

School Hill 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

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at School Hill Medical Practice on 20 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. However, two of these areas required improvement and applying consistently including monitoring staff training requirements and recruitment checks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- 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 could get same day appointments but some told us they experienced difficulties accessing the practice by telephone and making an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice staff worked hard to overcome the restraints placed upon them due to working in a listed building.
- 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.
- We saw two areas of outstanding practice:
 - A GP, who specialised in sexual health, attended local secondary schools to discuss sexual health issues with year 9 pupils (13-14 years of age). This GP

Summary of findings

also attended “relationship days” and “Fresher’s” week at a local college. The practice operated a sexual health clinic available to all patients between 16 and 25 years of age within the CCG area.

- The practice had started a dermatology clinic which allowed patients from any GP within the Clinical Commissioning Group area to be referred to for treatment. A feature of this clinic was tele-dermatology, this services was offered so that advice could be given on some conditions by viewing photographs of the affected skin area.

The area where the provider should make improvements are:

- To ensure appropriate training for staff is completed and monitored and to ensure time frames for re-training are met. This includes training in respect including fire safety, manual handling, health and safety, the mental capacity act, safeguarding children and adults.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- 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 except in regard of maintaining records of recruitment checks prior to starting employment and the practice did not keep on file information that had been used to satisfy the recruitment checks.

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 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 although some role specific training was not up to date.
- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice had recently started a dermatology clinic which allowed patients from any GP within the Clinical Commissioning Group (CCG) to be referred to for treatment.
- There are innovative approaches to providing integrated patient-centred care. The practice provided a sexual health clinic for patients aged 16 to 25 years of age. This clinic was accessible to patients who were not on the practice list.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Patients can access appointments and services in a way and at a time that suits them.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice staff worked to overcome the difficulties that the listed building presented to them, for example, a GP would move to an alternative consulting room if a patient was unable to utilise the stairs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were 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.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, governance of areas such as recruitment and monitoring staff training requirements required some improvement.
- 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 focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Home visits were also available in the evening should the patient need this.
- A named GP was in place for each nursing home that the practice had patients in. A monthly visit was made to the two largest care homes.
- All patients in residential care homes had had a discussion with a GP detailing their resuscitation and place of care wishes.
- The practice held monthly multidisciplinary team meetings with District Nurses and palliative care nurses.
- GP's had a clinical meeting every lunchtime. Visits were assigned and patients of concern were discussed- this helped to ensure continuity of care and enabled GPs to obtain advice from other doctors.
- The practice had recently started a dermatology clinic which allowed patients from any GP within the Clinical Commissioning Group (CCG) to be referred to for treatment. This clinic also offered a tele-dermatology service to enable advice to be given for some skin conditions using photographs alone.

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.
- Data from 2014/15 showed the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90% compared to the national average of 88%.
- Longer appointments and home visits were available when needed.

Summary of findings

- 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.
- Practice nurses conducted home visits for routine annual reviews for those patients who were house bound.
- Routine reviews were combined into one longer appointment for those with several chronic conditions to avoid multiple appointments.
- Specific diabetes clinics, run by two GPs, where patients were seen by a nurse initially before consulting a GP to cover all of their annual review needs in one appointment.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- Data from 2014/15 showed the percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 82%. This was the same as the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Unwell children were always seen on the day when appropriate.
- We saw positive examples of joint working with midwives and health visitors.
- A GP, who specialised in sexual health, attended local secondary schools to discuss sexual health issues with year 9 pupils (13-14 years of age). This GP also attended “relationship days” and “Fresher’s” week at the local college. In addition to this, the practice held a clinic on a Tuesday afternoon for patients aged between 16 and 25 years of age for all sexual health matters. This clinic was called ‘The circle room’. Approximately 70% of patients who attended this clinic were not on the practice’s patient list. The clinic was provided by a multi-disciplinary team consisting of a GP, nurse and healthcare assistant.

