

Saltdean and Rottingdean Medical Practice

Quality Report

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

Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires improvement	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Saltdean and Rottingdean Medical Practice on 19 April 2016. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, not all significant events had been consistently captured and recorded.
- 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.
- There was limited evidence to show that clinical audits had been undertaken and that quality improvement had been demonstrated.

- 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.
- There was limited evidence to show that the practice proactively sought feedback from patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the must make improvements are:

Summary of findings

- Ensure that all significant events are consistently captured, recorded and shared in order to maximise learning opportunities and to ensure the practice maintains an accurate overview.
- Develop an ongoing audit programme that demonstrates continuous improvements to patient care in a range of clinical areas. Ensure there are at least two cycles of a clinical audit.
- Put plans in place to address lower than average levels of patient satisfaction as identified in the national GP survey. Undertake regular surveys of patient views and act on the results in order to ensure continuous improvement.

The areas where the provider should make improvements are:

- Ensure that all staff who undertake chaperone duties are trained.
- Develop a business plan that sets out the future direction for the practice.
- Consider extending the practice's opening hours in order to meet the needs of patients who cannot attend during working hours.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was a system in place for reporting and recording significant events,
- Lessons learnt were not consistently 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.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was limited evidence to show that clinical audits had been undertaken and that quality improvement was demonstrated.
- 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.

Good



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 than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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, as part of a CCG initiative, the practice worked with other health and social care providers in the locality to identify patients at risk of avoidable, unplanned admission to hospital to ensure they had a care plan in place in order to prevent this.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a to deliver high quality care for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- There were structures and arrangements in place for the management of the practice.
- 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 reporting significant events, however this information was not consistently shared with staff to ensure appropriate action was taken
- The practice sought feedback from patients via the patient participation group which was active.

Requires improvement



Summary of findings

- However, the practice had not undertaken a survey of patient views in the last two years. There was limited evidence to show that the practice had acted on the results of the national GP survey.
- The practice did not have a supporting business plan in place that set out its future direction.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had a designated GP for each care home in the area to ensure continuity of care for the residents and a single point of contact for care home staff.

Requires improvement



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Diabetes indicators from the quality and outcomes framework were comparable to other practices. For example, 81% of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less compared to the CCG average of 76% and the national average of 78% (04/2014 to 03/2015).
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

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

Requires improvement



Summary of findings

- 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.
- The practice provided comprehensive contraceptive and sexual health services.
- 98% of women aged 25-64 had a record to show a cervical screening test has been performed in the preceding five years (04/2014 to 03/2015) compared to the CCG average of
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held fortnightly baby clinics with the practice nurses and the lead GP.
- The practice worked closely with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified however the practice had limited opening hours and did not provide extended access.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice nurses provided a cervical cytology service up until 6pm four days a week for women who could not attend during working hours.

Requires improvement



People whose circumstances may make them vulnerable

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

- The practice identified patients living in vulnerable circumstances.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

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

People experiencing poor mental health (including people with dementia)

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

- The number of patients diagnosed with dementia that had had their care reviewed in a face to face meeting in the last 12 months was 77%, which was lower than the CCG average of 82% and the national average of 84%.
- The number of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (04/2014 to 03/2015) was 92% compared to the CCG average of 83% 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 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.
- The practice referred patients to a well-being practitioner who provided counselling and psychological therapy services in the practice premises on a weekly basis.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and forty four survey forms were distributed and 104 were returned. This represented 1% of the practice's patient list.

- 87% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 75% 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 compared to the CCG average of 78% and the national average of 76%.
- 80% 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%.
- 76% 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 34 comment cards which were mostly positive about the standard of care received. Patients commented that they thought the service they received from the practice was excellent. They said that staff were friendly, helpful and caring. They said they felt they were treated with dignity and respect. One patient said they would like the surgery to be open for longer and one felt they were not given enough time during an appointment. Another patient felt they had to wait too long to get an appointment.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient commented that they felt the opening hours could be extended, although they had always been able to get an appointment and that in their experience the GPs always saw patients in the evening if required.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that all significant events are consistently captured, recorded and shared in order to maximise learning opportunities and to ensure the practice maintains an accurate overview.
- Develop an on-going audit programme that demonstrates continuous improvements to patient care in a range of clinical areas. Ensure there are at least two cycles of a clinical audit.
- Put plans in place to address lower than average levels of patient satisfaction as identified in the national GP survey. Undertake regular surveys of patient views and act on the results in order to ensure continuous improvement.

Action the service **SHOULD** take to improve

- Ensure that all staff who undertake chaperone duties are trained.
- Develop a business plan that sets out the future direction for the practice.
- Consider extending the practice's opening hours in order to meet the needs of patients who cannot attend during working hours.

Saltdean and Rottingdean Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Saltdean and Rottingdean Medical Practice

Saltdean and Rottingdean Medical Practice provides services to 9,600 patients from two locations one based in Saltdean and the other in Rottingdean, which are two areas situated on the south coast near Brighton, East Sussex.

There are four male GP partners, one salaried female GP and a permanent female locum GP. There are three practice nurses and one health care assistant. There is a practice manager and a team of secretarial, administrative and reception staff.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average practice population over the age of 65. There is a comparatively low level of deprivation amongst the practice population.

The practice is open from 8.15am until 12.00 noon and from 3pm until 6pm Monday to Friday. Appointments can be booked over the telephone, on line or in person at the surgery. Between these hours patients are provided with information on how to access the duty GP or the out of hour's service by calling the practice.

The practice provides a number of services and clinics for its patients including smoking cessation, asthma, diabetes, cervical smears, childhood immunisations, family planning, the menopause and hypertension and heart disease.

