoid arthritis had a face-to-face annual review in the last 12 months. We also noted that QOF data showed that 93% of patients newly diagnosed with diabetes had a record of being referred to a structured education programme within 9 months after entry on to the diabetes register. The practice met all the minimum standards for QOF in diabetes, asthma and chronic obstructive pulmonary disease (lung disease). The practice was not an outlier for any QOF (or other national) clinical targets.

The team used clinical audit tools and staff meetings to assess the performance of GPs and nurses. The staff we spoke with discussed how, as a group, they reflected on the outcomes being achieved and areas where this could be improved.

The practice had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.

The practice also participated in local benchmarking run by the local clinical commissioning group. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed the practice had outcomes that were comparable to other services in the area. For example, data reviewed showed that compared to other practices Bridgeside Surgery was performing to target for NHS Health checks.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support and infection control. All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment

Are services effective?

(for example, treatment is effective)

called revalidation every five years. Only when revalidation has been confirmed by NHS England can the GP continue to practise and remain on the performers list with the General Medical Council).

Staff we spoke with told us they felt the practice was proactive in providing training and funding for relevant courses. For example, one staff member told us they were being supported in attaining a national vocational qualification (NVQ) qualification which the practice had organised.

Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, on administration of vaccines and cervical cytology. Those with extended roles, for example seeing patients with long-term conditions such as asthma, and diabetes were also able to demonstrate that they had appropriate training to fulfil these roles.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage complex cases. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. All staff were clear on their responsibilities for passing on, reading and actioning any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. There was a system for GPs to review results for absent colleagues.

The practice held multidisciplinary team meetings monthly to discuss the needs of complex patients, for example those with end of life care needs. The practice invited representatives from social services, mental health, district nursing, the community matron and hospice teams. Staff felt this system worked well.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals through the Choose and Book system. (The

Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital).

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record, EMIS, to coordinate, document and manage patient care. All staff were fully trained on the system. Software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

We found that most staff were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. However, we noted there was no policy for staff to refer to. GPs we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. They gave examples of how a patient's best interests were taken into account if they did not have capacity to make decisions or understand information.

Patients with more complex needs, for example patients with dementia were supported to make decisions through the use of care plans which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it). GPs demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

We noted the practice did not have a written policy for consent. However, the practice required documented consent from patients for specific interventions. For example, written consent was taken for all minor surgical procedures. A patient's verbal consent was documented in the electronic patient notes with a record of the relevant risks, benefits and complications of the procedure. The GPs and nurses we spoke with told us they always sought consent from patients before proceeding with treatment. They told us they would give patients information on specific conditions to assist them in understanding their treatment and condition before consenting to treatment.

Health promotion and prevention

It was practice policy to offer a health check with the health care assistant to all new patients registering with the

Are services effective?

(for example, treatment is effective)

practice. The GP was informed of all health concerns detected and these were followed up in a timely way. We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic smoking cessation advice to smokers.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and invited them to yearly annual reviews. The practice had also identified the smoking status of patients with a physical or mental health condition over the age of 16. We noted that 98% of those patients had been actively offered smoking cessation clinics.

The practice's performance for cervical smear uptake was 83%, which was better than others in the local clinical commissioning group area. The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for all immunisations was above average for the local clinical commissioning group. There was a mechanism in place to follow up patients who did not attend screening programmes.

Health information was made available during consultation and GPs used materials available from online services to support the advice they gave patients. There was a variety of information available for health promotion and prevention in the waiting area. The practice newsletter included a list of useful telephone numbers. This included support groups for patient reference.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients completed CQC comment cards to tell us what they thought about the practice. We received 32 completed cards and all were positive about the service experienced. Patients said they felt the practice offered a caring service and staff were friendly, compassionate and attentive. They said staff treated them with dignity and respect. We also spoke with six patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

We reviewed the most recent GP national survey data available for the practice on patient satisfaction. The evidence from the survey showed patients were satisfied with how they were treated and this was with compassion, dignity and respect. Data from the national patient survey showed that 84% of patients rated their overall experience of the practice as good. The practice was around average for its satisfaction scores on consultations with GPs and nurses, with 90% of practice respondents saying the GP was good at listening to them and 92% had confidence and trust in the last GP they saw or spoke with.

We also reviewed a practice patient survey from 2014 to which the practice received 51 replies. Results showed that 92% of patients said the GPs gave them enough time. When asked the question if they felt the GP was treating them with care and concern, 92% said they agreed or strongly agreed.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains or screens were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We observed staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private. The practice reception area and waiting room was situated together. The 2013 GP patient survey indicated that only 68% of patients were satisfied with the level of privacy when speaking to receptionists at the surgery. Staff were able to give us practical ways in which they helped to

ensure patient confidentiality. This included not having patient information on view, asking patients if they wished to discuss private matters away from the reception desk and confirming dates of birth rather than patients names when taking phone calls. The practice had also re-designed the chair layout of the waiting room so that patients did not face the reception desk. However, patients had complained that they did not like the layout and this had been changed back.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 78% of practice respondents said the GP involved them in care decisions and 89% felt the GP was good at explaining treatment and results. Both these results were above average compared to the local clinical commissioning group area.