Good



Summary of findings

- The sexual health clinic had been recognised for two awards. The GP Enterprise Award in 2011 and the Cathy Harman award for innovation in sexual health by the British Association for Sexual Health and HIV (BASHH 2012). This clinic continued to have patients referred to it from neighbouring practices.
- In response to patient feedback the practice no longer held specific immunisation clinics for children and allowed these to be booked throughout the week to be more convenient for patients. Parents who did not attend for childhood immunisations were contacted by letter and offered an appointment with a GP to discuss any concerns.
- The practice had obtained “You’re welcome” status. This was a quality criteria organised by the Department of Health and laid out ten principles for providing health services that met the needs of young people.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone appointments were available where appropriate.
- The practice had extended hours on Monday, Wednesday and Thursday evenings until 7pm and Tuesday mornings from 7.45am. There were also extended appointments available every Saturday morning from 8.15am to 10.30am.
- A GP offered a sexual health clinic.
- The practice ran smoking cessation clinics and offered appropriate NHS health checks.
- The practice offered online appointment booking and prescription requests in addition to a messaging service for on-going issues.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Patients who suffered from either sight or hearing impairments were flagged on the computer system so that they could be assisted accordingly.
- Patients with learning difficulties had an annual assessment with a nurse and a GP.

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).

- 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months, this was better than 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.

Good



Summary of findings

- The practice screened all patients over 65 for memory issues at routine long term health condition reviews.
- Patients experiencing poor mental health had been given a named GP for continuity of care.

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 in line with local and national averages. 240 survey forms were distributed and 122 were returned. This represented approximately 1.5% of the practice's patient list.

- 72% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 8 comment cards which were all positive about the standard of care received. Comments noted on the cards stated the practice had kind and friendly staff, staff were always helpful and that it was a lovely practice.

We spoke with four patients during the inspection. Two patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient stated it was difficult to get appointments and would not recommend the practice whilst another patient stated that there was sometimes a wait when you needed to pick up prescriptions as the reception area was busy.

Areas for improvement

Action the service **SHOULD** take to improve

- To ensure appropriate training for staff is completed and monitored and to ensure time frames for

re-training are met. This includes training in respect including fire safety, manual handling, health and safety, the mental capacity act, safeguarding children and adults.

Outstanding practice

- A GP, who specialised in sexual health, attended local secondary schools to discuss sexual health issues with year 9 pupils (13-14 years of age). This GP also attended "relationship days" and "Fresher's" week at a local college. The practice operated a sexual health clinic available to all patients between 16 and 25 years of age within the CCG area.
- The practice had started a dermatology clinic which allowed patients from any GP within the Clinical Commissioning Group area to be referred to for treatment. A feature of this clinic was tele-dermatology, this service was offered so that advice could be given on some conditions by viewing photographs of the affected skin area.

School Hill Medical Practice

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 School Hill Medical Practice

School Hill Medical Practice is a practice offering general medical services to the population of Lewes, East Sussex. There are approximately 8,000 registered patients. The practice is located within a listed Georgian property which has limited the practice in making alterations which would benefit patients. Due to this issue the practice is actively looking to relocate to a more suitable property.

The practice population has a higher number of patients between 15 to 19 years and 40 to 85 years and over, than the national and local Clinical Commissioning Group average. The practice population also shows a lower number of patients between the age of 20 to 39 years than the national and local CCG average. There are a slightly lower number of patients with a longstanding health condition. The percentage of registered patients experiencing deprivation (affecting both adults and children) is lower than the average for England.

School Hill Medical Practice is run by seven partner GPs (three male and four female). The practice is also supported by three practice nurses, two healthcare assistants, a phlebotomist, a team of administrative and reception staff, an assistant practice manager and a practice manager.

The practice runs a number of services for its patients including asthma clinics, diabetes clinics, coronary heart disease clinics, minor surgery, child immunisation clinics, new patient checks and holiday vaccinations and advice.

Services are provided from one location:

School Hill Medical Practice, 33 High Street, Lewes, East Sussex, BN7 2LU.

Opening hours are Monday to Friday 8.30am to 6pm. The practice has extended hours on Monday, Wednesday and Thursday evenings until 7pm and Tuesday mornings from 7.45am. There are also extended hours appointments available every Saturday morning from 8.15am to 10.30am.

During the times when the practice is closed arrangements are in place for patients to access care from IC24 which is an Out of Hours provider.

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.

Detailed findings

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 20 April 2016. During our visit we:

- Spoke with a range of staff, five GPs, two nurses, two healthcare assistants, four administrative staff, assistant practice manager and the practice manager. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and 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, in September 2015 it was recognised that there had been a delay in notifying some patients of their test results. A new procedure was then implemented that ensured following two attempts to contact the patient the GP responsible for the care of the patient would be notified to assess what action was then appropriate.

