

# Sedlescombe House

## 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?

Requires improvement 

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 Sedlescombe House on 19 April 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. However there was no robust system for formal dissemination, and recording of the dissemination of, learning points.
- Risks to patients were assessed and well managed with the exception that the action points contained in the Legionella risk assessment had not yet been addressed and not all staff had completed formal fire safety training.
- 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.
- All staff had been trained in child safeguarding to the appropriate level for their role. All staff with the exception of one member of the clinical staff could provide evidence of having received training in the safeguarding of vulnerable adults.
- 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.
- Most patients said that they found it easy to make an appointment, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- 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 must make improvement are:

To introduce more robust systems for formal dissemination, and recording of the dissemination of, learning points from significant events.

To ensure that the recommendations of the Legionella risk assessment are reviewed and actioned.

To ensure that all staff have received vulnerable adult safeguarding training to the appropriate level and ensure all staff have undergone fire safety training.

The areas where the provider should make improvements are:

To designate and train some members of staff as fire wardens.

To ensure all new staff are risk assessed as to whether they require a DBS check.

To increase the number of patients diagnosed with dementia that are reviewed in a face to face meeting annually.

Assess the reasons for high levels of exception reporting for dementia, mental health, heart failure and cancer patients.

To ensure that all carers are identified and flagged on the records.

To look at ways to improve patient access to telephone and face to face consultations.

To make and retain full records of practice meetings.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

Requires improvement



- 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 although learning points were discussed informally, there was no robust system for formal dissemination, and recording of the dissemination, of learning points.
- 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. All staff had received child safeguarding training to the appropriate level although one member of the clinical staff hadn't completed formal training in the safeguarding of vulnerable adults.
- Risks to patients were assessed and well managed with the exceptions that the recommendations in the Legionella risk assessment had not been actioned.
- Not all staff had received fire safety training.
- The practice did not have designated fire wardens.

### 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 average compared to the national average.
- 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.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparable to others for all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## 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 (CCG) to secure improvements to services where these were identified. For example the practice was due to start working with the CCG on the locally commissioned service for vulnerable patients which was just being introduced. This was a scheme that encouraged the practice to identify and increase the support for a wider range and number of patients with additional needs.
- Patients said they found it easy to make an appointment although not always 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.

Good



# Summary of findings

- 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 with the exceptions that the recommendations in the Legionella risk assessment had not been actioned.
- 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 reforming after a period of inactivity.
- There was a focus on 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 looked after patients in several nursing homes.
- Proactive multidisciplinary team meetings were held monthly which included discussion about patients over 75 years.
- Medication was regularly reviewed.
- Referrals were made where appropriate to agencies to help access community based help and support.
- The practice provided influenza, shingles and pneumonia vaccines to their older patients and those other patients who were eligible.

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.
- Staff were trained in the recall of patients with long term chronic conditions to ensure all patients were invited for regular appropriate reviews.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was 83% (clinical commissioning group (CCG) average 82%, national average 78%).
- Patients were educated as appropriate about their health conditions and involved in decisions about its management.
- 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.
- Medicine reviews were carried out regularly to ensure that patients understood and were complying with their treatment.

Good



# Summary of findings

## 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 comparable to CCG averages for all standard childhood immunisations.
- All children and young people asking for an appointment on the day were either seen by the GP or received a telephone consultation depending on the problem.
- 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 percentage of women aged 25-64 whose notes recorded that a cervical test had been performed in the preceding five years screening was 80% (CCG 84%, national average 82%).
- Post-natal checks were available on site as well as checks on babies who were eight weeks old.
- 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 practice had access to the social prescribing service at a local health centre which provided patients with advice and help with issues such as accessing benefits, debt counselling and housing advice.
- All clinical staff were aware of the law on consent in relation to young people.

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.
- Nurse appointments were available from 8am.
- The practice did not offer formal extended surgery hours, but GPs would be flexible and see patients outside normal hours in exceptional circumstances.
- The practice had introduced an on-line booking service for appointments and an on-line repeat prescription service.

Good





# Summary of findings

- There was a range of health promotion and screening that reflected the needs for this age group.

## 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 was flexible in offering appointments to patients with learning difficulties including offering longer appointments where necessary.
- 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 looked after patients with learning difficulties in several care homes.
- The practice was involved in a new Locally Commissioned Service for Vulnerable Patients. This was a scheme that encouraged the practice to identify and increase the support for a wider range and number of patients with additional needs.

Good



## 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).

- 77% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is lower than the clinical commissioning group average (82%) and the national average (84%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record is 88% which is comparable to the CCG average (93%) and national average (88%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



# Summary of findings

- A representative from the local dementia care service attended multidisciplinary team meetings.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients in this population group were offered the opportunity to book longer appointments if required.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing mostly in line with local and national averages. 283 survey forms were distributed and 110 were returned. This represented 3% of the practice's patient list.