Patients we spoke to on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Patient/carer support to cope emotionally with care and treatment

The results of the national GP survey showed that 83% of patients said the last GP they saw or spoke to was good at treating them with care and concern and that 81% of patients said the nurses were also good at treating them with care and concern. Patients we spoke with on the day of our inspection and some of the comment cards we received gave examples of where patients had been supported. For example, one patient with long term conditions told us they had felt supported in managing their condition.

Notices in the patient waiting room and patient website also signposted patients to a number of support groups and organisations. The practice's computer system alerted

Are services caring?

GPs if a patient was also a carer. Staff told us they were made aware of patients or recently bereaved families so they could manage calls sensitively and refer to the GP if needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The percentage of registered patients aged over 65 years was higher than the average for Eastbourne, Hailsham and Seaford clinical commissioning group area. The practice had regular internal as well as multidisciplinary meetings to discuss patients' care and support needs. GPs explained that their current focus was on high risk older patients as they were seeking to improve their care and reduce the need for hospital attendance.

Comments we received via CQC comment cards and patients we spoke with told us they were satisfied with the speed and quality of referrals. Patients had a named GP to ensure a degree of continuity of care for patients, especially older patients and those with long term conditions.

There had been very little turnover of staff during the last three years which enabled good continuity of care. Longer appointments were available for patients who needed them and those with long term conditions. Patients could request a GP telephone consultation and patients who needed to be seen urgently were offered same day appointments.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). Patients had requested early morning and evening appointments. The practice was now open until 7.30pm on Monday evenings and had nurse appointments available from 7.30am on a Wednesday.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. Staff told us that those patients with no fixed abode could register and be treated at the practice. The number of patients with a first language other than English was low. Staff knew how to access language translation services if these were required.

The premises and services were able to meet the needs of patients with disabilities. The practice was situated over two floors. Patients were seen on the ground floor and staff offices, meeting room and kitchen facilities were found on the first floor. The waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to the treatment and consultation

rooms. Toilet facilities were available for all patients and included baby changing facilities. The toilet for disabled patients contained grab rails for those with limited mobility and an emergency pull cord.

Access to the service

Appointments were available from 8.30am until 6.30pm on weekdays. Patients could call to make appointments from 8.30am and there were online facilities for patients to book appointments at times convenient to them. The practice had extended access and opened early one morning and one late evening a week. Appointments could be booked on the day or up to six weeks in advance. Patients could request telephone consultations and urgent appointments were available on the day.

Information was available to patients about appointments on the practice website. This included how to arrange home visits, how to book appointments through the website and the number to call outside of practice hours. Patients were also given information through a practice newsletter.

There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Patients were advised to call the Out of Hours service.

Patients spoken with and comments left on CQC comment cards confirmed that patients were mainly happy with the appointment system. Several comments were in relation to the delay in calls being answered first thing in the morning in order to get appointments for that day. The results from the 2013 GP patient survey indicated that 84% of patients were able to get an appointment when they last tried and 92% were satisfied the appointment was convenient to them.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

At the time of the inspection we noted there was no information on display for patients to inform them of the complaints process. Staff informed us there was usually a poster on the notice board but was unaware when this has been removed. The practice website had information for

Are services responsive to people's needs?

(for example, to feedback?)

patients but we noted it did not contain information regarding other organisations the complainant could use to help them with their complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at eight complaints received in the last twelve months and found these were all discussed, reviewed and

learning points noted. Staff we spoke with knew how to support patients wishing to make a complaint and told us that learning from complaints was shared with the relevant team or member of staff. The practice had a comments book on the reception desk that patients could write in if they wished. We noted that most of the comments received were good.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. We found details of the vision and a mission statement on the practice website. The practice vision and mission statement included working in partnership with their patients and staff to provide the best primary care services possible and to improve and maintain the health, well-being and lives of those they cared for.

Two of the practice nurses were in the process of leaving and the practice manager was hoping to recruit new staff to these positions but applications had been low. The practice manager and the partner GP we spoke with were also aware of the challenges that a new housing development would have on the patient population size. The practice was in the process of reviewing how both these issues could be managed in the short and long term. However, there was not a written practice business development plan or strategy in place documenting.

Governance arrangements

The practice had some policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. However, we noted the practice did not have policies or procedures for staff to follow in relation to safeguarding children or vulnerable adults, Mental Capacity Act 2005, mental capacity assessment guidance or patient consent. The practice manager informed us that they were aware that some of the policies required reviewing and possibly updating. For example, the disposal of sharps policy was last reviewed in 2012 and the information security and confidentiality policy was last reviewed in 2011.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed and actions were taken to maintain or improve outcomes.

The practice had an on-going programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. Information sent to us by the practice and reviewed on the day of inspection, did not always show a full audit cycle or the learning and

evaluation of audits by the practice. For example, after one audit for patients receiving two specific medicines we noted three actions were required. The GP we spoke with told us these actions had been completed. However, the outcomes of these actions were not recorded and so the practice could not show a full evaluation of the audit. We also did not see recorded a date for a follow-up audit to complete the cycle.

