

Selden Medical Centre

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 Selden Medical Practice on 01 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. Most staff had received training in the safeguarding of children and adults to an appropriate level. However some members of administrative staff had not received any training in the safeguarding of children and one of those had not received training in the safeguarding of vulnerable adults.
 - Recruitment checks were robust and well recorded.

- All clinical staff, staff that were trained as chaperones and recently employed staff had had a disclosure and barring service (DBS) check. However not all non-clinical staff had been risk assessed as to whether their role required them to have a DBS check.
- 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. However four members of clinical staff had not received training in the Mental Capacity Act 2005.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on where appropriate.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Some patients who left comment cards said that they found it hard to get through on the telephone and make an appointment with a named GP and that it was difficult to book in advance. Patients also commented that they often had to wait longer than 15 minutes after their appointment time.

The areas where the provider must make improvements are:

- To ensure that all staff receive training appropriate to their roles specifically in relation to the safeguarding of children and vulnerable adults and the Mental Capacity Act 2005.

The areas where the provider should make improvement are:

- Ensure that all staff roles are risk assessed as to whether they require a DBS check.
- To analyse, discuss and action ways to improve patient access to appointments and in particular increase the number and ease of access of pre-bookable appointments.

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 requiring improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. However some members of the administrative staff had not received training in the safeguarding of children and vulnerable adults.
- Some clinical staff hadn't received training in the Mental Capacity Act.
- Risks to patients were assessed and well managed.
- All clinical staff, staff who were trained as chaperones and new staff employed after February 2015 had all had a criminal record check with the disclosure and barring service (DBS) checked. However non clinical staff employed before February 2015 who were not trained as chaperones, had not been risk assessed as to whether their roles required them to be DBS checked.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes mostly at or above 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.
- 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.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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.
- Some patients and members of the patient participation group (PPG) commented that they didn't often find it easy to make an appointment with a named GP or book an appointment in advance.
- The practice had recently recruited an experienced member of nursing staff and a new health care assistant.
- Urgent appointments were available on 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.

Good



Are services well-led?

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

- It had a clear aim to deliver high quality care and promote good outcomes for patients. Staff were clear about the aims 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 business meetings where governance issues would be discussed.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which where possible, it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A register was held of housebound patients and used to arrange flu vaccination visits, domiciliary phlebotomy, district nurse visits or GP house calls.
- Meetings were held with the proactive care team (a team consisting of representatives of community health and care agencies) every two weeks to plan care for patients at risk of unplanned hospital admission and having complex needs.
- There was good communication and links with the community matron.
- Confirmation of appointments would be sent in the post if booked over the phone, or a phone call would be made on the day of the appointment as a reminder.
- The practice held a carers register and one of the staff members was responsible for carer liaison.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less is 90% (CCG average 79.5%, national average 78%)
- The percentage of patients with diabetes on the register who have had influenza immunisation in the preceding 12 months (01/01/14 to 31/03/15) was 94.41% (CCG average 96.3%, national average 94.45%)
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- All 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 GP team worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- There were named diabetic and respiratory nurses.
- The hospital liaison diabetic nurse held joint clinics with the diabetic nurse monthly.

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 (accident and emergency) attendances. Immunisation rates were comparable to the national averages for all standard childhood immunisations. For example immunisation rates for two year olds and under were 88.4% - 97% (national average 92.8% - 97%)
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 82.15% (national average 81.83%)
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The health visitor regularly notified the practice of new families with under 5's and there was a health visitor liaison link.
- Specific appointments available for post-natal and six week baby checks and these were organised by a named member of staff for liaison.
- The liaison member of staff followed up immunisation non-attenders.
- Receptionists offered appointments together if more than one person wished to be seen in the family.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Prescriptions could be ordered and appointments booked via a mobile phone app.
- Early morning and evening appointments were available.
- NHS health checks were available
- Weekend appointments for cervical screening and other health screening were available via the clinical commissioning group's minor injury assessment and minor illness (MIAMI) clinics on site.

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 held a register of patients' with learning disabilities.
- It looked after the health needs of patients at a local homeless project, a hostel for people recently discharged from prison and a residence for young adults with physical disability to help them learn to live in the community.
- Annual health checks and reviews were held for patients with learning disabilities and those with poor mental health.
- It offered longer appointments for people with a learning disability.
- There was an alert system on the practice computers to flag up vulnerable patients.
- The practice 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.
- Patients were asked if they had a carer and with their permission would make sure that the carer had all the information they needed to contact outside agencies. Carers were made aware that they could contact the practice for information that may help with the patient's care.