- 73% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 77% and the national average of 73%.
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 76%.
- 82% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.

- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 79% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards of which 37 were positive, six were mixed but mostly positive and one was negative about the standard of care received. The service was described as excellent, very good and good. Staff were considered caring and helpful and patients felt that they were listened to and treated with dignity and respect. Some patients thought that care had been less consistent lately.

We spoke with five patients during the inspection including three members of the patient participation group. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service MUST take to improve

To introduce more robust systems for formal dissemination, and recording of the dissemination of, learning points from significant events.

To ensure that the recommendations of the Legionella risk assessment are reviewed and actioned.

To ensure that all staff have received vulnerable adult safeguarding training to the appropriate level and ensure all staff have undergone fire safety training.

### Action the service SHOULD take to improve

To designate and train some members of staff as fire wardens.

To ensure all new staff are risk assessed as to whether they require a DBS check.

To increase the number of patients diagnosed with dementia that are reviewed in a face to face meeting annually.

Assess the reasons for high levels of exception reporting for dementia, mental health, heart failure and cancer patients.

To ensure that all carers are identified flagged on the records.

To look at ways to improve patient access to telephone or face to face consultations.

To make and retain full records of practice meetings.

# Sedlescombe House

## 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 practice manager specialist adviser.

## Background to Sedlescombe House

The Sedlescombe House Surgery is run by a single full time GP (female). The practice also has one salaried part time GP (female). They were also supported by a practice nurse, two health care assistants, a team of receptionists, administrative staff, and a practice manager.

At the time of the inspection the practice had 3644 patients on their list.

The GPs ran shared lists, so patients could see whichever GP they wished, although all patients on the practice list did have a named GP.

The previous senior partner for the practice had retired 12 days prior to the inspection and the practice is in the process of trying to recruit a further GP either as a partner or salaried GP.

We were told that the practice had been run on fairly traditional lines in the past, but that they were in the process of upgrading their systems and processes without deviating from their core patient centred values. We saw evidence that significant improvements were being made to the practice systems and processes.

The practice runs a number of services for its patients including COPD and asthma clinics, child immunisations, diabetes clinics, new patient checks, travel health clinics and smoking cessation clinics amongst others. Intrauterine Contraceptive Devices (IUCDs) can be fitted at the practice.

Joint injections are carried out at the practice.

Services are provided at:

Sedlescombe House, St Leonards On Sea, East Sussex TN38 0TA

The building had been purpose built in 1987.

The practice is open between 8am to 6pm Monday to Friday and is closed between 1pm and 2pm. Appointments are available from 8.30am to 11am every morning and 3.30pm to 5.40pm every afternoon. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments are also available for people that need them. At lunchtime and between 6pm and 6.30pm any urgent calls are put through to the duty doctor.

When the practice is closed patients are asked to phone the NHS 111 service that will help them access the appropriate care.

The practice population has a slightly lower number of patients aged 65 or over than the national average. There is also a slightly higher than average number of patients of 18 years or less. There is a slightly higher than average number of patients with a long standing health condition and an average number of patients with a caring responsibility. There is a higher than average number of patients in paid work or full time education. The percentage of registered patients suffering deprivation (affecting both adults and children) is slightly higher than average for England.

# Detailed findings

The practice is currently registered with the CQC as a partnership. They have commenced the process of converting the practice from a partnership to single provider status.

## 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 19 April 2016.

During our visit we:

- Spoke with a range of staff (GPs, nurses and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and she would record the incident in writing. 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 saw records of decisions made and lessons learnt, but no clear record as to how learning was disseminated.

We reviewed safety records, incident reports, patient safety alerts and records of decisions made and lessons learnt with regard to significant events. We saw records that lessons had been identified and action was taken to improve safety in the practice. We did not however see any records of minutes of meetings where significant events and complaints were discussed or the lessons disseminated. The practice had told us during their initial presentation that as they were a small practice, historically they had shared lessons face to face and informally. They did say that they had started to formalise meetings and we did see records of recent staff and clinical meetings that had been minuted.

One example of a recorded significant event was that a member of the clinical staff had handed a sample to a receptionist to attach an identification label. The label for another member of the family was attached in error. The sample was rejected by the lab. The event was discussed and as the reception staff member had been particularly busy at the time, it was decided that in future labels would

be generated before the clinic commenced. It was recorded in the significant event summary that staff should ensure the correct labels were selected, but we saw no evidence that the learning had been disseminated to the staff.