The practice provides services from the following locations:-

Grand Ocean Medical Centre,
Longridge Avenue,
Saltdean, Brighton,
BN2 8BU,

And
Rottingdean Surgery,
1 Meadow Parade,
Rottingdean,
Brighton,
BN2 7FA.

This inspection took place at Grand Ocean Medical Centre only.

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

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 April 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, the practice manager and administrative and reception staff.
- We spoke with patients who used the service including members of the patient reference group.
- 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 a 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. However, it was noted that not all staff used this form or were aware of it and that significant events were reported and recorded in different formats. This meant information was not being consistently recorded.
- We found that not all significant events were forwarded to the practice manager and shared with all staff. We saw that some were kept and used by the GPs for their re-validation portfolio only. This meant that there was no practice overview of the totality of significant events and that opportunities for learning and improving safety were not being maximised.
- 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.

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, enhanced checking systems were put in place for ensuring vaccines were in date following a significant event.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. However, not all staff who acted as chaperones had received training for the role. The practice manager showed us a risk assessment that had been undertaken for the decision not to undertake DBS checks for staff who acted as chaperones. This identified that these staff would not be left alone with patients and therefore the risk to patients was low.
- 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 were infection control policies and procedures 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 clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems 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.
- We reviewed three 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 DBS.

Are services safe?

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

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 oxygen with adult and children's masks. A first aid kit and accident book were available. The practice did not have a defibrillator available on the premises. The practice had identified that the nearest defibrillator was situated in a store in the nearby town centre and that one was required for the practice premises. We were told that the patient participation group were in the process of purchasing one for the practice.
- 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.

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Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and the clinical commissioning group and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available compared to the clinical commissioning group (CCG) average of 93% and the national average of 95%.

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

- Performance for diabetes related indicators was similar to the national and local average. For example the practice had 81% of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (04/2014 to 03/2015) compared to the CCG average of 76% and the national average of 78%.
- Performance for mental health related indicators was comparable to the national and local average. For example 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (04/2014 to 03/2015) compared to the CCG average of 83% and the national average of 88%.
- The practice participated in local CCG prescribing audits.

There was some evidence of quality improvement including clinical audit.

- The practice was only able to provide evidence of one completed audit where the improvements made were implemented and monitored. The findings had been used by the practice to improve services. For example, the practice had improved its arrangements for managing patients who had been prescribed a high risk medicine. The practice had been able to raise patient awareness of the importance of having regular blood tests to ensure they were being prescribed the correct level of medicine. This was demonstrated by an increased number of patients undergoing regular blood tests.
- There was no evidence that the practice had its own programme for clinical audit or that any audit was undertaken in response to internal triggers such as significant events. There was therefore limited evidence to show that clinical audits demonstrated ongoing quality improvement.

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 attending regular update training.
- 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. 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.

Are services effective?

(for example, treatment is effective)

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.

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 were signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 98%, which was higher than the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 37% to 93% and five year olds from 59% to 67%. There was no information available on the Brighton and Hove CCG average.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient 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 in line with or below the clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.

- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed that the practice scores were lower than the CCG and national average in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 72% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice manager told us that the results of the national survey were discussed with the GPs at their practice meetings and that they were aware of the areas that could be improved, however there was no action plan to demonstrate that these areas had been addressed. The practice had not undertaken its own survey of patient views during the last two years, however it planned to undertake one in conjunction with the patient participation group during the next year.

Are services caring?

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.

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 294 patients as carers which represented 3% 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 complex needs.
- 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.

Access to the service

The practice was open from 8.15am until 12.00 noon and from 3pm until 6pm Monday to Friday. Between these hours patients were provided with information on how to access the duty GP or the out of hour's service by calling the practice. It was noted that the practice did not provide extended opening hours which meant that access to appointments was limited for those who could not attend during working hours. Pre-bookable appointments could be booked up to one week in advance for GP appointments and up to 12 weeks for appointments with the practice nurses. Urgent appointments were also available for people that needed them.

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

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 78%.

- 87% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.

The practice told us they were aware of patient views in relation to this and that the issue had been given full consideration. However, the GPs did not feel able to extend the hours they currently operated.

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.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example a poster in the waiting area and details in the practice leaflet.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, with openness and transparency and in a timely way. Lessons were learnt from individual concerns and complaints and improvements were made. For example, the practice instigated improved systems to ensure that pharmacies had received urgent prescriptions.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear ethos to deliver high quality medical care 'from the cradle to the grave'. Staff we spoke with knew and shared the same values. However, the practice did not have a supporting business plan in place that set out its future direction.

Governance arrangements

There were structures and procedures in place which ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- However, the practice did not have a programme of continuous clinical and internal audit that was used to monitor quality and to make improvements.
- Whilst there were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions significant events were not consistently captured and shared.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things

went wrong with care and treatment they gave affected people reasonable support, truthful information and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular, separate team meetings for administrative staff, nursing staff and the GPs. The practice manager and lead nurse also attended the GP meetings and administrative staff meetings so that relevant information from each meeting was shared.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice had gathered feedback from patients through the patient participation group (PPG) and complaints received. The PPG met regularly, and submitted proposals for improvements to the practice management team. For example, as a result of feedback from the PPG the practice introduced on-line booking and repeat prescription ordering.

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

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not have a programme of continuous clinical and internal audit that was used to monitor quality and to make improvements.</p> <p>The provider did not have robust systems in place to assess, monitor and mitigate risks relating to the health safety and welfare of patients. Significant events were not always reported or recorded and this information was not always shared with others to promote learning.</p> <p>The provider was unable to demonstrate that feedback from patients had been routinely sought and analysed or that action plans had been developed to address issues where they were raised. It was unable to demonstrate that improvements had been made in these areas.</p> <p>Regulation 17 (1)(2)(a)(b)(d)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>