New Larchwood Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of New Larchwood Surgery on 28 January 2015. We visited the practice location at Waldron Avenue, Coldean, Brighton BN1 9EZ.

Overall the practice is rated as good. Specifically, we found the practice to be good for providing safe, effective, caring, responsive and well-led services. It was also good for providing services for 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 and people experiencing poor mental health (including people with dementia).

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. 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.

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

Our key findings were as follows:

- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in care and decisions about their treatment.
- The practice engaged effectively with other services to ensure continuity of care for patients.
- The practice understood the needs of the local population and planned services to meet those needs.
- The practice was located within shared premises which provided a focal point for the wellbeing of the local community in tackling social isolation. A community café, hairdressing salon, art club and reading club were located within the same premises.
- Although the practice was open for a limited number of hours each day, patients reported good access to appointments.

Summary of findings

- The practice had improved arrangements to ensure patients were able to access advice and urgent appointments when they were closed, at their associated practice, Carden Surgery.

However, there were areas of practice where the provider needs to make improvements.

The provider should:

- Ensure continued development of a virtual patient representation group (VPRG) to further enhance the use of patient feedback to promote continuous improvement.

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?

Good

The practice is rated as good for providing safe services. 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. Staff had a good understanding of procedures relating to the safeguarding of children and vulnerable adults and staff had received training in adult and child safeguarding at a level appropriate to their role. Risks to patients were assessed and generally well managed. The practice had assessed the risks associated with potential exposure to legionella bacteria. There were enough staff to keep patients safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing mental capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

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 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. The practice promoted local support groups so that patients could access additional support if required.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its' local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. The practice was located within shared premises with a supported living facility. The premises provided a focal point for the wellbeing of the

Summary of findings

local community in tackling social isolation. A community café, hairdressing salon, art club and reading club were located within the same premises. Patients said they found it easy to obtain an appointment with their GP, although some patients reported that they would like the practice to extend their opening hours. Urgent appointments were available on the same day. The practice was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt well supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. All patients over the age of 75 years had a named GP. The practice ensured early referral to services for memory assessment.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Care plans had been introduced to minimise the risk of unplanned hospital admissions. Longer appointments and home visits were available when needed. All of these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. One GP within the practice had recently undergone training in the management of patients with Human Immunodeficiency Virus (HIV) and had introduced enhanced care planning to provide improved support to these patients.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Practice staff had received training in the safeguarding of children relevant to their role. All staff were aware of child safeguarding procedures and how to respond if they suspected abuse. 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. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw

good examples of joint working with midwives and health visitors. Midwifery services were available to patients at nearby Carden Surgery. Staff within the practice had recently received updated training in providing contraceptive services.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered extended hours by opening early three mornings each week to meet the needs of people who worked during the day. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. Health checks were available to all new patients registering with the practice. NHS health checks were available to all patients aged from 45-74 years. The practice provided support to large numbers of university students and worked closely with the university to meet the needs of this group of patients.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability. Longer appointments were available to patients where needed, for example when a carer was required to attend with a patient. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice had identified those vulnerable patients requiring support to minimise the risk of accident and emergency attendance and unplanned hospital admissions. Care planning was in place to support those patients. GPs were able to make urgent referrals to a community rapid response team for those vulnerable patients requiring urgent support. Patients receiving palliative care were supported by regular multidisciplinary team reviews of their care needs. The practice worked closely with a community pharmacist to ensure patients received delivery of medication to their homes where needed. 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.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). People experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice had identified a lead GP for the management of patients with dementia. It carried out care planning for patients with poor mental health such as dementia and learning disabilities. The practice used support tools to enhance the care of these patients, for example by providing picture books to patients with learning disabilities to assist in explaining treatments. The practice undertook dementia screening of patients and ensured early referral to memory assessment services.

The practice had provided information to patients experiencing poor mental health about how to access various support groups and voluntary organisations. A mental health charity provided support to patients from the practice on one day per week. Staff had received training on how to care for people with mental health needs and dementia. Longer appointments were available to patients if required.

