

# Collington Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at 17 November 2015 on Collington Surgery. 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.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a strong focus on continuous learning and improvement at all levels within the practice. The practice was a training practice for GP registrars and was also involved in the training of medical and nursing undergraduates.
- The oxygen cylinder was out of date and contained only 140 litres of oxygen and therefore may not be fit for purpose in an emergency.

# Summary of findings

- Reception and administration staff had not been risk assessed as to whether their roles required them to be DBS checked.
- Not all recruitment files contained evidence that all the necessary employment checks for staff had been carried out.
- Risks to patients and staff were not always assessed and well managed
- Staff had generally received training appropriate to their roles and any further training needs had been identified and planned. However, some reception and administrative staff had not received training in the safeguarding of children.

The areas where the provider must make improvement are:

- Ensure the introduction of a robust system of regular recorded emergency equipment checks.
- Ensure child safeguarding training is completed for all reception and administration staff to the appropriate level in terms of role and risk to patients
- Ensure recruitment arrangements include all necessary employment checks for all staff and that these are recorded in the staff files.

- Ensure that risk assessments for all staff are carried out to assess whether they require DBS checks. Staff needing DBS checks should receive the appropriate checks to the right level.
- Ensure risk assessment and monitoring processes effectively identify, assess and manage risks relating to the health, safety and welfare of patients and staff. Specifically the practice must carry out a Legionella risk assessment.

In addition the provider should:

- Ensure that if mercury containing instruments are to be retained on the premises then a suitable mercury spillage kit should be available.
- Review exception reporting rates to assess ways of reducing exception numbers.
- Complete the second cycle of the audit on the use of bone-sparing agents.
- Ensure that all induction training is recorded, signed and stored in staff files.
- Ensure that the practice accesses and analyses patient feedback via the virtual Patient Participation Group (PPG)

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services

**Requires improvement**



- Risks to patients and staff were not always assessed and well managed. For example the practice had not undertaken a risk assessment for Legionella. The practice had also not risk assessed whether reception staff required DBS checks. There was also no mercury spillage kit available although there was a mercury containing sphygmomanometer on the premises.
- The practice had arrangements in place to respond to emergencies and major incidents. However we found that the oxygen cylinder contained only 140 litres of oxygen (between 9 and 10 minutes flow at 15 litres per minute) and had exceeded its expiry date (05 January 2015). The defibrillator pads had also just exceeded their expiry date.
- Not all staff files contained photo identification.
- There was a robust and 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 there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined systems, processes and practices in place to keep people safe and safeguarded from abuse. However not all the reception and administration staff had completed training in safeguarding children.
- The practice maintained appropriate standards of cleanliness and hygiene and carried out annual infection control audits which they acted on.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data showed patient outcomes were average for the locality.
- 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.

# Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- We saw a comprehensive consent policy and found that staff sought patients' consent to care and treatment in line with legislation and guidance.
- The practice identified patients who may be in need of extra support.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice highly for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patients told us that they felt involved in decision making about the care and treatment they received.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had an effective system in place for handling complaints and concern.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led.

Good



# Summary of findings

- It 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 this.
- 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.
- 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 knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.
- The partners were involved in the training of postgraduate doctors and undergraduate medical students and the senior nurses helped train undergraduate nursing students.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. The practice had an above national average percentage of patients in care homes and offered proactive, personalised care to meet the needs of the older people in its population. Elderly patients with complex needs were identified and flagged on the computer records. Any elderly patients with such additional needs would be discussed at the monthly MDT (multi-disciplinary team meetings) and their personalised care plans would be shared to facilitate continuity of care. We saw minutes of one such meeting and saw extensive and appropriate details of the care of the six patients discussed in the meeting. The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice were involved in a recent Clinical Commissioning Group (CCG) initiative to produce concise care plans for those older patients with complex needs, which also contained their personal wishes.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Written and computer registers were kept of patients with long term conditions and they were offered a structured annual review. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Patients were given longer appointments and home visits were available when needed. All of these patients had a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care. We saw evidence that unplanned admissions in to hospital were discussed at monthly clinical meetings.

