

The Coppice Surgery Partnership

Quality Report

The Coppice Surgery
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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 The Coppice Surgery on 24 May 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 except in relation to the safe management of medicines.
- 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 area where the provider must make improvement is:

- Establish arrangements for the secure storage and tracking of prescriptions.

The area where the provider should make improvement is:

Summary of findings

- Ensure fire exits are fully operational at all times.

Chief Inspector of General Practice

Professor Steve Field (CBE FRCP FFPH FRCGP)

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.
- 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.
- Blank prescriptions for use in computer printers were tracked by serial number but were not stored securely and prescriptions for use on home visits were not tracked in accordance with national guidance.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff worked to improve patient outcomes by encouraging regular clinical reviews of patients with long term conditions.
- 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.

Summary of findings

- 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. For example on the day of inspection we observed one of the receptionists assisting a partially sighted person to a seat and another patient, who was in a wheelchair, was helped to the clinic by one of the nurses.

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.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a good relationship with the five care homes within the area. This included a local care home for children and a home for people with learning disabilities and dementia. The practice made regular visits to residents.
- 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.
- 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.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice met with the 'pro-active' care team on a fortnightly basis to discuss patients at risk of admission to hospital.
- 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 home visits for flu vaccinations and annual reviews for the housebound and those unable to attend the practice.
- The practice had a good relationship with the three care homes for older people within the local area and made regular visits to residents.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the clinical commissioning group (CCG) and national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 89% which was better than the CCG average of 80% and the national average of 78%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 96% which was better than the CCG average of 91% and the national average of 88%.
- The practice offered nurse led long term condition clinics for patients with asthma, chronic obstructive pulmonary disease (COPD), coronary heart disease (CHD) and diabetes.
- 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.

Summary of findings

Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



- 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.
- 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's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had a good relationship with a local children's care home and offered regular home visits for residents.
- We saw positive examples of joint working and minutes of quarterly meetings 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).

Good



- 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.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Summary of findings

- 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.

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).

- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was significantly better than the clinical commissioning group (CCG) average of 82% and the national average of 84%.
- The practice achieved above the local and national averages for their management of patients with poor mental health. For example, 92% of their patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months which was better than the CCG average of 90% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had a good relationship with a local home for people with learning disabilities and dementia and offered regular home visits for residents.
- The practice had a policy of screening all patients with long term conditions for memory problems or signs of dementia.
- Patients with likely dementia were referred to local memory clinics.

Good



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 better than or in line with local and national averages. 237 survey forms were distributed and 122 were returned. This represented 1% of the practice's patient list.

- 82% of patients found it easy to get through to this practice by phone which is better than the clinical commissioning group (CCG) average of 73% and the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried which is better than the CCG average of 77% and the national average of 76%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.

- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards which were all positive about the standard of care received. Patients stated they found the reception staff to be caring and polite and clinical staff to be professional and patient.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients commented on the friendliness of the practice and told us they felt lucky to be registered there.

Areas for improvement

Action the service **MUST** take to improve

The area where the provider must make improvement is:

- Establish arrangements for the secure storage and tracking of prescriptions.

Action the service **SHOULD** take to improve

The area where the provider should make improvement is:

- Ensure fire exits are fully operational at all times.

The Coppice Surgery Partnership

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 The Coppice Surgery Partnership

The Coppice Surgery incorporates two sites:

The Coppice Surgery

Rustington

West Sussex

BN16 3BE

And a branch surgery at:

Angmering Medical Centre

Station Road

Angmering

West Sussex

BN16 4HL

The practice provides services for approximately 9,612 patients living within the villages of Rustington, Angmering and the surrounding areas. The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England. (A GMS contract is one

between NHS England and the practice where elements of the contract such as opening times are standard). The practice has relatively large numbers of people aged 65 and older compared to the national average. Deprivation amongst children and older people is very low compared to the population nationally. The practice has slightly more patients with long standing health conditions and health related problems affecting their daily lives than the national average, which could mean an increased demand for GP services.

As well as a team of five GP partners (three male and two female), the practice also employs two nurse practitioners, four practice nurses and three health care assistants. Clinical staff work across the two sites. A practice manager is employed and supported by an assistant practice manager, receptionists and administrative clerks. The practice was having a change in practice manager shortly after inspection and the practice informed us the transition was well managed with minimal effect on patients and staff.

The practice is a training practice for final year medical students.