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 on the practice. We received 17 comment cards all of which contained positive comments about the practice. We also spoke with three patients on the day of the inspection.

The comments we reviewed were all extremely positive about the service experienced. Patients said they felt the practice offered a caring service and staff were efficient, helpful and took the time to listen to them. They said staff treated them with dignity and respect. A number of comment cards referred to the community spirit generated by the practice and the exceptional service provided by reception staff. One comment card indicated the respondent would prefer the practice to provide increased opening hours but this was not reflected in other comments we received. All of the patients we spoke with on the day of inspection told us that all staff were helpful, caring and professional. They told us they felt listened to and well supported.

We reviewed 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 88% of patients rated their overall experience of the practice as good. The practice was above average for its satisfaction scores on consultations with doctors, with 94% of practice respondents saying the GP was good at treating them with care and concern. We also noted that 85% of patients had responded that the nurse was good at treating them with care and concern.

Areas for improvement

Action the service SHOULD take to improve

- Ensure continued development of a virtual patient representation group (VPRG) to further enhance the use of patient feedback to promote continuous improvement.

New Larchwood 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.

Background to New Larchwood Surgery

New Larchwood Surgery is a purpose built GP surgery situated in the New Larchwood supported living complex, in the heart of the Coldean area of Brighton and Hove. The practice provides general medical services for approximately 1200 registered patients within the Coldean area. This includes the student halls of residence of Varley Hall and residents living in the New Larchwood complex.

The practice delivers services to a higher number of patients who are aged 65 years and over, when compared with the local clinical commissioning group (CCG) and England average. Care is provided to patients living in local residential and nursing homes and to residents living in the supported housing facility within which the practice is situated.

The practice describes itself as a nurse practitioner-led service with sessional input provided by GPs during the week. Care and treatment is delivered by an advanced nurse practitioner and three GP partners who are based at an associated practice, Carden Surgery. The nurse practitioner provides services only from New Larchwood Surgery. One of the GPs is female and two are male.

Patients are also supported by a practice nurse and reception and administration staff. The management of the practice is provided by the GP partners and the practice manager. They are based at Carden Surgery, for a proportion of each week. Some members of staff, such as the practice nurse, work at both Carden Surgery and New Larchwood Surgery.

This practice was inspected in May 2014 and we identified improvements were needed in relation to a number of areas. These included staff recruitment processes, supervision and appraisal of staff, assessment and monitoring of risks, reporting and learning from incidents and the availability of safety equipment within the practice. We inspected the practice on 28 January 2015 to check whether improvements had been made.

Services are provided from Waldron Avenue, Coldean, Brighton BN1 9EZ.

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 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 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.

Detailed findings

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 Brighton and Hove Clinical Commissioning Group (CCG). We carried out an announced visit on 28 January 2015. During our visit we spoke with a range of staff, including GPs, the nurse practitioner and administration staff.

We observed staff and patient interaction and spoke with three patients. We reviewed policies, procedures and operational records such as risk assessments and audits. We reviewed 17 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.

Good

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts, as well as comments and complaints received from patients. The staff we spoke to were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a database system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred and we were able to review these. Significant events were discussed at clinical governance meetings held every eight weeks and practice team meetings. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nurses, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Records of significant events and incidents were shown to us. For example, practice staff had recently responded to a patient requiring emergency treatment within the dining room of their shared premises. The emergency ambulance had arrived at the entrance to the supported housing facility within the same premises rather than the practice entrance and was unable to gain immediate access. This had led the practice to review, in conjunction with staff of the supported housing facility, the instructions given to emergency services in the future.

National patient safety alerts were disseminated to practice staff. Staff we spoke with were able to give examples of recent alerts relevant to the care they were responsible for. They also told us alerts were discussed at eight weekly clinical 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 systems in place to manage and review risks to vulnerable children, young patients and adults. A designated GP partner was the practice lead for safeguarding children and vulnerable adults. Safeguarding policies and procedures were consistent with local authority guidelines and included local authority reporting processes and contact details.

