

Bridge Medical Centre

Quality Report

Wassand Close

Crawley

West Sussex

RH10 1LL

Tel: 01293526025

Website: www.bridgemedicalcentre.co.uk

Date of inspection visit: 15 November 2017

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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?

Requires improvement



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

This practice is rated as requires improvement overall. (Previous inspection 25 November 2015 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those retired and students) – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) - Requires improvement

We carried out an announced comprehensive inspection at Bridge Medical Centre on 15 November 2017 as part of our inspection programme.

At this inspection we found:

- Staff treated patients with compassion, kindness, dignity and respect.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Patients told us that they were happy with the care and treatment they received. However there was a mixed response to access to appointments and some patients found it difficult to get an appointment and get through on the telephone.
- The patient participation group was also active. 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 (PPG).
- The practice did not routinely review the effectiveness and appropriateness of the care it provided.
- Staff were well trained and felt supported by the practice to deliver high standards of care.

Summary of findings

- Practice GPs and nurses meet regularly with other clinicians including the fracture liaison nurse and proactive care team to promote continuity of care. Frail and vulnerable patients are seen by GPs and nurses in their own home

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure appropriate steps are taken to mitigate the risk of Legionella.
- Implement a regular programme of quality improvement such as clinical audit to review clinical intervention against national and local guidelines and established best practice.

- Ensure that all recruitment information required by regulation was in place prior to the appointment of staff.

The areas where the provider **should** make improvements are:

- The provider continues to monitor patient satisfaction levels in relation to patient involvement in decisions and explanation of tests, telephone access and appointment availability to ensure they meet patient needs.
- Review the collation of responses to MHRA alerts to keep a central record that demonstrates actions and outcomes.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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

Bridge Medical Centre

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 adviser.

Background to Bridge Medical Centre

Bridge Medical Centre offers general medical services to approximately 11,000 registered patients. The practice delivers services to patients in each of the defined aged groups, for example patients under the age of 18 years, patients over the age of 65 years and patients over the age of 85 years, in numbers which mirror the national averages for those age groups. Care is provided to patients living in residential and nursing home facilities and a local hospice.

Data available to the Care Quality Commission (CQC) shows the number of registered patients suffering income deprivation is lower than the national average.

Care and treatment is delivered by five GP partners. Three of the GPs are female and two are male. The practice employs a team of five practice nurses, one healthcare

assistant and two phlebotomists. GPs and nurses are supported by the practice business manager, a finance manager and a team of reception, administration and secretarial staff.

The practice is open from 8.30am to 6.30pm on weekdays. The practice also provides extended hours appointments on Tuesday evening each week from 6.30pm to 7.30pm and on alternate Saturday mornings from 9am to 11.30am.

Services are provided from:

Bridge Medical Centre

Wassand Close

Three Bridges,

Crawley

West Sussex

RH10 1LL.

Further information relating to the practice can be found on their website, www.bridgemedicalcentre.co.uk. A range of services include management of long-term conditions, and clinics covering a wide range of services for patients including asthma/COPD clinics, diabetes clinics, hypertension clinics, well woman/man checks, family planning services, weight management services, smoking cessation advice, blood pressure monitoring, blood tests, ECGs, vaccinations and immunisations, maternity care, and child development as well as travel health, safe travel tips, travel vaccinations and blood tests.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

The recruitment systems did not always protect patients and infection controls systems did not mitigate the risks of legionella.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). We looked at the recruitment records of four staff members and found that two staff had been appointed without satisfactory evidence of conduct in their previous employment. It is the practice's policy to take up references and in these two instances no references had been obtained.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.

- There was an effective system to manage infection prevention and control in most instances. However the practice had a risk assessment of the risk of legionella carried out by an external company in 2015. The report indicated that there is a risk of legionella however there was no risk mitigation in place.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

Are services safe?

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- There was a system for receiving and acting on safety alerts. Whilst in discussion with staff we found the practice acted on patient and medicine safety alerts the records did not easily demonstrate that the practice reviewed actions taken as a result of alerts. For example, the practice did not keep a central log of events to confirm actions taken and ensure appropriate responses.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as requires improvement for providing effective services overall and across all population groups.

The practice was rated as requires improvement for providing effective services because:

The practice did not routinely review the effectiveness and appropriateness of the care it provided as part of quality improvement initiatives.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated as requires improvement. There were, however, examples of good practice. For example:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Each patient over 75 had a named accountable GP.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice made use of a frailty risk tool known as e-frailty; frail patients over 65 years of age were identified. We noted that forty patients with severe

frailty had been identified and these patients were being visited by the lead GP at home to have their mobility and falls history assessed as well as their medication reviewed.

- A fracture liaison nurse visited the practice once a month to review and identify patients with osteoporosis.