The practice is open at both sites between 8am and 6.30pm on weekdays on both sites. Extended hours appointments are available to accommodate people who may not be able to attend during normal hours at The Coppice Surgery on Tuesdays from 7.30am to 8am and at Angmering Medical Centre on Wednesdays from 7.30am to 8am and one Saturday per month from 9am to 12pm. There are phone appointments available with GPs

Detailed findings

throughout the day according to patient need. Routine appointments are bookable up to six weeks in advance. Patients are able to book appointments by phone, online or in person.

The practice operates an out of hours service and patients are provided information on how to access services outside of these hours on the practice website and telephone answering message.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; family planning and maternity and midwifery services.

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 25 February 2016. During our visit we:

- Spoke with a range of staff (the practice manager, GPs, nursing, administrative and reception staff and spoke with patients who used the service).
- 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 patient had been seen by his cardiology consultant who had written to the practice with instructions on starting the patient on cardiac medication. This was highlighted but not immediately actioned which meant the patient did not have the appropriate prescription for his condition. The issue was highlighted by the patient and subsequently actioned. Following this event the practice reviewed their workflow processes so that changes to medicines were not missed.

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 once every six weeks 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. Nurses were trained to child protection or child safeguarding level two and other staff were trained to at least level one.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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. 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 the use of computer generated prescriptions. However, clinic room doors were left unlocked when GPs were visiting patients at home, which meant that blank prescriptions left in the printers were not kept securely during these times. Prescriptions used by GPs for home visits were not tracked in accordance with national guidance. This

Are services safe?

meant adequate arrangements were not in place to prevent the theft or misuse of prescriptions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. One of the fire doors would not open on the day of inspection. The practice manager responded to this immediately and we received notice that it had been fixed within 24 hours of our inspection. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises

such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

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

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

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 99.7% of the total number of points available.

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

- Performance for diabetes related indicators was better than the clinical commissioning group (CCG) and national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 89% which was significantly better than the CCG average of 80% and the national average of 78%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 96% which was better than the CCG average of 91% and the national average of 88%.
- One of the practice nurses told us the practice had worked hard at improving the results for these patients by encouraging patients to attend clinics and tailoring this to individual patients' needs. For example a patient with uncontrolled diabetes was reluctant to engage with the diabetes clinic. The practice nurse discussed the benefits of the clinic with the patient each time they had

an appointment for a blood test which resulted in the patient agreeing to a diabetes review with the GP. The patient was subsequently started on the relevant insulin and complied with her medicines meaning her condition was under control.

- The practice achieved above the local and national averages for their management of patients with poor mental health. For example, 92% of their patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months which was better than the CCG average of 90% and the national average of 88%.
- The practice achieved higher results than the local and national averages for the management of patients diagnosed with dementia. For example 93% of these patients had received a face-to-face review within the preceding 12 months compared with the CCG average of 82% and the national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the local and national averages achieving 81% in comparison with 83% in the CCG and 84% nationally.
- The exception reporting was similar to local and national averages apart from patients with chronic obstructive pulmonary disease (COPD) (17% compared with 18% locally and 12% nationally), chronic kidney disease (CKD) (20% compared with 17% locally and 8% nationally) and mental health (21% compared with 20% locally and 11% nationally). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice explained that the exception reporting was significantly higher for patients in these two categories due to the high number of patients under the care of a hospital consultant who had chosen not to have routine follow up with the practice.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last year, all of these were completed audits where the improvements made were implemented and monitored.

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, there was an audit of patients with a diagnosis of cancer to ensure the correct patient pathway was followed. The audit included a review of the patients' presentation including those who presented initially through emergency care and those who were referred by the GP through the national cancer pathway. (Patients who present at the GP and who are subsequently referred through the national cancer pathway have better outcomes). The audit showed a total of four patients had presented through emergency care. The practice held a thorough discussion relating to all patients diagnosed with cancer that included learning and discussion about the use of clinical guidelines. The following year the practice repeated this audit and only two patients had presented through emergency care.

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. There were clear induction checklists for individual roles to guide new staff through their initial learning and this included shadowing other members of staff.
- The practice held a comprehensive central record of role-specific training and updating for relevant staff as well as individual training spreadsheets which alerted both management and staff to training requirements.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on-line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training and the practice ran monthly off site training updates for all staff.
- The practice ran regular lunchtime training sessions with input from local experts. Topics included cardiology, urology, diabetes and infection control.

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.

Are services effective?