The GP partners had undertaken training appropriate to their role. All staff had received training in the safeguarding of children and vulnerable adults at a level appropriate to their roles. Staff could demonstrate they had the necessary knowledge to enable them to identify concerns. All of the staff we spoke with knew who the practice safeguarding lead was and who to speak to if they had a safeguarding concern. We saw that safeguarding flow charts and contact details for local authority safeguarding teams were easily accessible within the practice.

Staff described the open culture within the practice whereby they were encouraged and supported to share information within the team and to report their concerns. Information on safeguarding and domestic abuse was displayed in the patient waiting room and other information areas.

There was a system to highlight vulnerable patients on the practice computer system and patient electronic records. This included information to make staff aware of specific actions to take if the patient contacted the practice or any relevant issues when patients attended appointments. For example, children subject to child protection plans.

The practice had a chaperone policy. A chaperone is a person who can offer support to a patient who may require an intimate examination. The practice policy set out the arrangements for those patients who wished to have a member of staff present during clinical examinations or treatment. We were told that reception and administration staff had been trained to undertake chaperone duties. These staff had been subject to a criminal records check via the Disclosure and Barring Service. The practice had undertaken a risk assessment of each role within the practice to support their decision to undertake criminal records checks.

Good

Are services safe?

Patients' individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system, which collated all communications about the patient including clinical summaries, scanned copies of letters and test results from hospitals.

GPs were appropriately using the required codes on their electronic system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed. GPs were aware of vulnerable children and adults and records demonstrated good liaison with partner agencies such as social services.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators. We 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. We reviewed records which confirmed this. The correct process was understood and followed by the practice staff and they were aware of the action to take in the event of a potential power failure. The practice had made improved arrangements for the receipt of medicines requiring refrigeration since our last inspection. These medicines were now delivered directly to the practice and were no longer transported from Carden Surgery.

The practice had processes to check medicines were within their expiry date and suitable for use. All the medicines we checked at the time of inspection were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

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

The practice implemented a comprehensive 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. This helped to ensure that patients' repeat prescriptions were still appropriate and necessary. Reviews were undertaken for patients on repeat medicines. 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 and kept securely at all times.

The practice had identified a lead GP for medicines management. The practice prescribing lead worked closely in conjunction with the local clinical commissioning group (CCG) and the practice participated in prescribing audits and reviews.

Cleanliness and infection control

We observed the premises to be clean and tidy. Cleaning schedules were in place and cleaning contracts were managed by the building owner. Patients we spoke with told us they always found the practice to be clean and had no concerns about cleanliness or infection control.

Hand washing notices were displayed in the consulting and treatment room. Hand wash solution, hand sanitizer and paper towels were available. Disposable gloves were available to help protect staff and patients from the risk of cross infection.

The practice had a lead nurse for infection control who had received training to enable them to provide advice on the practice infection control policy and to carry out staff training. The lead had recently provided an infection control update for staff within the practice.

The practice had carried out a comprehensive audit of all infection control processes in May 2014 and had reviewed arrangements relating to the findings of this audit in July 2014. We saw that an infection control action plan had been developed as a result of this audit. Many of the required actions identified within the audit had been completed. The practice also completed a review of infection control processes on an eight weekly basis. All completed reviews and actions had been clearly recorded. For example, we saw that a stained carpeted area had recently been noted and was due to be replaced in February 2015.

We saw that the practice had arrangements in place for the segregation of clinical waste at the point of generation. Colour coded bags were in use to ensure the safe management of healthcare waste. An external waste

management company provided waste collection services. Sharps containers were available in all consulting rooms and treatment rooms, for the safe disposal of sharp items, such as used needles.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. A schedule of testing was recorded. We saw evidence that portable appliance testing of electrical items and calibration of relevant equipment had been carried out in January 2015. For example, digital blood pressure machines and weighing scales.

