

# Brow 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# 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 Brow Medical Centre on 10 November 2016. 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice placed a strong emphasis on addressing the wider social and lifestyle and community aspects of their patient's health and worked closely with other organisations and with the local community to do this.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, the practice provided a Saturday morning and weekday evening flu clinic for working patients in response to patient feedback. Vaccines needed by students were also available at this time.
- 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 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.

# Summary of findings

- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- The practice recognised that the patient's emotional and social needs were as important as their physical needs.
- Staff were motivated and inspired to offer kind and compassionate care and respected the totality of their needs.
- The practice had taken action on areas identified as having lower than average satisfaction within the national GP Survey. This included improved reception staffing during busy times.
- There is a strong collaboration and support across all staff and a common focus on improving quality of care and people's experiences.
- The practice raised money, through patient and staff contributions, to buy Christmas hampers for vulnerable patients such as older people living alone.

We saw one area of outstanding practice:

- The practice had worked in partnership with the ambulance service following an audit on unplanned admissions. The first cycle examined 120 such admissions over a four month period. The findings were discussed in a clinical meeting and in particular what category of admission might have been better served by a paramedic attending. As a result of the changes made there were 36 such admissions over a similar period, a 70% reduction.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- 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.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. The practice had developed and adopted a range of clinical risk assessments which they used to ensure safety.
- The practice carried out regular medicines audits, with the support of external bodies such as the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines.
- Risks to patients were assessed and well managed. One of the GPs was responsible for patient safety alerts. We saw that the alerts were checked and the relevant alerts actioned.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. For example, performance for mental health related indicators was better than the CCG and national average. The percentage of patients with schizophrenia and other psychoses who had a comprehensive care plan in the preceding 12 months, agreed between individuals, their family and/or carers was 94%. This was comparable to the CCG average of 92% and better than the national average of 89%.
- The practice participated in a tier 2 weight management programme and were co-creators, with their local district council, of a pre-diabetes prevention programme.
- One audit concerned unplanned admissions to hospital. The first cycle examined 120 such admissions over a four month period. The findings were discussed in a clinical meeting and in

# Summary of findings

particular what category of admission might have been better served by a paramedic attending. As a result of the changes made there were 36 such admissions over a similar period, a 70% reduction.

- 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?

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 national average. For example, performance for mental health related indicators was better than the CCG and national average. The percentage of patients with schizophrenia and other psychoses who had a comprehensive care plan in the preceding 12 months, agreed between individuals, their family and/or carers was 94%. This was comparable to the CCG average of 92% and better than the national average of 89%.
- The practice participated in a tier 2 weight management programme and were co-creators, with their local district council, of a pre-diabetes prevention programme.
- One audit concerned unplanned admissions to hospital. The first cycle examined 120 such admissions over a four month period. The findings were discussed in a clinical meeting and in particular what category of admission might have been better served by a paramedic attending. As a result of the changes made there were 36 such admissions over a similar period, a 70% reduction.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
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- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

**Outstanding**



# Summary of findings

## 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.
- The practice offered extended hours surgery on Monday and Tuesday evenings until 9.30pm for patients unable to attend during normal working hours.
- There were weekly visits of residential homes to assess older patients.
- The practice had taken action on areas identified as having lower than average satisfaction within the national GP Survey. This included improved reception staffing during busy times.
- The practice had installed a digital two-way messaging service that can deliver appointments and appointment reminders, patients can also cancel appointments using the system, received test results, complete questionnaires and surveys and receive information about health campaigns such as annual influenza vaccination. This system had assisted in reducing the quantity of lost appointments where patients did not attend.
- The practice offered telephone and web GP (web GP is a platform that allows patients to consult with their own GP by completing an online form).
- 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.
- The involvement of other organisations and the local community is integral to how services are planned and ensured that the services met people's needs.
- There is a proactive approach to understanding the needs of all patient groups and to ensure that care is delivered in a manner that meets these needs and promotes equality.
- 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?

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

Good



# Summary of findings

- 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 is a strong collaboration and support across all staff and a common focus on improving quality of care and people's experiences.
- Governance and performance management arrangements are proactively reviewed and reflect best practice.
- The practice held weekly "change" meetings where all staff groups were represented and discussed issues that impacted upon their service delivery such as sending information to patients for flu vaccination using the MJog system.
- 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 had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and weekly coffee mornings were held by this gro.
- The practice was part of a local pilot scheme "tailored health coaching" which aimed to help patients to understand their long term conditions developing their knowledge and skills so as to give them the confidence to self-manage their condition more fully. This pilot was consistent with the practice values of holistic care.
- A systematic approach was taken to working with other organisations to improve patient outcomes and address the impact of wider social issues.
- 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

The practice is rated as good for the care of older people.