Good



### 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. Any children suspected of being at risk were flagged up on the computer records. Immunisation rates were relatively high for all standard childhood immunisations and generally just above local CCG averages. Patients told us that

Good



# Summary of findings

children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies.

## **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. For example, the practice offered Saturday morning booked surgeries for those that could not access the practice during the working week. All patients would be offered a telephone consultation on the same day that they rung in. 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. These included well woman and well man clinics, smoking cessation clinics, healthy weight clinics and travel clinics. Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years which included lifestyle checks, blood pressure checks and urine testing.

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. The practice flagged on its records patients living in vulnerable circumstances including those with a learning disability. It offered longer appointments for people with a learning disability and regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations, for example there was a drug and alcohol recovery service nearby that the practice could refer patients to. There is also a referral service for patients with low grade anxiety and depression, with access to counsellors on the surgery premises. 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.

Good



## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good





# Summary of findings

Data showed that 88.7% of people (net of exceptions) diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was 6.9% above the CCG average and 4.7% above the England average. It was also shown that 96.7% of patients (net of exceptions) with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This was 3.9% above the CCG average and 8.4% above the England average. All dementia and mental health reviews were done at the patient's home and all patients with these issues were flagged up in the computer records.

As part of a local initiative, we saw that two of the GPs had recently completed post graduate certificates in dementia awareness. This meant that they joined a team that ran memory assessment clinics in the area. These were referral centres for GPs who suspected that a patient may be suffering from dementia. The surgery held three memory clinics a month to aid in the early diagnosis of dementia which has been shown to be of benefit to patients. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with a diagnosis of dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The GPs also look after the care of patients at several mental health facilities. GPs reviewed any cases where patients on mental health medicines had failed to pick up their prescriptions on a monthly basis. Local pharmacists also alerted them to any patients that had not picked up their prescriptions. Staff had a good understanding of how to support people with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 02 July 2015. The results showed the practice was performing generally in line with local and national averages. 263 survey forms were distributed and 118 were returned.

- 79.5% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 77.1% and a national average of 73.3%.
- 88.1% of patients found the receptionists at this surgery helpful (CCG average 89.4%, national average 86.8%).
- 89.4% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89.6%, national average 85.2%).
- 91.4% of patients said the last appointment they got was convenient (CCG average 94%, national average 91.8%).

- 78.3% of patients described their experience of making an appointment as good (CCG average 80.3%, national average 73.3%).
- 78.7% of patients usually waited 15 minutes or less after their appointment time to be seen (CCG average 66%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. Staff were described as polite, caring, respectful, helpful and professional and the service was described as good, very good and excellent.

We spoke with five patients during the inspection. All five patients said that they were happy with the care they received and thought that staff were kind, helpful, approachable, committed and caring.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure the introduction of a robust system of regular recorded emergency equipment checks.
- Ensure child safeguarding training is completed for all reception and administration staff to the appropriate level in terms of role and risk to patients
- Ensure recruitment arrangements include all necessary employment checks for all staff and that these are recorded in the staff files.
- Ensure that risk assessments for all staff are carried out to assess whether they require DBS checks. Staff needing DBS checks should receive the appropriate checks to the right level.
- Ensure risk assessment and monitoring processes effectively identify, assess and manage risks relating to the health, safety and welfare of patients and staff. Specifically the practice must carry out a Legionella risk assessment.

### Action the service **SHOULD** take to improve

- Ensure that if mercury containing instruments are to be retained on the premises then a suitable mercury spillage kit should be available.
- Review exception reporting rates to assess ways of reducing exception numbers.
- Complete the second cycle of the audit on the use of bone-sparing agents.
- Ensure that all induction training is recorded, signed and stored in staff files.
- Ensure that the practice accesses and analyses patient feedback via the virtual Patient Participation Group (PPG)

# Collington Surgery

## 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 advisor, a second CQC inspector and a practice manager specialist advisor.

## Background to Collington Surgery

Collington Surgery offers personal medical services to the people of Bexhill On Sea. There are approximately 5000 registered patients. Collington Surgery has branch surgeries at Ninfield (approximately 2000 registered patients) and at Windmill Hill. Staff can work across any of the three surgeries. Quality Outcome Framework (QOF) data for Collington Surgery also includes patients registered at the Ninfield Surgery. The Ninfield Surgery will be inspected on a separate occasion and this will generate a separate report.