Records showed essential maintenance was carried out on the main systems of the practice. For example the boilers and fire alarm systems were serviced in accordance with manufacturers' instructions. We saw that the practice had installed fire safety equipment, including fire extinguishers, since our last inspection.

Staffing and recruitment

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 examined the personnel records of five members of staff and found that the practice had made improvements since our last inspection, to ensure that appropriate recruitment checks were undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. We saw that this policy had been reviewed in April 2014. The practice had undertaken risk assessment of all roles within the practice to determine the need for criminal records checks through the Disclosure and Barring Service (DBS). As a result, all staff had been subject to a criminal records check. We saw evidence of these checks.

Monitoring safety and responding to risk

The practice was located in modern, purpose built premises with good access for disabled patients. We observed the practice environment was organised and tidy. Safety equipment such as fire extinguishers and the oxygen and defibrillator were checked regularly and sited appropriately.

The practice had systems and processes to manage and monitor risks to patients, staff and visitors to the practice. Some risk assessments had been carried out by the external organisation who managed the shared premises within which the practice was situated. These included checks of the building, fire risk assessment and the risks associated with exposure to legionella bacteria which is found in some water supplies. The practice also had a health and safety policy. Health and safety information was readily available to staff.

We saw that staff were able to identify and respond to changing risks to patients, including deteriorating health and well-being or medical emergencies. The practice had access to a community rapid response team which included a roving GP service. This enabled the GPs to make urgent referrals to community services to ensure patients received a home visit on the same day and minimised the risk of unplanned hospital admissions.

For patients with long term conditions, children and those with complex needs, there were processes to ensure they were seen in a timely manner. Staff told us that these patients were offered urgent appointments when necessary. Patients who required an urgent appointment when the practice was closed were clearly directed to the practice's associated practice, Carden Surgery. Information was provided on the practice's answerphone system and the practice website to direct patients to Carden Surgery. Information sharing to ensure patients understood this process had been improved since our last inspection.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated

Good

Are services safe?

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.

Records showed that fire alarms were routinely tested and fire safety arrangements regularly reviewed. The practice had installed fire safety equipment such a fire extinguishers within the practice since our last inspection

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, adverse weather, IT systems failure and access to the building.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff were familiar with current best practice guidance, accessing guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. The staff we spoke with and evidence we reviewed confirmed these actions were aimed at ensuring that each patient was given support to achieve the best health outcome for them. We found from our discussions with the GPs and the advanced nurse practitioner that staff completed, in line with NICE guidelines, thorough assessments of patients' needs and that these were reviewed when appropriate.

GPs within the practice held lead roles in specialist clinical areas such as diabetes and mental health. The advanced nurse practitioner was the practice lead for respiratory conditions such as chronic obstructive pulmonary disorder and asthma. Staff described a culture of continuous learning and improvement with regular clinical meetings attended by the GPs, the advanced nurse practitioner and the practice nurse. The advanced nurse practitioner told us that they themselves had developed a local nurse practitioner forum as a means of accessing ongoing support and dissemination of information.

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

The practice ensured that patients had their needs assessed and care planned in accordance with best practice. We saw that patients received appropriate treatment and regular review of their condition. Patients with palliative care needs were supported using the Gold Standards Framework. The practice used computerised tools to identify and review registers of patients with complex needs. For example, patients with learning disabilities or those with long term conditions. The advanced nurse practitioner told us that the practice provided support and review of patients with long term conditions according to their individual needs. The nursing staff sent personalised invitations to patients for review of their long term conditions and provided home visits to patients where required in order to ensure ongoing support and management of their healthcare needs.

GPs and nurses were clear about how they would apply the Mental Capacity Act 2005 (MCA) and how they would assess mental capacity. Patients who were either unable or found it difficult to make an informed decision about their care could be supported appropriately.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in the monitoring and improvement of outcomes for patients. These roles included data input and quality, clinical review scheduling, long term condition management and medicines management. The information staff collected was used to determine clinical audits.