Good



- 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 supported the PPG members to hold coffee morning one day a week in the practice. This so that people who were socially isolated, such as some older patients, could have the opportunity for contact.
- There were weekly visits to residential homes to assess older patients.
- The practice raised money, through patient and staff contributions, to buy Christmas hampers for vulnerable patients such as older people living alone.
- The practice held monthly meetings with the community multi-disciplinary team and a care co-ordinator to assess and develop support plans to enable patients to remain independent at home for longer.

### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- There are 11 indicators for the management of diabetes, these can be aggregated. The aggregated practice score for diabetes related indicators was 100% compared with the CCG average of 96% and the national average of 90%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice participated in a tier 2 weight management programme and were co-creators, with their local district council, of a pre-diabetes prevention programme.



# Summary of findings

- The practice was part of a local pilot scheme “tailored health coaching” which aimed to help patients to understand their long term conditions developing their knowledge and skills so as to give them the confidence to self-manage their condition more fully.

## Families, children and young people

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 (A&E).
- Immunisation rates were high for all standard childhood immunisations and the practice followed up with patients who did not attend to maximise uptake.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors. The community mid wife held clinics within the practice.

Good



## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice's uptake for the cervical screening programme was 92%, compared with the CCG average of 84% and the national average of 81%.
- The practice offered coil fitting and other contraceptive services.
- There was a text message service to remind patients of their appointments, patients could also cancel using this service.

Good



# Summary of findings

- The practice offered telephone and web GP (web GP is a platform that allows patients to consult with their own GP by completing an online form).
- The practice offered Saturday morning and weekday evening flu vaccinations.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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.
- 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.
- The practice raised money, through patient and staff contributions, to buy Christmas hampers for vulnerable patients.
- The practice employed two care co-ordinators to work with patients and enable them to receive support and benefits.
- The practice facilitated weekly coffee mornings for patients that could be socially isolated including older patients and new mothers.
- The practice undertook patient assessments with both a GP and care co-ordinator to ensure holistic care could be delivered. These appointments were of one hour duration.

## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



- 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than both the CCG average of 85% and the national average of 84%.

# Summary of findings

- The percentage of patients with schizophrenia and other psychoses who had a comprehensive care plan in the preceding 12 months, agreed between individuals, their family and/or carers was 94%. This was similar to both the CCG average of 92% and the national average at 89%.
- The practice held monthly Mini Dementia clinics in partnership with The Alzheimer's Society. The practice was recognised as a Dementia friendly practice.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients could self-refer to Improving Access to Psychological Therapies (IAPT) services. IAPT services provide evidence based treatments for people with anxiety and depression.
- The community psychiatric nurse held clinics within the practice.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and forty three survey forms were distributed and 117 were returned. This represented two percent of the practice's patient list.

- 60% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 84% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

All of the 31 patient Care Quality Commission comment cards we received were positive about the service experienced. Themes that ran through the cards included; patients said they felt the staff were helpful and caring. They praised the quality of the care and in particular that the staff listened to what they, the patients, had to say.

We spoke with seven patients during the inspection. All of these patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The friends and family test data for November 2016 had 44 respondents all of whom were either to be extremely likely or likely to recommend this practice

# Brow Medical Centre

## 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, a practice manager specialist adviser.

## Background to Brow Medical Centre

Brow Medical Centre is a GP practice located in the town of Burgess Hill, West Sussex. It provides care for approximately 6,500 patients.

There are three GP partners. There are four other GPs, either salaried or regular locum, in total seven female and one male GP. There are three practice nurses and two healthcare assistants all female. The practice is supported by a full range of administrative and reception staff including two care co-ordinators and a practice manager.

The demographics of the population the practice serves is more complex than the national averages in that the male and female population profiles are significantly different. There are more males between the age of 10 and 19, though fewer between the age of 20 and 54, than the national average. There are fewer women between the ages of 20 and 35 but more women over the age of 45 through to the age of 85 and over. In fact there are a significant number of women over 85 years, about 50% more than average, in the population group.

The majority of the patients describe themselves as white British. Income deprivation and unemployment are significantly below average. Although the practice as a whole is not in an area of deprivation there are pockets of deprivation within it.

The practice has a general medical services contract with NHS England for delivering primary care services to local communities. The practice offers a full range of primary medical services. The practice is a training practice.

The practice is open between 8am and 6.30pm Monday to Friday. There are extended hours surgeries on Monday, Tuesday and Wednesday evenings until 9.30pm.

