

Broadwater Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Broadwater Medical Centre on 14 July 2016. Overall the practice is rated as requires improvement.

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 not always assessed and well managed. For example in relation to the health and safety of staff, patients and visitors and the safe management of medicines.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. However, there was limited evidence to show that clinical audits had been undertaken and that quality improvement had been demonstrated.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, some clinical staff had not had training and had limited understanding of the Mental Capacity Act 2005.
- Patients said 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.
- 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.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients.

Summary of findings

The areas where the provider must make improvement are:

- Implement systems for assessing, monitoring and acting on risks in relation to the health and safety of patients, staff and visitors.
- Implement systems to ensure the safe management of medicines.
- Develop and implement an on-going audit programme that demonstrates continuous improvements to patient care in a range of clinical areas. Ensure there are at least two cycles of clinical audit
- Ensure that all clinical staff receive up to date training on the Mental Capacity Act 2005.

The areas where the provider should make improvement are:

- Ensure that information about how to complain is clearly displayed in the reception and waiting areas.
- Put measures in place to increase the number of carers known to the practice in order to ensure they receive appropriate support.
- Ensure that all staff who undertake chaperone duties have undergone appropriate recruitment checks.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- 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.
- However, risks to patients were not assessed and well managed. This was in relation to the health and safety of staff, patients and visitors and the safe management of medicines.

Requires improvement



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, some clinical staff had not had training and had limited understanding of the Mental Capacity Act 2005.
- 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.
- The practice undertook regular prescribing audits initiated by the clinical commissioning group. However there was limited evidence that the practice regularly undertook its own audits of clinical practice.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed 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 for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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, as part of the local 'pro-active care' initiative it worked actively with other health and social care providers in the locality to identify patients at risk of avoidable, unplanned admission to hospital to 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.

Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



- The practice had clear values around delivering high quality care, compassionate care to 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 meetings.
- Governance arrangements were in place to support the delivery of the strategy and good quality care. However arrangements to monitor and improve quality and identify risk were not always effective.

Summary of findings

- Arrangements for ensuring clinical audit was undertaken in order to monitor quality and to make improvements were limited.
- The provider complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients. The patient reference group was active.

Summary of findings

The six population groups and what we found

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

Older people

The practice was rated as requires improvement for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group

- 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 GPs worked with multi-disciplinary teams to develop care plans for older patients in order to prevent avoidable, unplanned hospital admission.
- The practice was sensitive to the particular needs of its elderly patients and called them if they did not attend for their appointments to check on their well-being. Receptionists took time to talk with patients at risk of social isolation.
- There was a dedicated member of the reception team who called patients when they had been discharged from hospital to check that they were okay and had the correct medication. They arranged home visits with the GP or nurse if required.
- The practice ran flu clinics on Saturday mornings to encourage uptake of the vaccine. During these clinics various support and well-being groups attended to provide information to patients in the waiting area.

Requires improvement



People with long term conditions

The practice was rated as requires improvement for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice performed well against clinical indicators for long term conditions. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (04/2014 to 03/2015) was 96% compared to the CCG average of 91% and the national average of 88%.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- The practice provided flexibility with appointments so that patients with chronic lung disease could be seen in the afternoon if they had breathing difficulties in the morning.
- 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 GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The diabetes nurse specialist from the local hospital held joint clinics with the practice's diabetes lead nurse to see patients that had more complex needs.
- The practice hosted well-being clinics run by the county council which provided support for patients at risk of diabetes with weight management and healthy lifestyles.
- The practice worked closely with local pharmacies to ensure patients received the correct medication along with on-going support and advice.
- Patients at the practice had access to a local minor injury and minor illness clinic (MIAMI) which provided weekend annual review appointments for patients with diabetes and asthma.

Families, children and young people

The practice was rated as requires improvement for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children who did not attend for their immunisations.
- Immunisation rates were relatively high for all standard childhood immunisations and the practice provided flexible appointments throughout the week to enable parents and their children to attend at a time that suited them.
- Patients had access to the MIAMI clinics seven days a week up until 7.30pm which enabled children to be seen quickly after normal surgery hours for acute problems. The MIAMI clinics also provided family planning appointments over the weekends.
- The number of women aged between 25 and 64 who attended cervical screening in 2014/2015 was 82% which was the same as the CCG and national average of 82%.
- The practice provided a comprehensive family planning service which included the fitting of coils and implants.
- Appointments were available outside of school hours and the premises were suitable for children and babies including the provision baby changing facilities.

Requires improvement



Summary of findings

- The practice provided free contraception, to young people between the age of 13 and 21 who had registered as part of a county wide scheme to promote sexual health and contraception amongst young people who were sexually active.