The Collington Surgery is run by three partner GPs (male). The practice is also supported by one salaried GP (female) who was on maternity leave at the time of the inspection. Her work was covered by a locum GP (female). They were also supported by six practice nurses, two health care assistants, and a team of receptionists, administrative staff, a finance manager and a practice manager.

The practice is a training practice for GP registrars (qualified doctors who are undergoing further specialist GP training) and medical and nursing students from Brighton and Sussex Medical School.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, well women and well man clinics, diabetes clinics, new patient checks and travel health clinics. The practice also carries out minor surgical procedures on the premises.

Services are provided at:

23 Terminus Road, Bexhill On Sea, East Sussex, TN39 3LR

Opening hours are Monday to Friday 8am to 6pm. There is extended opening on Saturday mornings from 8.30am to 11.30am, which is for pre-bookable appointments only.

The practice has opted out of providing Out of Hours services to their patients. When the practice is closed patients are advised to access the 111 service.

The practice population has higher number of patients between 55 and 85+ than the national average. There is also a lower than average number of patients aged 44 or less. There is a higher than average number of patients with a long standing health condition and slightly higher than average number of patients with caring responsibility or who have health related problems in daily life. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than average for England.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

# Detailed findings

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. The practice had not been inspected before and that is why we included them.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 November 2015. During our visit we spoke with a range of staff including GPs, practice nurses, a health care assistant (HCA), administration and reception staff and the practice manager.

We observed staff and patient interaction and talked with five patients. We looked at policies, procedures and operational records such as risk assessments and audits. We reviewed 26 comment cards completed by patients who shared their views and experiences of the service in the two weeks prior to the visit. We also spoke to a member of the patient participation group (PPG).

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a robust and 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 also a recording form available on the practice's computer system. Any significant events were discussed and thoroughly analysed at the monthly practice meeting. An administrator collating significant events attended the meetings. Strategies would be changed with the agreement of those present if that was thought to be the appropriate response. Any learning points were passed on to staff verbally and then by personal email and at staff meetings.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example a patient had been having treatment for an apparent minor illness for some time via telephone consultations. A subsequent consultation suggested that the symptoms were due to a different diagnosis and it was felt that the diagnosis may have been made earlier if a face to face consultation had taken place. It was agreed that in future consideration should be given to arranging a face to face consultation should a condition persist after three telephone consultations.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and give a clear, accurate and current picture of safety.

### Overview of safety systems and processes

The practice had clearly defined systems, processes and practices in place to keep people safe and safeguarded from abuse. Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs would attend safeguarding meetings when required and would provide reports where appropriate for other agencies. Clinical staff demonstrated that they understood their responsibilities and all had

received training relevant to their role. GPs, nurses and HCAs were trained to child safeguarding level 3 and had been trained in the safeguarding of vulnerable adults. Reception and administration staff demonstrated an understanding of child safeguarding responsibilities and knew who to report concerns to, but had not received any formal child safeguarding training although they had all completed online training in the safeguarding of vulnerable adults. The practice manager did state that child safeguarding training had been identified as a priority for these staff members, but a date had not yet been fixed for all to have completed training.

A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role. Clinical staff received a disclosure and barring check (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). However the three non-clinical staff that were trained and acted as chaperones had not received a DBS check. Additionally none of the reception staff had been risk assessed as to whether their specific role required them to be DBS checked. We noted however that by the end of the inspection the practice manager had contacted a specialist organisation with a view to having all staff DBS checked to the appropriate level.

We reviewed four personnel files and found that although some recruitment checks had been carried out, they were not always complete. For example, two files did not contain photo ID and one file did not contain interview notes.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The senior 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. We noted that infection control was regularly revisited at staff meetings. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out

## Are services safe?

regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored in a locked safe and the serial numbers kept by the practice manager Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system whereby health care assistants could administer vaccines to patients named on a specific list signed by a GP.