The surgery building is a single storey purpose built health centre building with consulting and treatment rooms on the ground floor.

Services are provided from

The Brow

Burgess Hill

West Sussex

RH15 9BS

The practice has opted out of providing out-of-hours services to their own patients. This is provided by Primecare through the NHS 111 service. There is information, on the practice buildings and website, for patients on how to access the out of hour's service when the practice is closed.

## 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

# Detailed findings

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 November 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing and healthcare, the practice manager, receptionists and administrators.
- Saw how patients were being looked after in reception and on the telephone. We talked with patients, carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients 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 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. The incident recording form supported the recording of notifiable incidents under 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).
- 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. One of the GPs was responsible for patient safety alerts. We saw that the alerts were checked and the relevant alerts actioned.

We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, one significant event had highlighted the dangers of a backlog in summarising patients' notes. The partners discussed the capacity to summarise practice notes in a timely fashion and were not satisfied that they were able to do so. The practice employed more staff to address this. Another event involved end of life care and as a result the practice now ensured there were sufficient "just in case" medicines, available at the patient's home to cover the weekend.

### Overview of safety systems and processes

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

- Arrangements 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.

- A notice in the waiting, consultation and treatment rooms 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. The practice nurse 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 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). There were processes 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 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 to monitor their use.
- Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We examined three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of

# Are services safe?

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 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, the last being in October 2016. 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 last check being in June 2016. The practice had a variety of other risk assessments 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).
- The practice had arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw that there were regular reviews of staffing needs and appropriate adjustments

were made, for example, engaging a pharmacist and an additional care co-ordinator. There was a rota for all the different staffing groups to help ensure enough staff were on duty.

## Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 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 used this information to deliver care and treatment that met patients' needs. For example we saw that GPs use and knowledge of NICE guidelines for both diabetes and obesity had driven changes in individuals' treatment.
- Each clinical room had a printed copy of the recently updated NICE guidance on sepsis on display.
- The practice monitored that these guidelines were followed through risk assessments. There had been audits to check compliance with NICE guidance against INR (a test to learn how fast the blood clots) for patients prescribed an anti-coagulant medicine.

### 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 (2015-2016) results showed the practice achieved 100% of the total number of points available, with 8% exception reporting. (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). The clinical commissioning group (CCG) and national exception reporting rate was 10%.

The practice was not an outlier for any QOF (or other national) clinical targets.

The most recent published results showed:

- There are 11 indicators for the management of diabetes, these can be aggregated. The aggregated practice score for diabetes related indicators was 100% compared with the CCG average of 96% and the national average of 90%.
- The percentage of patients on the diabetes register, with a record of a foot examination and a risk classification within the proceeding twelve months was 93% compared to the CCG average of 91% and a national average of 89%.
- 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 85% and the national average of 84%.
- The percentage of patients with chronic obstructive pulmonary disease ((COPD) - a long term respiratory condition) having an annual check by a healthcare professional was 94%. This was similar to the CCG average of 91% and the national average of 90%.
- Performance for mental health related indicators was better than the CCG and national average. For example, the percentage of patients with schizophrenia and other psychoses who had a comprehensive care plan in the preceding 12 months, agreed between individuals, their family and/or carers was 94%. This was similar to both the CCG average of 92% and the national average at 89%.
- There are common long-term conditions, where it is recommended the patients have an annual influenza vaccination. The practice results for the two conditions where results were readily available were; diabetes 96% against the national average of 94% and COPD 99% against the national average of 97%.

There was evidence of quality improvement including clinical audit.

There had been nine clinical audits completed in the last year, two of these were completed audits where improvements were implemented and monitored.

- There had been a two cycle audit of atrial fibrillation. This had resulted more appropriate anticoagulant medicines being prescribed.
- Another audit concerned unplanned admissions to hospital. The first cycle examined 120 such admissions. The findings were discussed in a clinical meeting and in

# Are services effective?

## (for example, treatment is effective)

particular what category of admission might have been better served by a paramedic attending. As a result of the changes made there were 36 such admissions over a similar period, a 70% reduction.

- The practice participated in local audits, national benchmarking, accreditation, and peer review.

### 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. We looked at the induction pack for locum GPs and saw that it was comprehensive
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, there had been extra training for staff reviewing patients with long-term conditions such as diabetes.
- 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.

### 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. We looked at minutes of meetings with other health care professionals. One designated GP from the practice attended. There was a wide attendance including community matrons, social services staff and care coordinators. The meetings were regular and 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.