### 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. One of the GPs was the 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. We saw evidence that all other clinical and non clinical staff had received child safeguarding training to the appropriate level. One member of the clinical staff could not produce evidence of having completed vulnerable adult safeguarding training, but demonstrated an understanding of the issues involved.
- 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. Reception staff that we spoke to who were trained as chaperones and had worked at the practice for several years said that they had received a Disclosure and Barring Service (DBS) check in the past although the practice had been unable to find a record. However the practice had applied for enhanced DBS checks for all staff members prior to the inspection and we saw evidence of this. (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

## Are services safe?

prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants did not administer vaccines and medicines at the time of the inspection.
- We reviewed two personnel files. Only one new staff member had been employed in recent years and one person had accepted a post and the practice was completing the recruitment process, but they had not yet started. We found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. The practice did not hold records of previous checks through the Disclosure and Barring Service, but had applied for enhanced checks for all staff and we saw proof that the applications had been sent off prior to the inspection date. Most staff had been employed with the practice for several years.

### Monitoring risks to patients

- Risks to patients were assessed and well managed with the exception that the action points contained in the Legionella risk assessment had not yet been addressed and not all staff had completed formal fire safety training.
- 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 assessed the fire risk

as part of their annual Health and Safety risk assessment and annual risk assessment of each room in the building. They had carried out a recent fire drill. All fire safety equipment had been checked regularly and the fire alarms were tested weekly. However not all staff had received fire safety training and no members of staff had been designated as fire wardens. 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). The practice said that they had been verbally informed by the company that carried out the risk assessment that there was no specific action to take. However the risk assessment did identify several areas for action which had not yet been addressed. The practice assured us that the issues would be resolved as soon as possible.

- 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. Staff covered one another during periods of annual leave. The practice nurse was covered for most of their role by health care assistants (HCAs) who were supervised on those occasions by the GPs. The practice also had an arrangement with a locum nurse and another practice that would help out if required.

### 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. There was also a panic button in each room.
- All staff received regular basic life support training appropriate to their role and there were emergency medicines available in one of the treatment rooms.

## Are services safe?

- 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.



# 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 94% of the total number of points available (CCG average was 97%, national average was 95%). Exception reporting was higher than CCG or national averages for dementia, mental health, heart failure and cancer but lower for diabetes, COPD, chronic kidney disease, primary prevention of cardiovascular disease and cervical screening. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for electronic Prescribing Analysis and Costs (ePACT) in one area. However we were shown that this was due to the regular prescribing of a particular anti-inflammatory medicine by a clinician who had now left the practice. The practice had also introduced an action plan to reduce the prescribing of the medicine. The practice were also outliers for the QOF data relating to the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12

months (Practice 13%, clinical commissioning group (CCG) 91%). The practice had identified this as an issue with coding and showed us current (as yet unrated) figures that were in line with national averages.

One further apparent outlier was the percentage of patients with diabetes, on the register, who had an influenza immunisation in the preceding 1 August to 31 March (82%) compared to CCG (96%) and national (94%) averages. However exception reporting for the practice was significantly lower (9%) than the CCG and national averages (both 18%). Figures for patients actually receiving the vaccine (75%) were similar to the CCG (79%) and national (78%) average.

Quality and Outcomes Framework data from 2014 to 2015 showed:

- Performance for diabetes related indicators was similar to the national average. For example the percentage of patients with diabetes, on the register, whose last measured total cholesterol is 5 mmol/l or less was 87% (CCG average 86% national average 81%).
- Performance for mental health related indicators were comparable to the CCG and national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record was 88% (CCG average 93%, national average 88%).

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to assess the effectiveness of services. For example, a review of joint injections found it to be a service that benefitted patients and should continue to be offered.

# Are services effective?

## (for example, treatment is effective)

Information about patients' outcomes was used to make improvements such as an audit on the use of high dose preventative inhalers in asthma. It was found that under medical supervision some patients could reduce their dosage without worsening symptoms.

### 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 could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion with colleagues.
- 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, basic life support and information governance. Not all staff had received fire safety training. All staff had received child safeguarding training to level two except for the GPs who had been trained to level three. One GP had not recently undergone formal adult safeguarding training although demonstrated that they understood the issues. 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- 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 practice had a page on their website that explained the process and reasons why they asked for consent.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Patients were referred to a local agency for smoking cessation advice.

## Are services effective? (for example, treatment is effective)

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. However the uptake of bowel cancer screening in the last 30 months was 50% which was lower than the clinical commissioning group (59%) and national (58%) averages. This had been recognised by the practice and we saw evidence that they were putting in place systems to encourage patients to attend for screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 95% for all types of vaccines (CCG average 92% to 93%) and five year olds from 82% to 100% (CCG average 90% to 96%).

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. Because of recent staff shortages, the practice said that as a short term measure these health checks had not been targeted, but they were now working to address the backlog. 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. There was a notice on the waiting room wall offering this service.