The practice had systems in place for completing clinical audit cycles. 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 voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). For example, the practice had undertaken an audit review of the prescribing of medicines for patients with asthma and those patients' need for frequent prescriptions over a 12 month period. Other clinical audits undertaken included the review of patients prescribed particular antibiotic medicines.

The practice achieved 96.48% of the maximum Quality and Outcomes Framework (QOF) results 2012/13. The practice used the information they collected for the QOF and their performance against national screening programmes to monitor outcomes for patients. QOF data showed the practice performed well in comparison to the regional and national average. For example, the number of patients with diabetes who had received an influenza immunisation was recorded as 100%, with the national average being 93.5%. The percentage of patients with diabetes whose last measured total cholesterol was five mmol/l or less was 96.6% compared with a national average of 81.6%. The practice was not an outlier for any QOF clinical targets.

Good

Are services effective?

(for example, treatment is effective)

The GPs we spoke with discussed how as a group they reflected upon the outcomes being achieved and areas where this could be improved. Regular clinical meetings provided GPs and nurses with the opportunity to regularly review outcomes, new guidance and alerts and for the dissemination of information. The team was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. Staff spoke positively about the culture in the practice around education, audit and quality improvement.

Effective staffing

Practice staffing included GPs, nursing, managerial and administrative staff. We reviewed staff training records and saw that staff were up to date with attending mandatory training courses such as basic life support and training in adult and child safeguarding procedures.

The practice had identified GPs to undertake lead roles in clinical areas such as palliative care, diabetes and mental health. All GPs were up to date with their yearly continuing professional development requirements and had either been revalidated or had a date for revalidation. (Every GP is appraised annually and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England).

Staff we spoke with told us they had participated in regular appraisals which gave them the opportunity to discuss their performance and to identify future training needs. Personnel files we examined confirmed this. For example we saw evidence that the two reception and administration staff within the practice had undergone appraisal in May 2014. This had included a detailed review of performance and the setting of objectives and learning needs.

Staff interviews confirmed that the practice was proactive in providing training and funding for relevant courses. We spoke with the advanced nurse practitioner who told us the practice supported education and ongoing professional development. The nursing team were able to attend additional training in specialist areas such as spirometry, cervical screening and immunisations. Those nurses with extended roles had undertaken advanced training in the management of conditions such as chronic obstructive pulmonary disease, asthma and diabetes. The advanced nurse practitioner told us they participated in a non-medical prescribers forum locally which supported the sharing of information and facilitated a comparison of prescribing data within the locality.

Working with colleagues and other services

We found the practice worked with other service providers to meet patient needs and manage complex cases. The practice effectively identified patients who needed on-going support and helped them plan their care. The practice had access to a community rapid response team which included a roving GP service. This enabled the GPs to make urgent referrals to community services to ensure patients received a home visit on the same day and minimised the risk of unplanned hospital admissions.

Blood results, hospital discharge summaries, accident and emergency reports and reports from out of hours services were seen and responded to by a GP on the day they were received. In the absence of a patient's named GP, the duty GP within the practice was responsible for ensuring the timely processing of these reports. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting upon any issues arising from communications with other care providers on the day they were received.

Referrals were made using the 'Choose and Book' service. We saw evidence of the practice's referral process and its effectiveness. (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).

Multi-disciplinary meetings with the local community teams were held regularly. An example of the range of patients discussed included palliative care patients, children of concern to health visitors, those experiencing poor mental health and 'at risk' patients including patients who had experienced or were at risk of unplanned admission to hospital.

The practice worked closely with the local community pharmacist who provided highly effective prescription delivery services to ensure patients' needs were met. These included deliveries to patients' homes and urgent evening deliveries when required.

Information sharing

Good

Are services effective?

(for example, treatment is effective)

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, and the practice made some referrals through the Choose and Book system. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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

Consent to care and treatment

The GPs we spoke with told us they always sought consent from patients before proceeding with treatment. GPs told us they would give patients information on specific conditions to assist them in understanding their treatment and condition before consenting to treatment. Patients consented for specific interventions by signing a consent form. Patient's verbal consent was also documented in the electronic patient notes with a record of the relevant risks, benefits and complications of the procedure discussed with the patient.