Good



Summary of findings

- The member of staff that summarised the notes of new patients would highlight the patient to a named GP. They would identify any patient joining the practice that had a complex history, was thought to be vulnerable or was in care, on the practice computer system.
- Staff who had been trained, knew how to recognise signs of abuse in vulnerable adults and children. They 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.
- Receptionists were aware that if patients arrived for an appointment early they should alert their GP so they didn't have to wait too long to be seen.

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).

- 83% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last twelve months (national average 88.5%)
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in their record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 91.6% (national average 88.5%)
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia. Staff had attended a dementia friends course.
- There was dementia signage on doors in the practice.
- Patients with poor mental health had annual mental health reviews carried out.
- The practice had links with the named liaison practitioner with the local mental health provider who attended meetings at the practice

Good



Summary of findings

- There was a trained GP Lead for 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 just below local and national averages for being able to get an appointment to see or speak to someone the last time they tried. The practice was also performing just below local and national averages as to whether the last appointment they got was convenient. They were also performing below local and national averages for finding it easy to get through to the surgery by phone, describing their last experience of making appointments as good and usually waiting 15 minutes or less after their appointment time. 294 survey forms were distributed and 107 were returned.

- 49% found it easy to get through to this surgery by phone compared to a CCG average of 72.9% and a national average of 73.3%.
- 80.2% found the receptionists at this surgery helpful (CCG average 87.1%, national average 86.8%).
- 83.5% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87.3%, national average 85.2%).
- 89.5% said the last appointment they got was convenient (CCG average 92.4%, national average 91.8%).

- 53.7% described their experience of making an appointment as good (CCG average 73.3%, national average 73.3%).
- 29.7% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64.4%, 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 33 comment cards which were almost all very positive about the standard of care received. The clinicians and non-clinical staff were described as kind, caring, helpful, reliable, professional and supportive. The service that was provided was described as good, great and excellent. On seven cards patients described difficulty accessing appointments. Two patients said that they had never had a problem getting an appointment on the day or getting a doctor to call back.

We spoke with three patients during the inspection. All three patients said that they were happy with the care they received and thought that staff were approachable, committed and caring and treated them with dignity and respect.

Areas for improvement

Action the service MUST take to improve

- To ensure that all staff receive training appropriate to their roles specifically in relation to the safeguarding of children and vulnerable adults and the Mental Capacity Act 2005.

Action the service SHOULD take to improve

- Ensure that all staff roles are risk assessed as to whether they require a DBS check.
- To analyse, discuss and action ways to improve patient access to appointments and in particular increase the number and ease of access of pre-bookable appointments.

Selden 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 advisor, and a practice manager specialist advisor.

Background to Selden Medical Centre

Selden Medical Practice offers general medical services to the population of Worthing. There are approximately 8600 registered patients.

Selden Medical Practice is run by four partner GPs. The practice is also supported by three practice nurses, one healthcare assistant, a team of receptionists, administrative staff and a practice manager. There are three male GPs and one female GP. The practice is a teaching practice for first year undergraduate medical students at Brighton University.

The practice is open between 8am and 6pm Monday to Friday. On Monday appointments are available from 7.30am to 12am and from 3.30pm to 5.30pm. On Tuesday appointments are available from 7.30am to 12am and from 3pm to 7.30pm. Appointments are available from 8.30am to 12.30am and 3.30 pm to 5.30pm on Wednesday, Thursday and Friday. There is a duty doctor available until 6.30pm every day.

When the practice is closed cover is provided by IC24 which is an out of hours provider and is accessed via NHS 111.

Patients can be seen in general clinics which can include annual reviews for patients suffering from chronic diseases

including amongst others, coronary heart disease, diabetes and chronic obstructive pulmonary disease (COPD).

Dressings, health checks, alcohol and smoking cessation advice are also offered.

Child immunisations are held throughout the week.

Well person checks are available with the practice nurses and this can include a smear test for women if indicated.

Sexual health and contraceptive advice including the insertion of coils are offered by one of the GPs.

Nurses also offer dietary advice and advice on exercise and weight loss. The practice offers travel advice and is currently a yellow fever vaccination centre.

Cryotherapy is available following GP referral.

Annual flu vaccinations are available in October, November and December.

A local Prime Minister's Fund pilot scheme run by a group of several local practices including the Selden Medical Practice has involved the setting up of minor injury assessment and minor illness (MIAMI) clinics in the GP surgeries. They are open from 8am to 8pm and offer appointments by referral from one of the practices involved in the scheme. The clinics offer urgent appointments, for 'one-off' health issues or problems (not for long-term condition support and management). There are also be pre-bookable appointments for family planning, sexual health, smears and chronic disease management at the weekend from 10am to 2pm. Use of the MIAMI clinics was closely monitored and audited by the management of the clinics.