Leadership, openness and transparency

Staff we spoke with told us there was an open door culture. They told us that the GPs were approachable, and they were able to approach senior staff about any concerns they had. They said that they felt supported and that there was a good team work within the practice. Staff told us they felt their views and opinions were valued. They told us they were encouraged to speak openly to all staff members about issues or ways that they could improve the services provided to patients.

All staff were aware of the leadership structure within the practice. Most staff were able to tell us there were named members of staff in lead roles. We noted a nurse had taken on the lead role for infection control and a GP lead for safeguarding children and vulnerable adults. Reception staff we spoke with were clear about their own roles and responsibilities. They all told us that they felt valued and well supported. They told us GPs often thanked them for tasks undertaken or handling difficult situations.

We saw from minutes that GP meetings were held monthly and GP and nurse meetings were held quarterly. Administration and reception staff we spoke with told us that their meetings were not held regularly but that communication was very good within the practice. They told us that they had opportunities to discuss any concerns or give suggestions with the practice manager or the partner GPs and they were always made aware of any new developments or changes within the practice.

The practice manager was responsible for human resource policies and procedures. We were shown the electronic staff handbook that was available to all staff. This included sections on equality and harassment disciplinary procedures, induction policy, management of sickness and bullying at work, which were in place to support staff.

Practice seeks and acts on feedback from its patients, the public and staff

Are services well-led?

Requires improvement 

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

The practice had gathered feedback from patients through patient surveys, comments left in a comments book and complaints received. The practice had an active patient participation group (PPG) which was advertising to increase its size. The PPG had carried out surveys and met on a regular basis. The practice manager showed us the analysis of the last patient survey, which was considered in conjunction with the PPG. The results and actions agreed from these surveys are available on the practice website.

We looked at the results of a practice patient survey completed in 2014, where 51 patients had responded. We noted that the results of the survey were advertised on the practice website. The survey was discussed with the patient participation group. The group felt that on the whole most of the responses were positive. It was recognised that the main patient concern was the difficulty in getting an appointment. To increase the number of appointments available the practice had employed two extra GPs to work one day each. The practice also increased the number of available GP appointments each day ensuring that 50% of the appointments would be reserved for advanced booking and 50% reserved for on the day booking.

The practice had also considered concerns raised in relation to confidentiality of patients due to the waiting room and reception area being joined. The practice had changed the layout of the chairs to help with concerns raised. However, patients complained about the new layout and after several different attempts was changed back to the original design. Staff told us that music was now played in the waiting room to help with confidentiality.

The practice had gathered 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.

The practice had a whistleblowing policy which was available electronically on any computer within the

practice. However, when we reviewed the policy we found this to be out of date and did not contain the most up to date information. For example, the policy referred to the Primary Care Trust (PCT) which is no longer in existence and contained incorrect contact information for people including e-mail addresses and phone numbers. We saw the policy had last been updated in 2011.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Staff told us that the practice was supportive of training and that occasionally trainers attended the practice.

The five administration and reception staff we spoke with told us they had not had an appraisal for nearly two years. The practice manager informed us that their own appraisal had not taken place for two years. We looked at three staff files and saw that appraisals had last taken place in February 2013. Appraisals ensure that staff are supported to provide care and treatment and promote their professional development.

The practice was a GP training practice and supported new registrar doctors in training. At the time of inspection there were no doctors who were receiving general practice training.

The practice had completed reviews of significant events and other incidents and shared these with staff at meetings to ensure the practice improved outcomes for patients. For example, we reviewed an incident related to incorrect labelling of a blood sample. Staff were reminded to complete all task including to double check the labels on specimen bottles. Also to update the patient record on the computer system before changing to a new patient.

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers How the regulation was not being met: The registered provider did not ensure they operated effective recruitment procedures and that information specified in Schedule 3 was available in respect of a person employed for the purposes of carrying out the regulated activity, and such other information as appropriate. Regulation 21 (a) (i) (iii) (b).
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff How the regulation was not being met: The registered provider did not have suitable arrangements in place to ensure persons employed were appropriately supported by means of receiving supervision and annual appraisals. Regulation 23 (1) (a)
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control How the regulation was not being met: The registered provider did not ensure that effective systems were in place to assess the risk of, and to ensure that patients and staff were protected against the risk of infection from legionella bacteria which is found in some water systems.

This section is primarily information for the provider

Compliance actions

Regulation 12 (1) (a) (b) (c) (2) (a)(c) (i)

Regulated activity

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

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

How the regulation was not being met:

The registered provider did not ensure service users were protected against the risks of unsafe or inappropriate care and treatment by means of effective operation of systems. This was due to a lack of some policies and procedures and the regular monitoring of existing policies in relation to the management of the regulated activity. As well as making changes to the treatment or care provided in order to reflect information relating to the analysis of complaints, clinical audits or by completing full audit cycles.

Regulation 10 (1)(a)(b) (2)(iii) (c)(i)(ii)