We found that staff were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. The GPs and nurses we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice.

Patients with more complex needs, for example dementia or long term conditions, 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 and had a section stating the patient's preferences for treatment and decisions.

Health promotion and prevention

It was practice policy to offer a health check to all new patients registering with the practice and the practice provided NHS health checks for patients aged 45-74 years. The GP was informed of all health concerns detected and these were followed up in a timely way. GPs we spoke with told us that regular health checks were offered to those patients with long term conditions and those experiencing mental health concerns. We noted that medical reviews took place at appropriately timed intervals. The practice carried out dementia screening and ensured prompt referral for memory assessment at the local hospital.

The practice had ways of identifying patients who needed additional support and were pro-active in offering additional help. For example, the practice kept a register of all patients with learning disabilities, for whom they carried out annual health checks.

We noted a culture amongst the GPs and nurses of using their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering smoking cessation advice to smokers. Young patients' sexual health was well supported by the practice. Chlamydia testing and contraceptive supplies were available to patients within the practice. One GP within the practice had recently undergone training in the management of patients with Human Immunodeficiency Virus (HIV) and had introduced enhanced care planning to provide improved support to these patients.

The practice offered a full range of immunisations for children, travel vaccines, flu, pneumococcal and shingles vaccinations in line with current national guidance. We noted that 96% of patients with diabetes had received a flu vaccination. This was higher than the national average of 90%.

A wide range of health promotion information was available in leaflets in the waiting rooms and on the practice website. Such information was also given to patients during consultations and clinics.

Good

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 17 completed cards and all were extremely positive about the service experienced. Patients said they felt the practice offered a caring service and staff were efficient, helpful and took the time to listen to them. They said staff treated them with dignity and respect. A number of comment cards referred to the community spirit generated by the practice and the exceptional service provided by reception staff. One comment card indicated the respondent would prefer increased opening hours by the practice but this was not reflected in other comments we received. We also spoke with three 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 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 88% of patients rated their overall experience of the practice as good. The practice was above average for its satisfaction scores on consultations with doctors, with 94% of practice respondents saying the GP was good at treating them with care and concern. We also noted that 85% of patients had responded that the nurse was good at treating them with care and concern.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in the consulting room and treatment room 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 patient treatment in order that confidential information was kept private. The main reception area and waiting room were combined. Some telephone calls were taken away from the reception desk so staff could not be overheard and background music was playing. Staff were able to give us practical ways in which they helped to ensure patient confidentiality. This included not having patient information on view, speaking in lowered tones and asking patients if they wished to discuss private matters away from the reception desk. The practice had rearranged the furniture in the waiting area since our last inspection in order to improve confidentiality.

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 87% of practice respondents said the GP was good at explaining tests and treatments and 79% felt the nurse was good at involving them in decisions about their care.

Patients we spoke with 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.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient/carer support to cope emotionally with care and treatment

The results of the national GP survey showed that 94% of patients said the last GP they saw or spoke to was good at treating them with care and concern and that 85% 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.

The practice held a register of patients who were carers and new carers were encouraged to register with the practice. The practice computer system then alerted GPs and nurses if a patient was also a carer. We saw written information

Good

Are services caring?

was available for carers to ensure they understood the various avenues of support available to them. Notices in the patient waiting room and patient website signposted patients to a number of support groups and organisations.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were well understood and systems were in place to address identified needs in the way services were delivered. For example, the practice provided care and support to the residents living within the supported housing facility with which they shared their premises. Clinical and administrative staff from the practice ensured regular contact was maintained with staff and residents to ensure appointment access, prescription services, test result delivery and on-going support systems to meet the needs of those residents. This included monthly meetings between practice staff and those staff within the residential facility.

The practice told us that the wellbeing of patients within the local community was a focus for the GP partners. The practice premises provided a focal point for the wellbeing of the local community in tackling social isolation. A community café, hairdressing salon, art club and reading club were located within the same premises.