Working age people (including those recently retired and students)

The practice was rated as requires improvement for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours operated on Monday and Tuesdays up until 8pm for both nurse and GP appointments.
- The practice kept its phone lines and reception desk open over the lunchtime period so that working people could make contact if they needed to.
- The practice was part of an electronic prescribing scheme which enabled patients to collect prescriptions from a pharmacy close to their place of work if required.
- 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.

Requires improvement



People whose circumstances may make them vulnerable

The practice was rated as requires improvement for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group

- The practice identified patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments and undertook annual review for patients with a learning disability in their own homes.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice was rated as requires improvement for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group

- The practice had worked closely with four other practices in the area to improve access to mental health services for patients. This included working more closely with the community mental health team and having better access to advice and guidance via telephone and email on the management of patients with poor mental health.
- The local mental health team provided the GPs with regular training sessions on mental health issues.
- 97% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (04/2014 to 03/2015) compared to the CCG average of 90% and the national average of 88%.
- NHS counselling services were provided on a weekly basis at the practice and there was a high uptake for these sessions.
- The GPs had direct telephone access to a psychiatrist for advice and urgent appointments for patients identified at risk of suicide.
- The practice had developed a template for discussion and treatment of patients identified as at risk of suicide which followed national guidelines to ensure appropriate management.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Patients with early signs of dementia had access to memory assessment services.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Requires improvement



Summary of findings

- Staff had attended awareness sessions on dementia and had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing above or in line with local and national averages. Two hundred and forty four survey forms were distributed and 112 were returned. This represented 1% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.

- 95% of patients 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 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. Patients commented that they were very satisfied with the care they received. They told us that the receptionists were friendly and helpful and that they could always get an appointment when they needed one. They said the doctors and nurses listened to them and gave them the time and care they needed.

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

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- Implement systems for assessing, monitoring and acting on risks in relation to the health and safety of patients, staff and visitors.
- Implement systems to ensure the safe management of medicines.
- Develop and implement an on-going audit programme that demonstrates continuous improvements to patient care in a range of clinical areas. Ensure there are at least two cycles of clinical audit

- Ensure that all clinical staff receive up to date training on the Mental Capacity Act 2005.

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Ensure that information about how to complain is clearly displayed in the reception and waiting areas.
- Put measures in place to increase the number of carers known to the practice in order to help ensure they receive appropriate support.
- Ensure that all staff who undertake chaperone duties have undergone appropriate recruitment checks.

Broadwater Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Broadwater Medical Centre

Broadwater Medical Centre is situated in the Broadwater area of the town of Worthing. It serves approximately 12,300 patients.

There are five GP partners, one salaried GP and two long term locum GPs. Two of the GPs are female and six are male. There are five practice nurses and two health care assistants. There is a practice manager, an assistant practice manager and a team of secretarial, administrative, accounts and reception staff.

Data available to the Care Quality Commission (CQC) shows the practice serves a lower than average percentage population over the age of 65 and a slightly higher than average percentage of child and working age population for the clinical commissioning group area.

The practice is open from 8.00am until 6.30pm Monday to Friday. Extended access is available on Monday and Tuesday evenings from 6.30pm until 8.30pm. Appointments can be booked over the telephone, on line or in person at the surgery. Patients are provided with information on how to access the duty GP or the out of hour's service by calling the practice.

The practice provides a number of services and clinics for its patients including childhood immunisations, family

planning, minor surgery and a range of health lifestyle management and advice including asthma management, diabetes, heart disease and high blood pressure management.

The practice provides services from the following location:-

5-11 Broadwater Boulevard

Worthing

West Sussex

BN14 8JE

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 14 July 2016. During our visit we:

- Spoke with a range of staff including the practice manager, the GPs, practice nurses and the administrative and reception staff.
- Spoke with patients who used the service.

Detailed findings

- 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.

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, as a result of a practice nurse administering the wrong vaccine to a patient, the practice identified that the error had been made due to frequent interruptions during this clinic and the impact this had on the nurse's ability to concentrate on the task. They therefore implemented a plan of action to stop the nurse being interrupted during the clinics in order to reduce the likelihood of future errors.

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 member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on

safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The practice nurses were trained to child protection level two.