The practice has a slightly lower than average population of 5-29 year olds compared to the national average and a higher than average number of 30-50 year olds and those aged 85 or more than the national average population. The percentage of registered patients suffering deprivation

Detailed findings

(affecting both adults and children) is in line with the average for England, but the percentage of patients with long standing health conditions, disability allowance claimants and those with a caring responsibility is higher than the national average.

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 December 2015. During our visit we:

- Spoke with a range of staff, doctors, practice nurses, reception and administration staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members

- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services 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 an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out a thorough analysis of the significant events and kept a record of them. Any learning was disseminated to staff either via staff specific meetings, verbally or via the practice computer task system. This allowed messages to be sent to individual staff members or groups of staff.

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 cryotherapy clinic had been arranged, but no liquid nitrogen had been ordered and the clinic had to be cancelled. After discussion a policy was put in place clarifying who was responsible for ordering the nitrogen and ensuring that it was available for clinics.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies that were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. All staff had access to the policies and numbers to contact via the practice intranet system. One GP was the lead for safeguarding children and another for vulnerable adult safeguarding. The GPs provided reports where necessary for other agencies. Staff that had received training demonstrated that they understood their responsibilities. Most staff had received training in the safeguarding of children and adults to an appropriate level.

However four members of administrative staff had not received any training in the safeguarding of children and one of those had not received any training in the safeguarding of vulnerable adults. Additionally four clinical members of staff had not had training in the Mental Capacity Act.

A notice in the waiting room advised patients that there were staff members available who would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). All clinical staff had had DBS checks to an appropriate level and all other staff employed after February 2015 had been DBS checked. Some reception staff employed before February 2015 who did not have a chaperone role had not been risk assessed as to whether their role required them to have a DBS check.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention lead to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example a dressings trolley had been deemed unfit for purpose and replaced.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We saw a comprehensive prescribing policy. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with

Are services safe?

legislation and we saw current examples of these. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccines and other medicines such as B12 injections.

We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Two of the files were for non-clinical staff and did not contain copies of the staff member's photographic identification, however we had interviewed one of these staff members separately and they had been certain that they had been asked to bring photo identification and had done so. Another newly recruited member of the clinical staff also confirmed that she had been required to show the practice photo identification. There were records of clinical staff's registration in their staff files, but no ongoing system was seen to be in place to ensure that registrations were being maintained.

Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. There were designated fire wardens and high visibility jackets were available to them. We saw that all staff had recently had fire safety training carried out by an external agency. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly and had been calibrated. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The defibrillator pads and the oxygen were fit for use. There was also a first aid kit and accident book available. A nebuliser was also available in the nurses' room.
- Emergency medicines were easily accessible to staff in a secure area of the practice behind the reception desk and all staff knew of their location. All the medicines we checked were in date and fit for use. There was a book available for recording of the dates that the medicines were checked and it was kept up to date.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were also kept at home by GPs and the practice manager.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE on their computer system and used this information to deliver care and treatment that met peoples' needs. The practice monitored that these guidelines were followed through discussion in practice meetings and audits.

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 97.9% of the total number of points available (clinical commissioning group average 97.8%, national average 93.8%). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators were 96.5%. This was the same as the clinical commissioning group (CCG) average of 96.5% and above the national average of 89.2%.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 78.7% (CCG average 77%, national average 80.1%)
- Performance for mental health related indicators was similar to the CCG (95.7%) and national average (92.3%).
- The percentage of patients with a new diagnosis of dementia recorded in the preceding year with a record of full blood count, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded between 6 months before or after entering on to the register was 83.3% (CCG average 73.4%, national average 77%)

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, one of these was completed audits where the improvements made were implemented and monitored. We saw evidence of planning for two audits for February 2016.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. They were currently participating in a local CCG patient survey and we saw survey forms in the waiting room. They had just received the results of a practice survey that they had commissioned an outside agency to carry out, on the day that we inspected, but had not had time yet to analyse and discuss the results.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit of the use of lumbar spine radiographs in diagnosis of non-specific back conditions. The audit showed that guidelines were on occasions not being adhered to when ordering lumbar radiographs. It was agreed to adhere closely to the guidelines and links to referral guidelines were put on the computer desktops so that patients could be shown when agreeing whether a radiograph was appropriate. Re-audit showed an improvement in adherence to guidelines.

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 and we spoke to staff that had been inducted using this policy.

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 of practice development needs. 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. All staff had had regular

Are services effective?

(for example, treatment is effective)

appraisals in the past and this was confirmed when we spoke with them. Staff had been told that their next appraisals were imminent, but as there had been a recent change in practice manager, some 12 monthly appraisals had not yet taken place.

Staff received training that included: fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The practice had been closing for one afternoon approximately every six weeks to allow all staff to access training with colleagues from other local practices. Emergencies were covered by the out of hours service during that time.

