Harbour View Healthcare

Quality Report

Shoreham Health Centre
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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 at Harbour View Healthcare on 10 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice placed a strong emphasis on treating both patients and staff with compassion.
- The national GP survey highlighted that patients felt they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The national GP survey highlighted that patients found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision to create a sustainable and resilient practice for the future and improved patient care as a result of the merger of its two former entities Adur Medical Group and Church View Surgery.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

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

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- The partners demonstrated a strong ethos of providing compassion to both patients and staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England area team and clinical commissioning group to secure improvements to services where these were identified. For example, the local 'proactive care' project which involved working with other health and social care providers in the locality to identify patients at risk of avoidable, unplanned admission to hospital and ensure they had a plan of care in place in order to prevent this.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had designated GPs to provide continuity of care to patients living in local care and nursing homes. They undertook regular visits to patients and reviewed their care. There was close liaison with care home managers and staff.
- As part of the clinical commissioning group's (CCG) 'proactive care' initiative the practice identified and registered older patients at high risk of hospital admission. They worked with multi-disciplinary teams to develop care plans for these patients so that unnecessary and unplanned hospital admission was avoided.
- The practice held seasonal flu clinics on Saturday mornings to help ensure all patients eligible for the immunisation received it.

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.
- The practice nurses were able to initiate and monitor insulin (a treatment for diabetes) for patients with diabetes and undertook spirometry for patients with chronic lung disease.
- Practice performance against indicators for the management of long term conditions was comparable the local and national averages. For example the percentage of patients on the diabetes register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 85% for Adur Medical Group (AMG) and 80%for Church View Surgery (CVS) compared to the clinical commissioning group (CCG) average of 80% and the national average of 76%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had had a review undertaken by a

Summary of findings

healthcare professional, including an assessment of breathlessness, in the preceding 12 months was 97% for AMG and 92% for CVS compared to the CCG average of 88% and the national average of 90%.

- Longer appointments and home visits were available when needed.
- As part of the diabetes 'Year of Care' the practice supported patients to self-manage their care and develop their own care plan. The practice had helped to train other practices in this approach.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 accident and emergency attendances. The practice's own data showed that immunisation rates were relatively high for all standard childhood immunisations, however this data was unverified.
- The practice provided a comprehensive family planning service. Two of the GPs were trained to fit intra-uterine contraceptive devices and implants.
- The number of women aged between 25 and 64 who attended cervical screening in 2015/2016 was 81% for Adur Medical Group and 82% for Church View Surgery compared to the clinical commissioning group (CCG) average of 82% and the national average of 81%.
- Four of the GPs were trained to undertake checks of six week old babies and the practice held four clinics a month for this. Additional clinics were provided if demand required.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were monthly meetings between the health visitors and the GPs to discuss children and families of concerns. All staff had up to date child safeguarding training relevant to their role.

Summary of findings

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- There were early morning, evening and alternate Saturday morning surgeries for patients who could not attend during working hours.
- The practice was proactive in offering . It provided a full range of health promotion and screening that reflected the needs for this age group.
- The practice provided minor surgery, cryotherapy and cortisone injections for patient convenience.
- The practice provided a full range of travel immunisations and health advice.

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 had enhanced its awareness in relation to making services accessible to vulnerable patients. For example staff had received deaf awareness training and training on mental health awareness was planned.
- The practice offered longer appointments for patients with a learning disability
- Home visits were undertaken for patients who were permanently housebound or temporarily incapacitated. This included flu immunisations for housebound patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- For patients who didn't speak English the practice booked translators who attended the appointments in person or by phone.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Care plans were put in place and updated annually.
- Practice performance against indicators for the management of mental health was higher than or in line with the local and national averages. For example, 92
- 92% of AMG and 96% of CVS patients with severe and enduring mental health problems had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to the CCG average of 80% and the national average of 89%.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia
- The practice's patient participation group had set up a singing group for patients with dementia.
- Patients had access to counselling services provided at both locations.
- The practice was able to refer patients with short and long term mental health problems to a local charity funded resource centre for a wide range of courses and group activities.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed that the predecessor practices Adur Medical Group(AMG) and Church View Surgery (CVS) were performing in line with or above local and national averages. For AMG, 222 survey forms were distributed and 112 were returned. This represented 1% of the practice's patient list. For CVS, 234 survey forms were distributed and 107 were returned. This represented 1% of the practice's patient list.