- 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.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

# Are services effective?

(for example, treatment is effective)

Patients receiving end of life care, carers, those at risk of developing a long-term condition or those requiring advice on their diet, smoking and alcohol consumption were signposted to the relevant services.

The practice had put considerable emphasis on encouraging cervical screening. They improved the uptake of the screening programme by using information in different languages, making available special leaflets for those with a learning disability and they ensured a female sample taker was available. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance. The practice's uptake for the cervical screening programme was 92%, compared with the CCG average of 84% and the national average of 81%.

The practice also encouraged its patients to participate in national screening programmes for bowel and breast cancer screening. For example, 74% of women aged between 50 and 70 had attended screening for breast cancer which was similar to the CCG average of 73% and

the national average of 72%. Bowel cancer screening was higher than local and national averages, at 64% compared with the CCG average of 60% and the national average of 58%.

Childhood immunisation rates for the vaccines given were comparable to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved the target in three out of four areas; in the remaining area they scored 70%. These measures can be aggregated and scored out of 10. The practice scored 8.7 the national average was 9.1.

The practice participated in a tier 2 weight management programme and were co-creators, with their local district council, of a pre-diabetes prevention programme.

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 saw that 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 31 patient Care Quality Commission comment cards we received were positive about the service experienced. Themes that ran through the cards included; patients said they felt the staff were helpful and caring. They praised the quality of the care and in particular that the staff listened to what they, the patients, had to say.

We spoke with four members 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 average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%. When asked the same question about nursing staff the results were 94% compared to the CCG average of 92% and national average of 91%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%. When asked the same question about nursing staff the results were 98% compared to the CCG average of 96% and national average of 97%.

- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%. When asked the same question about nursing staff the results were 90% compared to the CCG average of 92% and national average of 91%.
- 90% said they found the receptionists at the practice helpful compared to the CCG average of 91% and national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

Patients with long term conditions, or who may be vulnerable, were offered an extended appointment of one hour's duration where a health and needs assessment, devised by the practice staff was completed. This assessment was undertaken by a GP and a care co-ordinator to enable a holistic approach to the patient's care. The GP undertook the assessment of each patient's medical needs whilst the care co-ordinator assessed their social needs. The care co-ordinator would also visit patients at home to assist them in obtaining any appropriate additional support and would help patients complete any forms required to access this. This enabled patients to overcome any potential obstacles in obtaining best available care and support.

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 88% and the national average of 86%. When asked the same question about nursing staff the results were 84% compared to the CCG and national average of 90%.



## Are services caring?

- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%. When asked the same question about nursing staff the results were 84% compared to the CCG average of 86% and 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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

### **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 raised money, through patient and staff contributions, to buy Christmas hampers for vulnerable patients such as older people living alone. There was also evidence of “one-off” acts of caring such as collecting financial donations to replace important items lost by a patient in a house fire.

The practice’s computer system alerted GPs if a patient was also a carer. The practice had identified 126 patients as carers (approximately 2% of the practice list). The practice employed two care co-ordinators that also undertook the role of carer’s champion. The co-ordinators assisted carers in obtaining additional care and support and advised carers as to what was available to them. When needed co-ordinators would assist carers in completing forms required to access this assistance. Written information was available to direct carers to the various avenues of support available to them. The practice recognised that the emotional and social needs of patients were as important as their clinical needs.

The practice also facilitated monthly “dementia mini clinics” working in partnership with the Alzheimer’s Society. These clinics are not just for clinical issues but also to enable patients and carers access to information on support groups, benefits and practical advice on Telecare, a system that combines equipment in the patient’s home to a 24 hour monitoring service. The practice had undertaken staff training in relation to the memory assessment service and was recognised as a dementia friendly practice.

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.

# 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. Services included, but were not confined to, in house access to the community psychiatric nurse, ear syringing, electro-cardiograms and minor surgery.

- The practice offered a 'Commuter's Clinic' on Monday and Tuesday (or Wednesday dependent on demand) evenings until 9.30pm for working patients who could not attend during normal opening hours.
- The practice offered Saturday morning and weekday evening flu vaccinations along with vaccines required by students.
- There were longer appointments, available at quiet times, for patients with a learning disability and these conducted at the patient's home if this was necessary. There were also longer appointments for frail patients, those needing mental health or long term conditions reviews as well as for those whose condition or circumstance required it.
- There was a text message service to remind patients of their appointments, patients could also cancel using this service.
- The practice offered telephone and web GP (web GP is a platform that allows patients to consult with their own GP by completing an online form).
- There were weekly ward rounds of residential homes for older patients.
- 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/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were between 6.30pm and 9.30pm on Monday and Tuesday (or Wednesday dependent on demand). Appointments could be booked up to four weeks in advance and there were urgent appointments available on the day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was less than local and national averages. Following the release of these results the practice held a meeting for patients to attend and discuss the results of the national patient survey to establish how they could improve on areas identified within this.