### Monitoring risks to patients

Risks to patients were not always 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. The practice had up to date fire risk assessments and carried out weekly checks of the emergency lighting and the alarm system. We saw evidence that fire evacuation procedures were regularly discussed at practice meetings. The last fire drill had taken place about a year previously. 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 also had risk assessments in place to monitor safety such as control of substances hazardous to health and infection control. There was not however, a formal legionella risk assessment in place. The practice occasionally used a mercury containing sphygmomanometer (for taking blood pressures manually). Mercury is a hazardous material contained in a glass tube in this instrument. However they did not have a mercury spillage kit available to remove the mercury should a spillage occur.

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 that enough staff was on duty. The practice were also about to trial a new Holiday Buddy Scheme to ensure that cover was adequate during the school holidays.

### Arrangements to deal with emergencies and major incidents

The practice had 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. The practice had a defibrillator, nebuliser and oxygen with adult and children's masks. However the defibrillator pads were just out of date and the oxygen was out of date (expiry date 05 January 2015) and had about 150 litres left (about 10 minutes supply). We saw evidence that the oxygen had been checked regularly, but the staff member who checked the equipment was unaware that there was an expiry date on oxygen or how much should be in the bottle to be adequate to respond to an emergency. There was a first aid kit and accident book available. Emergency medicines were easily accessible to staff and all staff knew of their location. All medicines were in date and fit for use.

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



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 95.5% of the total number of points available, with 11.4% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was comparable to the Clinical Commissioning Group (CCG) and national average at 88.4%
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the CCG and national average at 100%
- Performance for mental health related indicators was comparable to the CCG average and better than the national average at 100%

The previous year's figures had highlighted that the percentage of patients aged 75 or over with a record of a fragility fracture on or after 1 April 2014 and a diagnosis of osteoporosis, who are currently treated with an appropriate bone-sparing agent was far lower than the CCG or national average. Investigation into the figures revealed that fragility fractures weren't being coded correctly and that all fractures were included in the figures. An audit has been commenced but not yet completed, however this year's QOF figures have shown an improvement.

Clinical audits demonstrated quality improvement.

- We saw evidence of three clinical audits completed in the last two years, one of these were completed audits where the improvements made were implemented and monitored The other two had completed first cycles and had dates arranged for re-auditing.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a recent audit entailed reviewing the taking of medical samples produced results that led to the practice reviewing and improving systems for checking on the quality of the samples taken.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff described the induction process to us and it clearly had been followed, however the recording of the process was not always completed.

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, administering vaccines and taking samples for the cervical screening programme. The learning needs of staff were identified through a system of appraisals, meetings and reviews. For example we saw that the nursing staff and HCAs had one to one appraisals with the lead nurse, who had been trained as a mentor, annually every February or March. Strengths and weaknesses were discussed and training needs identified. Positive contributions by the staff member were highlighted. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. Staff received training that included, fire procedures, basic life support and information governance awareness. Clinical staff had received appropriate training in safeguarding vulnerable adults and children. Reception staff had received training in the safeguarding of vulnerable

# Are services effective?

## (for example, treatment is effective)

adults, and had training planned for the safeguarding of children, but it had not been completed at the time of the inspection. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets and advice leaflets from various support agencies were also available. The practice shared relevant information with other services in a timely way, for example when referring people to other services. The practice was involved in a CCG initiative to fast track discharge summaries from hospital and enter them on the computer system as soon as they were discharged from hospital. One of the GPs served on the local federation board and another was the (Information technology) IT lead for the local CCG.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. These meetings were used to discuss patients with complex needs. We saw that records of these meetings were extensive and appropriate.

We saw evidence that any unplanned admissions were flagged and recorded and discussed at monthly clinical meetings.

### Consent to care and treatment

We saw a comprehensive consent policy and found that staff sought patients' consent to care and treatment in line

with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. We saw consent forms for minor procedures that had been signed and retained in patient's notes.

### Health promotion and prevention

The practice identified patients who may be in need of extra support. In particular this included patients with complex needs and chronic disease, those with mental health problems including dementia, carers, the recently bereaved, those patients in the last 12 months of their lives and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 95%, which was comparable to the CCG average of 98.9% and the national average of 97.6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for abdominal aortic aneurysm, bowel and breast cancer screening.