Of the 44 comment cards that we received, 37 were positive, six were mixed but mostly positive and one was negative about the standard of care received. The service was described as excellent, very good and good. Staff were considered caring and helpful and patients felt that they were listened to and treated with dignity and respect. Some patients thought that care had been less consistent lately.

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%

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

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

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%

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

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available.
- There was a hearing loop available.

### **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 26 patients as carers (0.7% of the practice list). Written information was available to direct carers to the various avenues of support available to them. As the practice was a small family practice, the GPs knew the patients very well. They agreed that not all their carers had been flagged on the computer and were going to amend this.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation or advice on how to find a support service if this was appropriate.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice was going to be taking part in the forthcoming Locally Commissioned Service for Vulnerable Patients. This was a scheme that encouraged the practice to identify and increase the support for a wider range and number of patients with additional needs.
- The practice did not offer an extended hours service, but the GPs said that they were flexible with their appointment times and would see patients outside normal surgery hours if necessary.
- 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

### Access to the service

The practice was open between 8am to 6pm Monday to Friday and was closed between 1pm and 2pm. Appointments were available from 8.30am to 11am every morning and 3.30pm to 5.40pm every afternoon. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. At lunchtime and between 6pm and 6.30pm any urgent calls were put through to the duty doctor.

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

- 79% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 80% and the national average of 78%.
- 73% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.

The practice were outliers when compared to local averages when patients were asked if they felt that they had to wait too long to be seen.

- 36% of patients felt that they had to wait too long to be seen (CCG average 64%, national average 35%)

The practice had addressed this by saying that their policy was that if a patient had a problem that needed to be explored, they would rather do so at the time if possible even if it meant running a little late.

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

The practice had a system in place to assess:

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

This was done by the receptionist alerting the GP who would often telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

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

- We saw that information was available to help patients understand the complaints system including a poster in the waiting room and information on the website and in the practice leaflet.

We looked at two complaints received in the last 12 months and we found these were satisfactorily handled and dealt with in a timely way with openness and transparency.

Lessons were learnt from individual concerns and

complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example a complaint was made through the practice by a new patient about another agency. The practice passed on the complaint, but noted a remark from the patient about a previous regular blood test. In response the GP arranged a clinical review. The complaint was resolved satisfactorily and lessons learnt and recorded.

# 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 vision statement which was displayed in the waiting areas and in the practice leaflet and staff knew and understood the values.
- The practice had a strategy for the future to continue to improve and update the practice, its policies and procedures. The GPs were actively looking to recruit a further GP to join the team.

### 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.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However there was a need to formalise the recording of decisions and disseminating learning points. Additionally action points from the Legionella risk assessment needed actioning and some staff needed to undergo fire safety training and safeguarding training to the appropriate level.

### Leadership and culture

On the day of inspection the principal GP 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 GPs 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The GPs 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 an apology.

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

- Staff told us the practice frequently held informal discussions with the staff. They held staff meetings every six months and had recently commenced monthly clinical meetings. We saw evidence of minutes of recent staff meetings and clinical meetings. Formal agendas had not been previously produced for the meetings but the practice told us in their introduction that they would be doing so in the future. Learning from the meetings was disseminated to the staff by the practice manager face to face.
- 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 principal GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the GPs 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 previously through the patient participation group (PPG) and more recently through surveys, complaints received and a suggestion box. The PPG had been active in the



# Are services well-led?

Good 

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

past, and was just beginning to resume its activities after a break. We met with three members who said that they were planning to meet regularly, carry out patient surveys and submit proposals for improvements to the practice management team. There was information about the PPG in the waiting room and on the practice web site. Improvements made through patient feedback included a new ramp outside. The appointments system was also changed so that the telephone lines opened at the same time as patients queueing outside the practice were allowed in. 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. Management told us that they are keen to hear staff ideas and feedback. Staff told

us they felt involved and engaged to improve how the practice was run. For example an examination couch was replaced with a new, lightweight flexible couch following a request by a member of staff.

## **Continuous improvement**

There was a focus on learning and improvement at all levels within the practice. We saw evidence that improvements in systems had recently been introduced over a short period of time. The practice demonstrated an enthusiasm for improvement. The practice was part of local pilot schemes to improve outcomes for patients in the area. For example they were going to be taking part in the forthcoming Locally Commissioned Service for Vulnerable Patients.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>They had failed to address the action points identified in the Legionella risk assessment.</p> <p>They had failed to ensure that the persons providing care or treatment to service users have the skills and experience to do so safely.</p> <p>Specifically not all staff had received training in fire safety or the safeguarding of vulnerable adults.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The practice had failed to assess, monitor and improve the safety of the services provided in the carrying out of the regulated activity.</p> <p>The practice had failed to put robust procedures in place for ensuring that learning from significant events was disseminated to all staff and that the dissemination could be demonstrated.</p> <p>This was in breach of regulation 17 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>