- 63% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 60% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- Although
- 90% were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.

The practice had responded to the relatively poor results for managing the telephones.

They had carried out an audit of telephone capacity and had introduced;

- Increased call answering staff at peak times.
- Enabled patients to call at any time after 10am for test results instead of after 2pm so as to spread the demand of people calling.
- Installed GP web.
- Installed a digital two-way messaging service that can deliver appointments and appointment reminders, patients can also cancel appointments using the system, received test results, complete questionnaires and surveys and receive information about health campaigns such as annual influenza vaccination. Following the installation of this the practice undertook an audit to assess the impact of this. Before the installation 23 appointments were lost due to patients not attending in one week, following installation this had dropped to just four appointments lost for the same reason over the same time period.



# Are services responsive to people's needs?

(for example, to feedback?)

Subsequent patient surveys and audits had shown decreased waiting times and increased satisfaction but it was too early to provide independent verification of this.

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

The practice had a system to assess:

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

Cases were referred to the duty doctor who contacted the patient by telephone to assess their needs. There was a paramedic practitioner home visiting service. Paramedics would only visit when and if the GP felt the case was appropriate, or if an urgent visit was required and no GP was immediately available. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The practice also undertook weekly visits to older patients who were in care homes.

## **Listening and learning from concerns and complaints**

The practice had an effective system for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance.

- 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 practice leaflet, on posters within the practice and on the practice website.

We looked at the eleven complaints received during the previous calendar year to end October 2016. We saw that they had been dealt with in a timely fashion. Where there were delays, for example where the practice was waiting for another agency to respond as part of the investigation, the complainant was kept informed. Replies were open and honest and addressed the issues raised by the complainants. Lessons were learnt from individual concerns and complaints as well as from analysis of trends.

- One complaint concerned how the practice's electronic record system managed patients' requests for repeat prescriptions. Although not strictly a practice issue the complaint was taken forward to a user group that advised on how the technology was to be upgraded. The patient was kept informed and was grateful for the lengths to which the practice had gone.
- Where analysis of the complaint identified that human error was the issue the practice ensure that staff were made aware of their responsibilities and made appropriate use of the disciplinary process when necessary alongside other measures such as retraining and support.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The values included lifelong learning, patient centred holistic care, kindness and compassion and providing high quality clinical care with “more than medicine” approach.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The practice had a comprehensive understanding of their performance.
- 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. Staff told us the partners were approachable and always took the time to listen to all members of staff. Staff informed us of how proud they were to work for the practice and that there were high levels of engagement to ensure that their concerns or views were listened to.

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). This included training for all staff on communicating with patients about notifiable safety incidents. 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.

The practice recognised staff commitment. One of the reception staff, whom the practice and patients believed made the extra effort over and above their normal duties was nominated for and awarded a CCG commendation for delivering “outstanding service”. A GP had also been recognised and awarded by the CCG for “putting patients at the heart”.

The GPs had various leadership roles within the profession and locally such as clinical champion for collaborative care within the Royal College of GPs.

- There were 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.



# Are services well-led?

Good 

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

- 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 management team. For example, PPG members ran the waiting room café; this was greatly used by patients who might be socially isolated such as the elderly or new mothers. The PPG feedback was active in shaping the design of a proposed new practice building and the accompanying business plan.
- The practice had gathered feedback from staff through 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 was an accredited training practice. As a training practice, it was subject to scrutiny and inspection by Health Education Kent, Surrey and Sussex (called the Deanery) as the supervisor of training. Therefore GPs' communication and clinical skills were regularly under review. At the time of inspection the practice had two training GPs.

- The practice also held weekly "change team" meetings which discussed issues which impacted on the practice's day to day running. Each staff group was represented at this meeting to enable collaborative working and minutes were sent out to all staff. Issues discussed at these meetings included areas such as changing patient alerts on records, MJog flu text reminders to patients and changing the recorded message delivered by the practice telephone system.

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. The practice was part of a local pilot scheme "tailored health coaching" which aimed to help patients to understand their long term conditions developing their knowledge and skills so as to give them the confidence to self-manage their condition more fully. This pilot was consistent with the practice values of holistic care. There was further evidence of this provided by the practice's use of social prescribing which referred patients to motivational healthy behaviour change such healthy eating and weight or third sector support such as local walking groups.