People with long-term conditions:

This population group was rated as requires improvement. There were, however, examples of good practice. For example:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

This population group was rated as requires improvement. There were, however, examples of good practice. For example:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- Babies were seen at a 6-8 week check in dedicated clinics with a GP and healthcare assistant. These appointments were outside school hours.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Working age people (including those recently retired and students):

This population group was rated as requires improvement. There were, however, examples of good practice. For example:

- The practice's uptake for cervical screening was 91%, which was above the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Telephone appointments were available.
- Same day urgent advice via telephone from the duty GP for those who could not get to the practice was available.
- Online prescription requests and appointments were available

People whose circumstances make them vulnerable:

This population group was rated as requires improvement. There were, however, examples of good practice. For example:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- In 2016-2017 39 patients out of 42 (93%) on the practice's learning disability register were seen for an annual check.

People experiencing poor mental health (including people with dementia):

This population group was rated as requires improvement. There were, however, examples of good practice. For example:

- 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the CCG average of 85% and the national average of 84%.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the CCG average of 88% and the national average of 89%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 95%, comparable to the CCG and national average of 89%.

Monitoring care and treatment

The practice had undertaken a limited amount of quality improvement activities to review the effectiveness and appropriateness of the care provided. For example we found that the clinical audits conducted since our last inspection were restricted to cytology and a review of smears undertaken. No single or full cycle audits were evident.

The most recent published Quality Outcome Framework (QOF) results were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The overall exception reporting rate was 5.4% compared with a national average of 5.7%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- Data available at the time of the inspection indicated that the exception rate was higher for the cancer clinical domain at 40.4% compared to the CCG average exception rate of 31.9% and the national average exception rate of 25%. The practice provided additional information following the inspection to demonstrate for that period (01/04/2015 to 31/03/2016) appropriate exceptions had been made. The current verified data for 01/04/2016 to 31/03/2017 demonstrated a reduced exception rate of 24.1% lower than the CCG average of 31.9% and comparable to the national average of 25%.
- The exception rate for cervical screening was 16.5%, higher than the CCG average of 8.4% and national average of 6.5%. The practice provided further data to demonstrate that appropriate steps had been taken to recall patients before exception reporting them.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

Are services effective?

(for example, treatment is effective)

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- In October 2017 the practice had initiated training for administration and reception staff to by an external facilitator with a view to improving communication with patients on the telephone and face to face.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring although all population groups are rated as requires improvement as the practice was given this rating for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including all population groups. There were, however, examples of good practice.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the six patient Care Quality Commission comment cards we received were positive about the service experienced. We spoke with five patients during our inspection. The responses were mixed, all told us that they are happy with their current care and treatment however two patients told us that they have had poor experiences of reception staff and GP consultations in the past.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 265 surveys were sent out and 114 were returned. This represented about 1% of the practice population. The practice was lower than average for its satisfaction scores in some aspects and in line for others on consultations with GPs and nurses. For example:

- 77% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 87%.
- 89% of patients who responded said they had confidence and trust in the last GP they saw which is comparable to the CCG average of 93% and the national average of 95%.

- 62% of patients who responded said the last GP they spoke to was good at treating them with care and concern which was lower than the CCG average of 78%; national average - 85%.
- 90% of patients who responded said the nurse was good at listening to them comparable to the CCG average of 90% and the national average of 91%.
- 92% of patients who responded said the nurse gave them enough time which is comparable to the CCG average of 90% and the national average of 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw which was comparable to the CCG and national average of 97%.
- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern which was comparable to the CCG average of 89% and the national average of 90%.
- 71% of patients who responded said they found the receptionists at the practice helpful which is lower than the CCG average of 81% and the national average of 87%.

The practice was aware of the results of the patient survey and feedback on attitudes of some staff. They undertook an in-house patient survey in June and July 2017. The practice sent out 700 questionnaires and received 241 responses. The results showed that 74% of respondents rated their GP as good or excellent, 10% of respondents rated their GP as satisfactory.

The practice partners recognised that there had been historical issues and number of changes had taken place in the staffing within the practice leading up to the survey period.

As result of this the practice had implemented a training programme for staff to improve the communication between staff and patients and improve experiences. This had commenced in October 2017 and it was too early to evaluate the impact of this training. However we did receive feedback on comment cards that told us two patients had noted a marked improvement in their experiences with reception staff.

Involvement in decisions about care and treatment

Are services caring?

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and assessable information materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 211 patients as carers (2% of the practice list). A member of staff is responsible for ensuring carers are coded and signposted to the carers' advisor who visits the practice weekly.

Staff told us that if families had experienced 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.