The practice also worked closely with the local university in providing care for students. The practice had recently attended the university open days in order to encourage students to register with the practice at an early stage of their university attendance. Extended opening hours had been provided by the practice on one additional afternoon per week between September and October 2014 in order to accommodate the high level of student demand in registering with the practice. Young patients' sexual health was well supported. Chlamydia testing kits and contraceptive supplies were available to patients within the practice.

The practice worked collaboratively with other agencies and regularly shared information to ensure good, timely communication of changes in care and treatment. 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 local hospice teams.

The Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from patients. The practice had reviewed appointment availability and the access arrangements to Carden Surgery at the times when New Larchwood Surgery was closed. Improvements had been made to the information provided to patients to enable them to access Carden Surgery in the case of an emergency during the hours Carden Surgery was open. The practice had also responded to the needs of working age patients by providing early morning appointments on three mornings each week.

The practice did not have a patient participation group but was in the process of setting up a virtual patient representation group (VPRG). A VPRG is a group which does not meet but provides feedback and support to the practice via email networks and online surveys. There was detailed information inviting patients to join the group on the practice website but this was not yet established.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. The number of patients with a first language other than English was low. However, staff knew how to access language translation services if these were required.

Staff within the practice were able to give examples of how they supported individual patient needs in order to promote equality. Due to the small number of patients attending the practice, reception and administration staff had a good understanding and awareness of the individual needs of a large number of patients. One receptionist described the alert system in place to highlight the individual needs of patients and the support required by the practice, such as contacting a particular relative or carer to support attendance for an appointment.

Patients were able to enter the practice via a sloping pathway. The practice was located within the ground floor of modern purpose built premises which was shared with a supported housing facility. The practice was accessed via wide automatic doors which made the practice easily accessible to patients with wheelchairs and prams. Space

Good

Are services responsive to people's needs?

(for example, to feedback?)

was generous and the reception and waiting areas were large enough to accommodate wheelchair users and prams and allowed for access to the one treatment and consultation room on the ground floor. Accessible toilet facilities and baby changing facilities were available for all patients attending the practice.

Access to the service

Appointments were available every day from 8.30am-12pm and from 1.30-3.30pm on two afternoons per week only. Early extended hours appointments were available to patients from 8.15am on three mornings each week. The practice was closed to patients outside of those hours and patients were directed to call Carden Surgery during its opening hours if they required an urgent appointment or advice. Routine appointments with either the GP or nurse practitioner were usually accessible to patients within 24-48 hours. Patients we spoke with confirmed this. A number of comments we received via CQC comment cards described the ease of obtaining a timely appointment. The practice manager told us that patients who may routinely require extended hours appointments, such as evening appointments for those who worked, were given the option to register with Carden Surgery at the point of registration.

Appointments could be booked via the practice's website, in person or by telephoning the practice directly. There was good access to home visits for those patients who were housebound and unable to attend the practice.

Information was available to patients about appointments on the practice website. This included how to arrange home visits, how to book appointments and the number to call outside of practice hours. There were arrangements in place to ensure patients received urgent medical assistance when the practice and Carden Surgery were closed. Patients were advised to call the out of hours' service.

The results from a recent GP patient survey indicated that 91% of respondents said they found it easy to get through to the practice by phone.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was 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.

Complaints information was made available to patients in the practice and on the practice website. Friends and Family test suggestions boxes were available within the patient waiting area and reception which invited patients to provide feedback on services provided, including complaints. The practice had also encouraged patients to provide feedback via the website 'I Want Great Care' where we saw that comments were overwhelmingly positive. None of the patients we spoke with had ever had cause to complain. The practice had not received any complaints within the last 12 months.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice was clinically well led with a core ethos to deliver the best quality clinical care whilst maintaining a high level of continuity.

We spoke with five members of staff and they all knew and understood the vision and values and were clear about what their responsibilities were in relation to these.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff. All policies and procedures we looked at had been reviewed and were up to date.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with or above national standards.

