

Dr. Palit & Partners

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Palit & Partners on 24 February 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.

- 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.

The areas where the provider should make improvement are:

- Ensure that the cleaning of all desk top equipment is auditable.

Summary of findings

- Ensure that there are robust processes for monitoring and improvement in the dispensary, for example through regular auditing of controlled drugs, dispensing errors and near misses.
- Ensure that the project to safeguard regular review of repeat prescriptions continues to be progressed and embedded into the practices systems and processes.

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. However, improvements could be made to the practice systems for monitoring outcomes.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



- 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.

Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. One of the GP partners and the Practice Manager represented the locality of Seaford at the Practice Operational Forum.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

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

Good



Summary of findings

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

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered longer appointments for those with complex needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 99.2% compared to the national average of 96.87%
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 92.34% compared to the national average of 89.56%.
- 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.

Good



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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- 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. The practice had a specific policy to address the confidentiality needs of young people seeking medical advice or treatment without a parent's knowledge.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 84.64% compared to the national average of 82.05%.
- 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, health visitors and school nurses.

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.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. The practice had 39 patients on the learning disability register.
- 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.

Good



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.
- The practice had registered 206 patients as carers. This was 2% of the practice population.

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) 74.79%
79.37%

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 92.47% compared to the national average of 90.03%.
- The percentage of patients with physical and/or mental health conditions whose notes recorded their smoking status in the preceding 12 months (01/04/2014 to 31/03/2015) was 94.11% compared to the national average of 91.34%.
- 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 (A&E) where they may have been experiencing poor mental health. All patients suffering from poor mental health, who had attended A&E or who had been admitted to hospital as an emergency, were discussed at the weekly clinical meeting to ensure any appropriate action/follow up was taken

Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



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 in line with local and national averages. **236** survey forms were distributed and **131** were returned. This represented a return rate of 55.5% and 1.32% of the practice's patient list.

- 77.06% of patients found it easy to get through to this practice by phone compared to the national average of 70.32%.
- 73.7% 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 76.69%.
- 84.94% of patients described the overall experience of this GP practice as good compared to the national average of 88.01%.
- 76.49% 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 82.11%.
- 91.9% of patients said that the last GP they saw or spoke to was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89.6% and the national average of 88.6%

- 91% of patients said that the last GP they saw or spoke to was good at explaining tests and treatments compared to CCG average of 87.7% and the national average of 86.0%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 77 comment cards, 66 of which were extremely positive about the standard of care received. 11 contained comments in relation to occasional delays in obtaining appointments. Many of the cards described staff as being helpful, approachable, caring and professional.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We saw feedback received from patients to the practice during January 2016. This was overwhelmingly positive. Several comments referred to being given sufficient time during consultations and being treated with kindness and understanding, although one patient commented that they had had to wait for a long period with no explanation.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that the cleaning of all desk top equipment is auditable.
- Ensure that there are robust processes for monitoring and improvement in the dispensary, for example through regular auditing of controlled drugs, dispensing errors and near misses.

- Ensure that the project to safeguard regular review of repeat prescriptions continues to be progressed and embedded into the practices systems and processes.

Dr. Palit & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, and a Pharmacist.

Background to Dr. Palit & Partners

Dr Palit & Partners (otherwise known as Old School Surgery), is situated in Church Street, Seaford, East Sussex, BN25 1HH.

The practice is close to Seaford train station, local shops, businesses and a residential area.

There are two smaller branch surgeries:-

Alfriston Surgery

The Furlongs

Alfriston

BN265XT

East Dean Surgery

Downlands Way

East Dean

BN200HR

A dispensary is situated at the Alfriston branch. The dispensary was visited and inspected. East Dean Surgery was not visited during the inspection.

Whilst patients tend to go to a particular practice depending on location, the patient list is shared between all three locations and is managed by the GPs and the practice team at Old School Surgery.

The practice is a training practice and there are five GP Partners (four male and one female, two salaried GPs (one male and one female) and one GP registrar.

There are also three practice nurses, three Health Care Assistants (HCA) and one Phlebotomist.

The dispensary at Alfriston is staffed by three dispensers.