Results from the national GP patient survey showed patients had concerns about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages for GPs and in line with local and national averages for nurses :

- 68% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 80% and the national average of 86%.
- 58% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 75% and the national average of 72%.
- 84% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 90%.
- 79% of patients who responded said the last nurse they saw was good at involving them in decisions about their care, comparable to the CCG average of 83% and the national average of 85%.

The practice in-house patient survey (July 2017) showed that 71% of respondents rated their GP as good or excellent at explaining tests, 15% of respondents rated their GP as satisfactory for this question. The same survey showed that 69% of respondents rated their GP as good or excellent for involving them in decisions, 13% of respondents rated their GP as satisfactory for this question.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice as good for providing responsive services although all population groups are rated as requires improvement as the practice was given this rating for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including all population groups. There were, however, examples of good practice.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, GPs and nurses made home visits to patients who were frail and had a learning disability.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. The practice's palliative care lead GP had monthly meetings with the palliative care team.

Older people:

This population group was rated good for providing responsive services but requires improvement overall due to the rating for providing safe and effective services. There were, however, examples of good practice. For example:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent

appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

This population group was rated good for providing responsive services but requires improvement overall due to the rating for providing safe and effective services. There were, however, examples of good practice. For example:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local proactive care team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

This population group was rated good for providing responsive services but requires improvement overall due to the rating for providing safe and effective services. There were, however, examples of good practice. For example:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

This population group was rated good for providing responsive services but requires improvement overall due to the rating for providing safe and effective services. There were, however, examples of good practice. For example:

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours appointments were offered on Tuesday evenings and alternative Saturday morning.

Are services responsive to people's needs?

(for example, to feedback?)

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

This population group was rated good for providing responsive services but requires improvement overall due to the rating for providing safe and effective services. There were, however, examples of good practice. For example:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

People experiencing poor mental health (including people with dementia):

This population group was rated good for providing responsive services but requires improvement overall due to the rating for providing safe and effective services. There were, however, examples of good practice. For example:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The Practice has a mental health register of all patients diagnosed with serious mental health illnesses like schizophrenia, bipolar and psychotic illnesses. These patients are reviewed annually in a 20 minute face to face appointment with a GP. We noted that 94% have a comprehensive care plan completed.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 265 surveys were sent out and 114 were returned. This represented about 1% of the practice population

- 71% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 80%.
- 63% of patients who responded said they could get through easily to the practice by phone, compared to the CCG average of 57% and the national average of 70%.
- 72% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment, comparable to the CCG average of 67% and the national average of 75%.
- 73% of patients who responded said their last appointment was convenient, comparable to the CCG of 75% but lower than the national average of 81%.
- 52% of patients who responded described their experience of making an appointment as good compared to the CCG average of 60% and the national average of 73%.
- 50% of patients who responded said they don't normally have to wait too long to be seen compared to the CCG average of 54% and the national average of 58%.

The practice in-house patient survey (July 2017) showed that 31% of respondents said getting through on the phone as good or excellent, 33% of respondents rated their experience as satisfactory for this question however 30% rate their experience as poor.

The practice acknowledged the difficulties experienced by patients and had recruited additional staff since our last inspection, implemented electronic prescribing and made changes to their telephone system. The results of the survey and action plan were to be discussed with the PPG at a meeting scheduled to take place at the end of November 2017.

The practice was part of the 'Crawley Hub' a CCG initiative to offer extended hours appointments to patients. A small group of GP practices are sharing resources to improve responses to the demand for appointments offering some flexibility to patients. This project is in a trial phase.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Thirty seven complaints were received in the last year. We reviewed five complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, following complaints from patients about their experiences when speaking to reception staff the practice engaged an external organisation to provide training to the team.

Are services well-led?

Good 

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

Our findings

We rated the practice good for providing a well-led service although all population groups are rated as requires improvement as the practice was given this rating for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including all population groups. There were, however, examples of good practice.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.

- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

Are services well-led?

Good 

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

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. However there had been limited action to mitigate the risk of legionella following a comprehensive risk assessment.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints. However the overall recording of actions taken in response to MHRA alerts was not held in a central location to demonstrate oversight.
- The practice could not demonstrate that clinical audit had a positive impact on quality of care and outcomes for patients due to the lack of audits since our last inspection.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.

- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice conducted their own patient and stakeholder survey and acted on the results.
- There was an active patient participation group. They were supportive of the practice and assisted with the patient survey. The members of the PPG spoke positively about the engagement with the practice. They produced a quarterly newsletter for patients.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had not ensured appropriate steps had been taken to mitigate the risk of Legionella.

This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had not ensured a programme of quality improvement such as a regular programme of clinical audit to review clinical intervention against national and local guidelines and established best practice.

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider had not ensured that all recruitment information required by regulation was in place prior to the appointment of staff.

This was in breach of regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.