(for example, treatment is effective)

- 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, 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.
- The practice offered nurse led long term condition clinics for patients with asthma, chronic obstructive pulmonary disease (COPD), coronary heart disease (CHD) & diabetes.
- We saw positive examples of joint working and minutes of quarterly meetings with midwives, health visitors and school nurses.
- The practice had a policy of screening all patients with long term conditions for memory problems or signs of dementia.
- Patients with likely dementia were referred to local memory clinics and offered an annual review at the practice or at home and discussion with their carer following diagnosis.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 83% 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 95% to 100% (compared to 93% to 97% in the CCG) and five year olds from 93% to 98% (compared to 89% to 96% in the CCG).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- On the day of inspection we observed one of the receptionists assisting a partially sighted person to a seat and another patient, who was in a wheelchair, was helped to the clinic by one of the nurses.

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

We spoke with the chair of the patient participation group (PPG) who 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 similar to or lower than local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them which was similar to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 91% 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%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice told us they had worked to improve these results and conducted another survey, in association with the patient participation group (PPG), between March and April 2016. The results showed significant improvements. For example, when asked whether they were satisfied with the service provided by the GP or nurse, 98% of patients responded positively and 92% of patients felt that the reception team were courteous and fair.

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 similar to local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments which was similar to the CCG average of 87% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care which was similar to the CCG average of 82% and the national average of 82%.

Are services caring?

- 80% of patients said the last nurse they saw was good at involving them in decisions about their care which was similar to the CCG average of 85% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 174 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

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.

- 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 good relationship with a local children's care home and a home for people with learning disabilities and dementia and offered regular home visits for residents.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice met with the proactive care team on a fortnightly basis to discuss patients at risk of admission to hospital. These meetings were attended by a GP, occupational therapist, physiotherapist, community psychiatric nurse, community matron, pharmacist, and a social services representative. Care Plans were developed and reviewed on a regular basis.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. There was a policy to ask patients to complete a questionnaire relating to their travel prior to the appointment so the practice could assure they had the relevant vaccines on the day of the appointment.
- There were disabled facilities which included wheelchair access and a dedicated disabled parking bay.
- Translation services were available.
- If patients were hard of hearing, reception staff wrote things down for them or arranged for discussion in a private room, where they could speak more loudly in order to be heard, so that confidentiality was assured.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were from 8am to 6.30pm daily. The practice offered extended hours clinics at The Coppice Surgery on Tuesday mornings from 7.30am to 8am and at

Angmering Medical Practice on Wednesdays from 7.30am to 8am and one Saturday each month from 9am until 12pm for working patients who could not attend during normal opening hours. 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. A telephone triage service, which was managed by a duty GP, was also available to patients.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 82% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%.

People told us on the day of the inspection that they were usually able to get appointments when they needed them, often within a day or two of their request.

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.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the form of leaflets and on posters which were available in the reception area and waiting room.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Complaints were discussed in staff meetings so that lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was

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

taken as a result to improve the quality of care. For example, a patient called with concerns about her sick child and was scheduled for a same day telephone consultation with the duty GP. Before this consultation could take place, the parent became more concerned and took the child to the local emergency department. The practice liaised with the mother and held a clinical meeting in response to the complaint. As a result of this the practice

developed an urgent day protocol stating that all children with urgent needs should have a face to face consultation the same day as the request and that the on duty GP should be informed immediately of the situation.

The practice also had a policy of sharing positive comments from patients with staff in practice meetings and by email and showed us 18 positive comments received over the preceding six months. Patients praised the attitude of staff and the ease of obtaining an appointment.

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 statement of purpose which was displayed in the waiting areas and staff 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. They also told us they enjoyed working there and felt they made a good team.

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 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 meetings for all practice staff every six months. Weekly clinical meetings were held and attended by all GPs. The nursing team also held meetings every two months and receptionists had a team meeting every six months. Staff felt this was adequate for the needs of the surgery and said they felt included.
- 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. We noted team training days were held every two months at an off-site venue and every two months on site.
- 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.
- Staff told us they enjoyed working at the practice and felt they were a good team.

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

Are services well-led?

Good 

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

proposals for improvements to the practice management team. For example, the most recent survey conducted in association with the PPG found that patients would like more communication with the practice and consequently a 'comments and compliments' box was displayed at reception and the PPG were also working on a patient newsletter, the first of which was due for publication in summer 2016.

- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

The practice told us about the difficulties they were having in recruiting a new GP to the practice. This was a known issue within the local area and the practice was in discussion about ways to resolve this. Alternative ways of working were being discussed including the introduction of a paramedic practitioner within the practice.

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
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The practice did not have arrangements in place for the security of blank computer prescriptions and blank prescription pads.</p> <p>This was in breach of regulation 12(1), 12(2)(g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.</p>