- Notices in the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. However, three out of four administrative staff who acted as chaperones had not 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). We spoke with the practice manager about this and they told us that administrative staff were only asked to act as chaperones if nursing staff were not available. However, they said they would immediately initiate the process for undertaking DBS checks for these staff to ensure they were suitable for the role.
- 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 policy 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 did not always keep 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 CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. However, there were no systems in place to monitor their use which meant the practice could not be sure if any had been stolen or misused.
- We also saw that medicines and medical equipment were not stored securely. We saw that vaccines were appropriately stored in specialised refrigerators and that temperatures were checked and recorded daily to ensure they were being stored at the correct

Are services safe?

temperatures. However, the refrigerators were kept in an open room on one of the corridors to the consulting rooms. This was accessible to all staff and patients. Whilst the refrigerators were locked, the keys to all of them were in situ which meant they could be opened and the contents accessed by unauthorised staff and patients. We also saw that medicines and equipment including needles and syringes were stored in unlocked cupboards in this room which again patients and all staff had access to. Emergency medicines and equipment were also stored on a trolley in this room and were accessible to all. Arrangements were therefore not in place to prevent the theft and misuse of medicines and potentially harmful medical equipment. We raised this with the practice who responded immediately. The practice told us that they were not able to shut the door to the room as the temperature would rise to above that required to keep refrigerators at the correct temperature. They moved the refrigerators to lockable well ventilated rooms. The keys were removed and arrangements were put in place to ensure only authorised staff could gain access. The emergency medicines trolley was moved to a secure area behind the reception where it could be accessed by staff only, in the event of an emergency. The door to the room where medicines and medical equipment was stored was locked and arrangements were put in place to ensure only authorised staff could gain access. The day after the inspection the practice sent us an action plan outlining the steps they were taking to ensure the safe storage of medicines and medical equipment on an on-going basis.

- One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. 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. 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 risk assessments in place such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the practice had not undertaken a risk assessment to monitor the overall safety of the premises for patients and staff. On the day of the inspection we identified risks to staff and patients that had not been adequately assessed or managed, for example in relation to the safe storage of medicines and medical equipment.
- 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 however these were not stored securely.

Are services safe?

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and the local clinical commissioning group and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- 97% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to the CCG average of 90% and the national average of 88%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (04/2014 to 03/2015) was 96% compared to the CCG average of 91% and the national average of 88%.
- 97% of patients with atrial fibrillation with were appropriately treated with anticoagulation drug therapy or an antiplatelet therapy compared to the CCG average of 99% and the national average of 98%.

There was limited evidence of quality improvement including clinical audit. The practice was only able to provide evidence of two clinical audits undertaken in the last two years. One audit had been undertaken in minor surgery and one for steroid injections. However these audits were mainly surveys of patient satisfaction which included a question about whether patients had suffered any post-operative complications. The results showed high

levels of patient satisfaction and low rates of complications. Both of these had been undertaken in the last year and had not yet been revisited. Re-audit would be necessary so that performance would be continually monitored and any changes to practice and improvements made could be demonstrated. There was no evidence that the practice had an on-going programme for clinical audit.

The practice participated in local CCG prescribing audits and had been involved in peer review audits of gynaecology referrals and adherence to paediatric and cardiology referral guidelines.

Effective staffing

Staff mostly 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.
- 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 regular update training had been undertaken in areas such as diabetes and chronic lung disease.
- 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 attending training, access to on line resources and discussion at practice meetings.
- Some members of the clinical team had not had training on the Mental Capacity Act 2005 (MCA) and the understanding of the relevance of this to their role was limited. The practice looked after patients who had learning difficulties and undertook annual reviews of their care. Understanding of the MCA was particularly important in dealing with these patients to ensure they had the capacity to make specific decisions about their care and treatment and that valid consent had been given.
- 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

Are services effective?

(for example, treatment is effective)

scope of their work. This included on-going support, one-to-one meetings, 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, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. There was protected time for all staff every two to three months for in house training facilitated by the CCG.

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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health and social care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- The GPs understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, it was noted that some members of the clinical team had not received training in this area and their awareness of its relevance was limited. This was particularly important because they undertook reviews

of patients with learning disabilities who may lack the mental capacity to make decisions about care and treatment. There was a need to ensure valid consent was obtained for these patients.

- When providing care and treatment for children and young people, GPs carried out assessments of capacity to consent in line with relevant guidance.

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, smoking and alcohol cessation.
- Patients were encouraged to attend local authority run well-being clinics that were held at the practice. The clinics provided advice support and motivation for healthy weight, stopping smoking, reducing alcohol consumption, increasing physical activity and improving emotional well-being.

The practice's uptake for the cervical screening programme was 82%, which was the same as the CCG and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinates given to under two year olds ranged from 96% to 99% and five year olds from 93% to 99%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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 29 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 two members of the patient reference group (PRG). 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 average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 97% of patients 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:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 79% of patients 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%.

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.
- The practice was in the process of developing leaflets in large print format and in different languages.
- The practice provided a number information leaflets for patients with learning disabilities in 'easy read' format, for example for breast screening and healthy eating.