Supporting the clinical staff are a Practice Business Manager, a Practice Operational Manager, a Reception Manager and a team of administrators and receptionists.

The practice also employs a courier/caretaker and a small team of cleaners.

- The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are from 8.30am to 11.30am and 4pm to 5.30pm Monday to Friday. Extended hours appointments are offered at Old School Surgery on Saturdays for pre-booked appointments only. Pre-bookable appointments are also offered with a GP from 7.30am to 8.00am and telephone appointments with a GP from 6.30pm to 7.00pm for those patients who have difficulty attending during normal surgery hours.
- Pre-booked appointments are offered with a nurse/HCA from 7.30am to 8.00am on Mondays, Wednesdays and Thursdays.

Patients requiring a GP outside of normal working hours are advised to contact the NHS GP out of hour's service on telephone number 111.

- There are 9987 patients registered with the practice. Seaford has the second highest percentage of residents

Detailed findings

in East Sussex over the age of 65 years. It also has the lowest number of residents under the age of 19 years. This is reflected in the demographics of the Old School Surgery patient population.

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 24 February 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses and non-clinical staff.
- Spoke with patients who used the service.
- Observed how patients were being cared. 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. 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. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a new bar coding system in the dispensary, combined with a period of high demand, led to a bag containing medicines being labelled wrongly and therefore delivered to another patient in error. This led to a review of the procedures for using the label printers and a change in the system to ensure more robust cross checking of patient's details and bag labels.

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 3. Nurses were also trained to child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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 in place and staff had received up to date training. Monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Staff told us that all desk top equipment was cleaned and all desk top equipment appeared to have been cleaned. However, there was no robust audit trail in place to evidence this.
- 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 was a policy in place for managing repeat prescriptions which included the review of high risk medicines. We reviewed the records of four patients on high-risk medicines and found that appropriate reviews had been conducted.
- There were also processes in place to recall patients and conduct medicines reviews for those suffering with long term conditions. Although there was currently no restriction on repeat prescriptions to safeguard regular reviews of medicines, this had been recognised by the practice and a project to rectify this was initiated in January 2016.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure

Are services safe?

prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). However, the process for monitoring and improving dispensing was not robust, for example, there was no regular auditing of controlled drugs or dispensing errors and near misses.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the

equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. This rota was clear, concise and colour coded to depict which surgery the session was to be held at, in which room and at what times. There was a separate rota for the reception team, nurses and GPs.

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. We saw evidence that these processes were recently reviewed and improved following an incident.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 100% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1/4/2014-31/3/2015 showed:

Performance for diabetes related indicators was similar to the national average.

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 92.34% compared to the national average of 89.56%
- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c

was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 86.24% compared to the national average of 83.47%.

Performance for mental health related indicators was similar to the national average

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 95.7% compared to the national average of 91.1%

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, recent action taken as a result included an audit and review of all patients taking the Domperidone, (a drug generally used to treat nausea), who were also the subject of a new contraindication. The first cycle identified that six patients out of 24 had a new contraindication. Each patient was reviewed by their own GP and alternatives to Domperidone explored. A second cycle was conducted and it was ascertained that four out of 11 patients identified as taking Domperidone had a new contraindication. Whilst these numbers were low overall, and in some cases it was decided that the benefits of taking Domperidone outweighed the risks, the audit and improved awareness within the practice led to a reduction in prescribing of 54% and improved education of the patients in relation to the risks of the medicine that they were taking.

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.
- The practice maintained detailed training records evidencing role-specific training and updating for relevant staff. Nursing staff and healthcare assistants offered clinics to support patients suffering from long-term conditions including Diabetes, Chronic Obstructive Pulmonary Disease and Hypertension.
- The practice cared for patients in a residential setting who were visually impaired. The care of these patients was reviewed every three months.

Are services effective?

(for example, treatment is effective)

- 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 on-going support, one-to-one meetings as required, 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 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 care professionals on a regular basis. We saw evidence of monthly meetings in relation to palliative care.

A meeting was held every Monday morning with the GPs to review planned activity for the week ahead, practice capacity and anything of an urgent nature which had occurred during the weekend break.