- 81% of AMG and 74% of CVS patients who responded found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 74% and the national average of 73%.
- 84% of AMG and 84% of CVS patients who responded were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 78% and the national average of 76%.
- 94% of AMG and 84% of CVS patients who responded described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 85% of AMG and 81% of CVS patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received. Patients commented that they were treated with kindness and respect and that they always got the treatment that they needed. They said that they felt listened to by the GPs and nurses and that reception staff were always friendly, caring and helpful.

Harbour View Healthcare

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Harbour View Healthcare

Harbour View Healthcare is situated in the town of Shoreham by Sea, in West Sussex. The practice came in to existence on 1 April 2016 as a result of a merger between Adur Medical Group and Church View Surgery. The practice still operates from two locations and serves approximately 15,000 patients living in the town and surrounding areas. It also provides a medical service to a local private school.

There are nine GP partners, one salaried GP and three GP registrars. Six of the GPs are male and seven are female. There are eight practice nurses and two health care assistants. There are two practice managers and a team of secretarial, administrative and reception staff. The practice is a training practice and provides placements for undergraduate medical students and trainee GPs.

Data available to the CQC shows the practice serves a higher than the local and national average number of patients over the age of 65. Income deprivation is relatively low for both children and older people; however there are small areas of significant deprivation within the practice's boundaries. The ethnicity of the practice population is largely white British.

The practice is open at Shoreham Health Centre open on Mondays from 8am until 7.30pm, on Tuesdays from 8am until 8pm, on Wednesdays from 7am until 6.30pm and from 8am until 6.30pm on a Thursday and Friday. It is open every other Saturday from 8am until 10am. The practice is open at Downsway Surgery on Mondays, Tuesdays, Thursdays and Fridays from 8.20am until 6pm. It is closed for lunch from 12.30pm until 2pm. When the Downsway surgery is closed calls are taken by the reception team at Shoreham Health Centre. When Shoreham Health Centre is closed, patients are advised on how to access the out of hours service on the practice's answerphone message or by referring to the practice website and practice leaflet. Out of hours calls are handled by an out of hours provider (Integrated Care 24). Appointments can be booked over the phone, on line or in person at the surgery.

The practice provides a wide range of NHS services and clinics for its patients including minor surgery, asthma, diabetes, cervical cytology, childhood immunisations, travel immunisations, family planning and smoking cessation.

When all the practice's same day urgent appointments are fully booked patients also have access to the minor injury and minor illness (MIAMI) clinics located in other surgeries within the locality. These were open seven days a week up until 7.30pm which enables patients to be seen quickly during and after normal surgery hours for acute problems. The MIAMI clinics also provide a range of appointments including family planning, cytology, diabetes and asthma appointments over the weekends.

The practice provides services from the following locations:-

Shoreham Health Centre

Pond Road

Shoreham by Sea

West Sussex

Detailed findings

BN43 5US

Downsway Surgery

3 Downsway,

Southwick,

West Sussex

BN42 4WA

The inspection took place at Shoreham Health Centre.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 January 2017. During our visit we:

- Spoke with a range of staff
- Spoke with the chairperson of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that as a result of a medicines fridge door being found open, the practice revised its procedures to ensure that fridges were kept locked at all times. This was for security purposes but also to make sure that the cold chain for storing medicines was not interrupted.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Practice nurses were trained to at least level two. Administrative and reception staff had been trained to level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