A series of regular meetings took place within the practice which enabled staff to keep up to date with practice developments and facilitated communication between the GPs and the staff team.

These included weekly GP partner meetings, eight weekly clinical review meetings with GP's, nurses and healthcare assistants and regular team meetings which included administration and reception staff. We looked at minutes from the most recent meetings and found that performance, quality and risks had been discussed. Significant events and incidents were shared with the practice team to ensure they learned from them and received advice on how to avoid similar incidents in the future. Meetings enabled staff to keep up to date with practice developments and facilitated communication between the GPs and the staff team.

The practice had systems in place for completing clinical audit cycles. 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). For example, the practice had undertaken an audit review of the prescribing of medicines for patients with asthma and patients' need for frequent prescriptions over a 12 month period. Other clinical audits undertaken included the review of patients prescribed particular antibiotic medicines.

The practice had systems and processes to manage and monitor risks to patients, staff and visitors to the practice. Some risk assessments had been carried out by the external organisation who managed the shared premises within which the practice was situated. These included checks of the building, fire risk assessment and the risks associated with exposure to legionella bacteria which is found in some water supplies. The practice also had a health and safety policy. Health and safety information was readily available to staff.

Leadership, openness and transparency

GPs and staff told us about the clear leadership structure and which members of staff held lead roles. For example, there was a lead nurse for infection control and one GP partner was the lead for safeguarding. We spoke with five members of staff and they were all clear about their own roles and responsibilities. They all told us that felt valued, well supported and knew who to go to in the practice with any concerns.

We saw evidence that the practice held regular clinical team meetings, staff meetings and partners meetings. We saw that information was shared between the different meetings to ensure that all staff were fully updated. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. Administration and reception staff told us that they also attended meetings. All of the staff we spoke with reported that communication was good in the practice and they were always made aware of new developments and changes.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies to support and guide staff. These were reviewed regularly and up to date. Staff we spoke with knew where to find these policies if required.

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

The practice had gathered feedback from patients by inviting feedback via the external website 'I Want Great Care'. The practice issued patients with a prompt card

Are services well-led?

Good

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

containing the details of the website and collated the feedback provided. The practice also monitored the feedback obtained via the Friends and Family test, the results of which were regularly updated on the practice's website. The practice was in the process of setting up a virtual patient representation group (VPRG). There was detailed information inviting patients to join the group on the practice website but this was not yet established.

The practice had responded to patient feedback and had reviewed appointment availability and the access arrangements to Carden Surgery at the times when New Larchwood Surgery was closed. Improvements had been made to the information provided to patients to enable them to access Carden Surgery in the case of an emergency during the hours Carden Surgery was open. The practice had also responded to the needs of working age patients in providing early morning extended hours appointments on three mornings each week.

The practice manager told us that a review of all feedback on the practice was fed into the local Coldean community newsletter in order to improve information sharing with patients and local residents.

The practice gathered feedback from staff through informal discussions and via team meetings. Staff told us they felt able to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged within the practice to improve outcomes for both staff and patients.

The practice had a whistleblowing policy which was available to all staff. Staff we spoke with were aware of the policy and how they could whistleblow internally and externally to other organisations.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We spoke with five staff and they confirmed they participated in regular appraisals which identified their training and personal development needs. Staff told us that the practice was very supportive of training and education.

Nursing staff reported that training was available in order for them to maintain and update their skills and they were well supported to attend training events. The practice had appointed a lead nurse who provided developmental support to the nursing team.

The practice had completed reviews of significant events and other incidents. These were shared with staff via meetings to ensure the practice improved outcomes for patients. For example, practice staff had recently responded to a patient requiring emergency treatment within the dining room of their shared premises. The emergency ambulance had arrived at the entrance to the supported housing facility within the same premises rather than the practice entrance and was unable to gain immediate access. This had led the practice to review, in conjunction with staff of the supported housing facility, the instructions given to emergency services in the future.