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 GP lead 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 safeguarding level three and two nurses were also trained to level three.

- 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 last audit was undertaken in November 2015.
- 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 were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found that not all appropriate recruitment checks had been undertaken prior to employment. The files that we viewed did not have proof of identification present, although these had

Are services safe?

been checked, though there was evidence references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service were undertaken.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

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. This plan was last reviewed in January 2016.

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 97.8% of the total number of points available.

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

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90% compared to the national average of 88%.
- The percentage 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 was 100% compared to the national average of 88%.

There was evidence of quality improvement including clinical audit.

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

- Findings were used by the practice to improve services. For example, recent action included the identification of patients who required increased intervention due to the quantity of medicines being used in the management of asthma. Actions included providing them with advice and support on how to effectively control their condition and alleviate symptoms where possible through medicines reviews.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- 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 discussion at practice meetings.

- 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 had received some training appropriate to their roles however, further training needs were identified, including fire safety, manual handling, dementia awareness, health and safety, the mental capacity act, safeguarding children and adults. Evidence was seen on the day of inspection that there was an action plan in place to address this issue. Staff had access to and

Are services effective?

(for example, treatment is effective)

made use of e-learning training modules and in-house training. The practice had an induction programme for all newly appointed staff. This covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.

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; however, there were gaps in training regarding the Mental Capacity Act 2005 for all staff groups though a plan was in place to rectify this.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

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

Supporting patients to live healthier lives

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

- 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.
- Referrals could be made by a GP to a dietician when this was appropriate.

The practice's uptake for the cervical screening programme was 82%, which was the same as 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 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 the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 94% and five year olds from 89% to 97%. This is in comparison to 90 to 94% and 88% to 94% respectively.

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 eight 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 four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 85% 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. We also saw that care plans were personalised.

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to 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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 128 patients as carers (approximately 1.6% 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 this was discussed at the GPs daily meeting at lunchtime and a

discussion had on how best to support the family. This could then result in a call or patient consultation at a flexible time and location to meet the family's needs. Advice was available at the practice 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. The practice was involved in two clinics that improved services both at the practice and within the wider local population. A sexual health clinic was held on a Tuesday afternoon for patients aged between 16 and 25 years of age where patients not on the practice list could also attend. The practice had also worked with the CCG in starting up a tele-dermatology clinic which allowed patients to be given advice on photographic evidence. This clinic saw patients from Lewes and the surrounding area and patients could be referred to this clinic by any GP in the CCG area.

- The practice offered extended hours appointments from 7.45am and until 6.45pm on varying days of the week. There were also appointments available on a Saturday morning from 8.15am to 10am.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am every morning and 3pm to 5pm on Monday, Wednesday and Friday, 3pm to 6pm on Tuesday and between 3pm and 5.30pm on Thursday. The practice had extended hours on Monday, Wednesday and Thursday evenings until 7pm and Tuesday mornings from 7.45am. There were also extended appointments available every

Saturday morning from 8.15am to 10.30am. 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.

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

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 72% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them, however, one patient stated during the inspection that they found it difficult to obtain appointments.

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. The complaints procedure was available in the practice and on the website. The procedure gave patients information on how to escalate a complaint if they were not satisfied with the response from the practice.

We looked at five complaints received in the last 12 months and found and we found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, one complaint was received regarding a head wound that had become infected. Information was disseminated to ensure patients were aware of any changes to their wound. The patient was also invited to a meeting to discuss their concerns.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The 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 arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, some of these required improvement and applying consistently such as monitoring staff training requirements.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). 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 regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had arranged for a meeting with the Sussex development fund at a local venue for people to attend and learn about the care available for carers.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Are services well-led?

Good 

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

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 held an award winning sexual health clinic at the practice every Tuesday for patients aged 16 to 25 years of age. This clinic could be accessed by patients throughout Lewes and not solely for those on the practice list. Appointments were pre-bookable though there was also availability for patients to attend by walking in on the day.

The practice was also the lead in a dermatology clinic which was available for any GP in the CCG to refer patients to. A GP at the practice was leading on a tele dermatology clinic where advice could be given regarding some skin conditions by using photographic information.