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

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

Arrangements to deal with emergencies and major incidents

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

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

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had on line access to guidelines from NICE as well as locally developed clinical commissioning group guidelines. They used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits.
- The practice also made extensive use of protocols (prompts), embedded in its patient information system to help clinicians to code and treat according to best practice.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). For Adur Medical Group (AMG) and Church View Surgery (CVS) the most recent published results were 100% of the total numbers of points available compared to the clinical commissioning group (CCG) average of 96% and the national average of 95%. The clinical exception reporting rate was 14% for AMG and 16% CVS compared to the CCG average of 13% and the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Practice performance against indicators for the management of long term conditions was comparable to the local and national averages. For example the percentage of patients on the diabetes register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 85% for AMG and 80%for CVS compared to the clinical commissioning group (CCG) average of 80% and the national average of 76%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had had a review undertaken by a healthcare professional, including an assessment of breathlessness, in the preceding 12 months was 97% for AMG and 92% for CVS compared to the CCG average of 88% and the national average of 90%.
- Practice performance against indicators for the management of mental health was higher than or in line with the local and national averages. For example, 92% of AMG and 77% of CVS patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to CCG average of 80% and the national average of 84%.
- 92% of AMG and 96% of CVS patients with a severe and enduring mental health problems had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to the CCG average of 80% and the national average of 89%.

There was evidence of quality improvement including clinical audit.

- There had been 16 clinical audits completed in the last two years, six of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improved information provided to patients about the side effects and risk information prior to cortisone injections (a treatment for joint pain). Using one of practice's information technology protocols a patient information leaflet was automatically printed when a cortisone injection was coded.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Good

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff had protected time to attend regular training sessions facilitated by the clinical commissioning group.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. As part of the clinical commissioning group's (CCG) 'proactive care' initiative the practice identified and registered older patients at high risk of hospital admission. They worked with multi-disciplinary teams to develop care plans for these patients so that unnecessary and unplanned hospital admission was avoided. There were monthly multi-disciplinary meetings attended by community palliative care nurses from the local hospice, community nurses and GPs to discuss all patients requiring end of life care.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking and alcohol cessation were signposted to the relevant service.
- Patients had access to the local council's well-being services for weight management and pre-diabetes education.

The practice's uptake for the cervical screening programme was 81% for Adur Medical Group (AMG) and 82% for Church View Surgery (CVS) compared to the clinical commissioning group (CCG) average of 82% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of female patients between the ages of 50 and 70 years old who had breast screening in the preceding

Good

Are services effective?

(for example, treatment is effective)

three years for AMG was 70% which was in line with the CCG average of 72% and the national average of 72%. The percentage of patients between the ages 60 and 69 years old of who had bowel screening in the preceding 30 months was 66%, which was above the CCG average of 61% and the national average of 58%. (There was no data available to the CQC for Church View Surgery).

AMG childhood immunisation rates met the national 90% target for three of the fourindicators for vaccinations given to under two years olds. However, data available to the CQC showed that only 58% of under two year olds had received the pneumococcal conjugate booster vaccine. For CVS childhood immunisation rates were below target for all four vaccinations given to under two year olds. After the inspection the practice undertook an analysis of their childhood immunisation data and identified that coding errors had occurred when children had registered with the practice part way through their immunisations and the wrong codes were transferred onto the practice records.

Their records showed however that the full immunisation schedule was completed. They also identified that for some children there had been delays in giving an immunisation where one or other vaccination was contraindicated. The practice's own up to date data for childhood immunisations showed that their rates met the national targets, however this data was unverified.

Childhood immunisation rates were comparable to CCG and national averages for five year olds. For example 94% of AMG and 92% of CVS five year olds received measles, mumps and rubella dose two compared to the CCG average of 95% and the national average of 94%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with the chairperson of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above or in linewith the local and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of Adur Medical group (AMG) and 89% of Church View Surgery (CVS) patients who responded said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 91% of AMG and 89% of CVS patients who responded said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 99% of AMG and 99% of CVS patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 92%.
- 91% of AMG and of 90% CVS patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 90% of AMG and 98% of CVS patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 96% of AMG and 89% of CVS patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 94% of Adur Medical Group (AMG) and 91% of Church View Surgery (CVS) patients who responded said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 81% of AMG and of 89% CVS patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.
- 88% of AMG and 86% of CVS patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.

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

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

Good

Are services caring?