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.
- The practice had devised a policy specifically to address the issues and concerns of confidentiality in relation to patients under the age of 18.
- 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:

- Patients receiving end of life care, carers and those at risk of developing a long-term condition. The practice website contained links to a number of charitable organisations including those that could improve the quality of life for older people and those that supported patients suffering from cancer. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 84.64% compared to the national average of 82.05%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme. Women who were in receipt of an abnormal result were referred and followed up centrally.

Childhood immunisation rates for the vaccinations given were comparable to clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 0.0% to 98.6% compared to the CCG averages of 1.1% to 95.3% and five year olds from 86.8% to 94.5% compared to the CCG averages of 89.6% to 96.4%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

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.

The vast majority of the 77 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients generally said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We received 11 cards that contained negative comments. This was mainly in relation to obtaining appointments.

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:

- 91.9% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89.6% and the national average of 88.6%.
- 85.3% of patients said the GP gave them enough time compared to the CCG average of 87.6% and the national average of 86.6%.

- 96.8% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97.2% and the national average of 97.1%
- 86.13% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 87.3%.
- 92.39% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91.19%.
- 89.2% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88.7% and the national average of 86.6%

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:

- 87.7% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87.7% and the national average of 86%.
- 84.21% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 85.03%.
- 85.67% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 84.24%

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. We saw notices in the reception areas informing patients this service was available.

Are services caring?

- 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's computer system alerted GPs if a patient was also a carer. The practice had identified 206 patients as carers (2% of the practice list). There was an alert on the

practice computer system to notify staff that a patient was a carer. This was particularly useful for the reception staff who were able to take the patients caring responsibilities into consideration when allocating appointments times. Staff also used the register to signpost patients to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. This was followed by a telephone call to ensure that appropriate support was offered to meet the family's needs.

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. One of the GP partners and the Practice Manager represented the locality of Seaford at the Practice Operational Forum. This enabled the practice to have an active input into the discussion and decision making around changes and new initiatives. One example was the practice delivering a pilot scheme for the Vulnerable Patient Service. The practice fed back to the group and supported the development of the scheme which is now a locally commissioned service.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had a specific policy to address the confidentiality needs of young people seeking medical advice or treatment without a parent's knowledge.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

- The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am and 4pm to 5.30pm Monday to Friday. Extended hours appointments with a GP were offered from 7.30am to 8.00am and 6.30pm to 7.00pm Monday to Friday for those patients with difficulty attending during normal surgery hours.
- Pre-bookable appointments were also offered with a nurse/HCA from 7.30am to 8.00am on Mondays, Wednesdays and Thursdays.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Patients requiring a GP outside of normal working hours were advised to contact the NHS GP out of hour's service on telephone number 111.

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

- 82.59% of patients were satisfied with the practice's opening hours compared to the national average of 80.26%.
- 77.06% of patients said they could get through easily to the practice by phone compared to the national average of 70.32%.

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

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. This was displayed in the reception area, contained within the practice leaflet and also on the practice website.

We looked at 10 complaints received between 13/2/2015 and 20/9/2015 and found that full records were kept of the complaint, investigation undertaken and actions taken to resolve the matter. Where appropriate apologies were given and these were in writing. One example was a complaint made by a patient who had been transferred to another GPs patient list without being told. An apology was given and the patient was provided with an explanation for the transfer.

Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. One example of this was a change in administration processes and delegation of tasks following an incident which

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

resulted in a patient being without medication. This improved accountability and efficiency in these areas of business preventing a reoccurrence of the situation leading to the complaint.

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 printed on the back of all staff identification passes. Staff we spoke to knew and understood the values.
- 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.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. 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 team meetings three times per year.
- 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.
- The practice manager met with each partner individually on a weekly basis.
- Clinical meetings were also held on a weekly basis.
- There was a briefing meeting held on Monday mornings to enable all GPs to discuss planned activity for the week ahead, capacity, any issues and urgent matters.
- 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 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, improving the information on the booking in software to advise patients approximately how long they would be waiting.

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 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. They had also been invited to submit feedback via an externally managed survey. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.