Are services caring?

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. Written information was available to direct carers to the various avenues of support available to them. The practice had identified 60 patients as carers (0.5% of the practice list). This was relatively low based on estimates

that most GP practices will have 10% of patients with caring responsibilities. The responsibilities of carers mean they are more likely to suffer from ill health; through stress and depression, poor self-care or physical injuries due to incorrect moving and handling which is why it is important for practices to proactively identify them and ensure they are offered appropriate support.

Staff told us that if families had suffered bereavement, their usual GP wrote a personal letter to them expressing sympathy and inviting them to contact the practice if they required any further support.

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. For example, as part of the local 'pro-active care' initiative it worked actively with other health and social care providers in the locality to identify patients at risk of avoidable, unplanned admission to hospital to ensure they had a plan of care in place in order to prevent this.

- The practice offered extended hours on Monday and Tuesday evenings from 6.30pm until 8.30pm. for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with complex needs including those with a learning disability.
- 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 and translation services were available.

Access to the service

The practice was open from 8.00am until 6.30pm Monday to Friday. Appointments were available from 8.30am until 5.50pm for GP appointments and from 8.10am until 6pm for nurse appointments. Extended access was available on Monday and Tuesday evenings from 6.30pm until 8.30pm. Appointments could be booked over the telephone, on line or in person at the surgery. Patients were provided with information on how to access the duty GP or the out of hour's service by calling the practice. Appointments could be booked up until four weeks in advance for GP appointments and 12 weeks in advance for nurse appointments.

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

- 92% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG and 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.

This involved the receptionists taking details about the patient and placing them on a home visit list which the GPs reviewed in order to assess priority. The receptionists used written protocols to help them identify cases which required emergency 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.

- 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 in the form of a leaflet available from the receptionists and on the practice's website. It was noted that information on how to complain was not on display at the reception or in the waiting area.

We looked at eight complaints received in the last 12 months and found that these were satisfactorily dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, as a result of a complaint about the length of time a patient waited for their appointment and the fact that the GP missed some important information during a

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

consultation with a patient who presented with multiple problems, the practice introduced a policy to encourage its GPs to address just one problem with patients during their

appointment time as long as it was clinically appropriate to do so. This meant that appointments were more likely to run on time and ensured that GPs had sufficient time to deal with each problem.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality, effective and competent care. The practice had a set of values which were displayed around the practice premises. These values were care, compassion, competence, commitment, communication and courage.

The practice had developed a business case to expand its premises. This would enable it to fulfil its aims to apply for teaching status and provide more capacity for appointments and a greater range of services for its patients.

Governance arrangements

The practice had a governance framework with structures and procedures in place which ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.

However we found that:

- An understanding of the performance of the practice was not always maintained
- Arrangements for ensuring clinical audit was undertaken in order to monitor quality and to make improvements were limited.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not robust. For example in relation to the health and safety of staff, patients and visitors and the safe management of medicines.

Leadership and culture

The practice told us they prioritised competent, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident 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.

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 reference group (PRG) and through surveys and complaints received. We saw that a patient survey had been sent out to members of the PRG in January 2016 and that an action plan was in place to address areas identified for improvement which included the need for more appointments and longer appointment times.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, as part of the local 'pro-active care' initiative it worked actively with other health and social care providers in the locality to identify patients at risk of avoidable, unplanned admission to hospital to ensure they had a plan of care in place in order to prevent this. The

Are services well-led?

Requires improvement



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

practice had also set up close working relationships with four other practices in the locality to form the Worthing Health Improvement Project (WHIP) in order to identify ways of improving services specifically for patients who lived in the area covered by the practices. They had identified access to mental health services as an area for

improvement and as a result set up closer links with community mental health team. This ensured they had better access to advice and guidance via telephone and email on the management of patients with poor mental health. The local mental health team also provided the GPs with regular training sessions on mental health issues.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients and staff.</p> <p>The provider did not have proper arrangements in place for the safe management of medicines in relation to the security of blank prescription stationary and the safe storage of vaccines and other medicines.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not have systems and processes such as regular audits of the service provided in order to assess, monitor and improve the quality of care and safety of the service.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p>

This section is primarily information for the provider

Requirement notices

Surgical procedures
Treatment of disease, disorder or injury

Not all clinical staff had received training on the Mental Capacity Act 2005 which was necessary to enable them to perform their duties appropriately.

This was in breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

How the regulation was not being met:

The provider did not have arrangements in place for storing medical equipment such as syringes and needles securely and safely.

The provider did not have appropriate access arrangements in place for entry to and exit from protected or controlled areas.

This was in breach of regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.