- Information leaflets were available in large print.
- Staff had received deaf awareness training and there was a hearing loop in reception.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 315 patients as carers (2% of the practice list). One of the receptionists had the role of liaison between the practice and the local carer's organisation. They provided advice and written information to direct carers to the various avenues of support available to them.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England area team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- The practice offered an early morning, evening and alternate Saturday morning appointments for patients who could not attend during working hours.
- The practice held seasonal flu clinics on Saturday mornings to help ensure all patients eligible for the immunisation received it.
- There were longer appointments available for patients with a learning disability or with more complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. Reception staff had received deaf awareness training.
- The practice was situated on the first floor of the health centre and there was a lift to provide easy access for those with mobility difficulties.

Access to the service

The practice was open at Shoreham Health Centre open on Mondays from 8am until 7.30pm, on Tuesdays from 8am until 8pm, on Wednesdays from 7am until 6.30pm and from 8am until 6.30pm on a Thursday and Friday. It was open every other Saturday from 8am until 10am. The practice was open at Downsway Surgery on Mondays, Tuesdays, Thursdays and Fridays from 8.20am until 6pm. It was closed for lunch from 12.30pm until 2pm. When the Downsway Surgery was closed calls were taken by the reception team at Shoreham Health Centre. When Shoreham Health Centre was closed, patients were advised on how to access the out of hours service on the practice's answerphone message or by referring to the practice website and practice leaflet. Out of hours calls were handled by an out of hours provider (Integrated Care 24).

Appointments could be booked over the phone, on line or in person at the surgery.In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

When all the practice's same day urgent appointments were fully booked patients also had access to the minor injury and minor illness (MIAMI) clinics located in other surgeries within the locality. These were open seven days a week up until 7.30pm which enabled patients to be seen quickly during and after normal surgery hours for acute problems. The MIAMI clinics also provided a range of appointments including family planning, cytology, diabetes and asthma appointments over the weekends.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 79% of Adur Medical Group (AMG) and 66% of Church View Surgery (CVS) patients who responded were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 76% and the national average of 76%. The practice explained that as a result the merger the opening hours for Church View Surgery patients had been extended so satisfaction with opening hours should improve..
- 80% of AMG and 74% of CVS patients who responded said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints. Action was taken to as a result to improve the quality of care.

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 which was to provide the best possible care to patients using the strengths of its clinicians, embracing information technology and developing a strong learning environment. It was also committed to providing a friendly environment filled with compassion. Its vision and values were clearly set out in its statement of purpose. Over the past year the practice had already fulfilled its plans to merge the two former practices Adur Medical Group and Church View Surgery. The key motivation for this was to improve services to patients and to build a, sustainable and resilient practice for the future.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. There were structures and procedures in place to ensure that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care for both patients and staff. The partners emphasised the fact they very much cared about their staff. Their priority was to and ensure that staff had the right training and a good and caring working environment. They told us they tried to support staff with whatever they were facing in life and be supportive employers and colleagues. This was confirmed in our conversations with staff who told us the partners were caring, approachable, and supportive and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment: The practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- Staff told us the practice held regular team meetings.
- The GPs met daily over lunch to discuss any clinical or non-clinical issues that had arisen. They had also set up a message sharing system on their mobile phones so that they could communicate quickly and easily with each other.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The partners paid for an annual staff social event and provided staff with gifts at Christmas as a thank you for their hard work.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice

Are services well-led?

Good

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

management team. For example, improvements to the appointment system and the introduction of a text messaging reminder service had been made in response to patient feedback.

- The practice gathered feedback from staff through staff meetings, appraisals, a staff suggestion box and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had undertaken a large piece of work to improve the workflow and become 'paper light'. This meant that correspondence which needed the GPs' attention was highlighted to the right GP as soon as possible, whilst ensuring items that could be dealt with without a GP's attention were picked up by an appropriate staff member. This reduced the volume of correspondence that GPs received allowing them to focus on priorities.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the local 'proactive care' project which involved working with other health and social care providers in the locality to identify patients at risk of avoidable, unplanned admission to hospital and ensure they had a plan of care in place in order to prevent this.