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 92.6% to 100% and five year olds from 91.8% to 96.7%. Flu vaccination rates for the over 65s were 74.24%, and at risk groups 48.33%. These were also comparable to national averages.

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



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

We saw that curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments and that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff were aware that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The waiting room was situated away from the reception desk so that patient's discussions with reception staff could not be overheard.

Of the 26 patient CQC comment cards we received, 25 were positive about the service experienced. Patients felt that they were treated with dignity and respect. Staff were described as caring, polite and helpful, appointments tended to be on time and communications were good. Clinical staff were described as good, very good or excellent. The one comment card that we received that was not positive about the practice, felt that more face to face consultations should be booked rather than telephone consultations, especially with respect to children.

We also spoke with one member of the patient participation group. They also told us they were very satisfied with the care provided by the practice and said that the appointments system worked well. Comment cards highlighted that staff responded compassionately and were very helpful. Staff were considered to be supportive when required and listened to concerns.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was marginally lower than the Clinical Commissioning Group and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 85.4% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 87.3% and national average of 88.6%.

- 83.6% of patients said the GP gave them enough time (CCG average 85.4%, national average 86.6%).
- 94.8% of patients said they had confidence and trust in the last GP they saw (CCG average 93.7%, national average 95.2%)
- 81.7% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 83.3%, national average 85.1%).
- 88.7% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.7%, national average 90.4%).
- 88.1 % of patients said they found the receptionists at the practice helpful (CCG average 89.4%, national average 86.8%)

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

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

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:

- 87.8% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85.4% and national average of 86%.
- 81.8% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 81.8%, national average 81.4%)

Staff told us that they had access to translation services for patients who did not have English as a first language.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

## Are services caring?

Patients were encouraged to inform the practice if they were carers and the practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. There were several local carer support groups who the practice could refer carers to.

Staff told us that if families had suffered bereavement, then all relatives were sent a card then a card expressing condolences from the practice. As well as direct support from the practice if required, bereaved patients were signposted towards various local bereavement services for additional support.

# 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 offered a Saturday morning surgery three weeks in four with bookable appointments only for patients who could not attend during normal opening hours. On the fourth Saturday patients could access services at their branch surgery Ninfield Surgery. The opening hours on a Saturday were 8.30am to 11.30am.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients or patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions after telephone triage by a GP.
- There were facilities for people with a disability, there was also a hearing loop and access to a translation services for those patients who needed them.
- The practice were intending to install automatic sliding doors to improve access and also a third telephone line although there were no firm plans in place at the time of the inspection. This decision was taken following consideration of patient and staff feedback.
- Two of the GPs had undergone a one year course in dementia care. They ran regular memory clinics to attempt to improve the incidence of early diagnosis.

### Access to the service

The practice was open between 8am and 6pm Monday to Friday and closed for lunch between 1pm and 2pm.

The practice ran a Doctor First Service. In this system, the patient phoned the practice and the receptionist arranged for the doctor to phone the patient back at an allotted time. When the doctor phoned back a short consultation took place and a decision was made between the doctor and patient as to the best way to manage the issue. If it was felt that a face to face appointment was necessary, then an appointment would be made on the day or if less urgent booked for another day. Patients with long term conditions

could make an appointment in the same way. Patients with for example hearing or other difficulties that would make a telephone consultation difficult could book a face to face appointment with the receptionist.

Extended hours surgeries were offered three Saturdays out of four between the hours of 08.30am and 11.30am on the fourth Saturday of the month appointments were available at their branch surgery Ninfield Surgery.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 63.4% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 77% and national average of 74.9%.
- 79.5% patients said they could get through easily to the surgery by phone (CCG average 77.1%, national average 73.3%).
- 78.3% patients described their experience of making an appointment as good (CCG average 80.3%, national average 73.3%).
- 78.7% patients said they usually waited 15 minutes or less after their appointment time (CCG average 66%, national average 64.8%).

The PPG carried out a random survey of 50 patients, 47 of who replied in which about 90% of patients were either satisfied or very satisfied with the practice's opening hours. This was being monitored by the practice via patient feedback.

### 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. All complaints were logged and kept in a register. They were investigated, considered and responded to in a timely manner and where appropriate lessons learnt and fed back to the staff. We saw that information was available to help patients understand the complaints system. Posters were clearly displayed in the waiting room and throughout the practice explaining how to complain.

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

We looked at nine complaints received during the last 12 months and found that all of these were satisfactorily handled, and dealt with in a timely way. There was an openness and transparency exhibited when dealing with complaints. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a complaint was received

following a home visit that the prescription was not ready for collection from the practice after the visit. The issue was investigated by the practice manager and a letter of explanation sent. All staff were reminded that any follow up prescriptions or documents must be issued swiftly upon the doctor returning from home visits so that they would be available for collection during the afternoon surgery.

# 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 clear plans for the next twelve months that were in line with their vision and values.

### 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 and also clearly understood their own limits. There were practice specific policies implemented and were accessible to all staff. There was a comprehensive understanding of the performance of the practice and systems in place to monitor performance. Clinical and internal audit was used to monitor quality and to make improvements.

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that there was an open door culture within the practice. They were very approachable and always take the time to listen to all members of staff.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology. All significant events were well documented, discussed by appropriate staff at meetings and any lessons learnt imparted to staff.

There was a clear leadership structure in place and staff felt supported by management. Staff told us that the practice

held regular team meetings and we saw well documented minutes of the meetings. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners and practice manager. 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. One of the partners specifically made this point in our interview with him.

### 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. It did this through surveys and complaints received. There was an active Patient Participation Group (PPG) which had been meeting on a regular basis, but had recently suffered a decrease in membership. The practice had a member of staff who was the liaison with the PPG and significant efforts in the form of a poster and an email campaign were made to raise the profile of the PPG and encourage membership. Members of the PPG also attended a flu vaccination clinic to raise awareness of the PPG. Despite this, due to dwindling numbers, when we inspected the PPG were in the process of converting to a virtual PPG with occasional face to face meetings. There was a separate PPG noticeboard in the waiting room with the results of a separate patient survey that the practice had commissioned and also a suggestions box.

The practice had also gathered feedback from staff through face to face discussions and staff meetings. 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.

Following staff and patient feedback and general discussions within the practice team there are plans underway to install automatic sliding entrance doors to improve access and a third telephone line.

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

# Are services well-led?

Good 

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

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area such as an initiative for patients over 75 with complex needs. This involves formulating a simpler bullet point care plan that is held by the nursing home and also includes personal wishes. One of the partners was an IT lead at the local CCG and a governing body member and another was on the local federation board that looked at over 65's needs, health inequality and end of life care. The practice was a

training practice for GP registrars and also helped train medical students and nursing students. We saw evidence of positive feedback from students to their experiences training at the practice. The practice was innovative in particular in relation to IT. It had introduced DXS software which gave clinicians amongst other things instant access to local and national evidence based care pathways and access to prescribing advice. The practice was the first in the area to become paper light.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered person did not ensure that the equipment used by the service provider for providing care or treatment to a service user was safe for such use and was used in a safe way and also that where equipment or medicines were supplied by the service provider, they did not ensure that there were sufficient quantities of these to ensure the safety of service users and to meet their needs. Specifically the oxygen cylinder had exceeded its expiry date and there was not enough oxygen available to ensure the safety of service users and to meet their needs.</p> <p>This was in breach of regulation 12(1) (2) (a) (b) (e) (f) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>We found that the registered person did not have suitable arrangements in place to prevent abuse of service users by means of providing appropriate training for staff.</p> <p>This was a breach of regulation 13(1) (2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

## Requirement notices

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

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found that the registered person had not always assessed, monitored and mitigated the risks relating to the health safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

This was a breach of regulation 17(1) (2) (b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

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

### Regulation

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

We found that the registered person did not always access and record all the Information Required in Respect of Persons Employed or Appointed for the Purposes of a Regulated Activity.

This was a breach of Regulation 19 3(a) schedule 3 (1) (2) (7) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.