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 were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services. There was a system in place to allow the practice to keep track of hospital referrals. The practice had good communications with the out of hours provider and also with the ambulance service allowing prompt follow up

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 two weekly basis and that care plans were routinely reviewed and updated. The system used involved the proactive care team who were involved in the management of patients with complex conditions that were at increased risk of unplanned hospital admission. The practice told us that they had good communication and links with the Community Matron.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff that we spoke to that had received training, understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005. However not all clinical staff had received training in the Mental Capacity Act 2005. It was also seen that when providing care and treatment for children and young people, staff that we spoke to carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the trained clinicians assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. Any verbal consent was recorded in the computer notes which contained an audit trail.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those patients who were also a carer. Patients were then signposted to the relevant service.
- The diabetic nurse held clinics once a month with the hospital specialist diabetic nurse at which more complex cases were seen.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 82.5%, which was comparable to the CCG average of 82.5% and the national average of 81.8%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were slightly lower than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88.4% to 97% (CCG average 92.8% to 97%) and five year olds from 78.9% to 94.9% (CCG average 88.5% to 96.1%). Flu vaccination rates for the over 65s were 70.7% (national average 73.24%), and at risk groups 55.13% (national average 49.58%).

Are services effective? (for example, treatment is effective)

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

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We saw minutes of a patient participation group (PPG) meeting where privacy issues were discussed and as a result changes were made with the layout in reception, to improve patient confidentiality.

31 of the 33 patient CQC comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Of the two patients who were less happy about the service they received, one felt that they were not always listened to and the other felt that their treatment had been delayed. Of the 33 patients that filled in comment cards five mentioned that they had had a long wait for their appointment. Additionally seven people said that it was difficult to get through on the phone or to make an appointment, two said that they had no problems with making an appointment.

We also spoke with two members of the patient participation group (PPG). They told us they were treated very well and that staff worked very hard. However they felt that it was very difficult to access appointments, particularly by phone and that there were not enough appointments available. They also felt that communication within the practice was not very good. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice results were mostly above average for satisfaction scores on consultations with doctors and nurses. For example:

- 90.5% said the GP was good at listening to them compared to the CCG average of 89.2% and national average of 88.6%.
- 93.3% said the GP gave them enough time (CCG average 87.1%, national average 86.6%).
- 97.4% said they had confidence and trust in the last GP they saw (CCG average 95.3%, national average 95.2%)
- 77.8% said the last GP they spoke to was good at treating them with care and concern (CCG average 86.3, national average 85.1%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91.2, national average 90.4%).
- 80.2% said they found the receptionists at the practice helpful (CCG average 87.1%, national average 86.8%)

We saw that since the survey, reception staff had been issued with name badges and the photographs of all staff were displayed in reception. The practice manager had responded to any complaints made and addressed any issues raised with staff. The staff that we observed during our inspection were all helpful, supportive and treated people with dignity and respect.

Care planning and involvement in decisions about care and treatment

Patients that we interviewed 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 mostly 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 comparable to, or better than local and national averages. For example:

Are services caring?

- 91.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.7% and national average of 89.6%.
- 88.6% said the last GP they saw was good at involving them in decisions about their care (CCG average 84.7%, national average 84.8%)

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

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.

The practice's computer system alerted GPs if a patient was also a carer. Carers were actively encouraged to register with the practice as a carer. There was advice on the practice website as to how to register as a carer and a link to a local support service. There are also posters in the waiting room and a folder containing information to help direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the GP who had been caring for them would contact them and the practice would send a sympathy card.

Staff has undertaken dementia friends training which is a course designed to help people understand dementia and how they can help.

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. For example the CCG had obtained money from the Prime Minister's fund to commission a series of Minor Injury Assessment & Minor Illnesses (MIAMI) clinics across the Adur and Worthing area and one of these clinics had been just been set up in Selden Surgery and had been operating for one month. At the MIAMI clinics patients had to be referred by a participating practice and were seen by a GP, nurse, or paramedic practitioner, who had access to the patient's record, with their consent and could advise and treat minor injury and illness.

The clinics were available weekdays from 8am to 8pm for urgent appointments, for 'one-off' health issues or problems (not for long-term condition support and management). There were also pre-bookable appointments for family planning, sexual health, smears and chronic disease management at the weekend from 10am to 2pm. The use of the clinics were run and closely monitored by the CCG. The practice was arranging for a portacabin to be installed to accommodate the clinic and free up a consulting room.

- The practice offered extended hours from 7.30am on Monday and Tuesday and also from 6.30pm to 7.30pm on Tuesdays for working patients who could not attend during normal opening hours. They were planning to add a third early morning session in January 2016
- Telephone appointments could also be made.
- Prescriptions could be ordered and appointments booked via a mobile phone app.
- 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.
- We saw that children and those with those with serious medical conditions would be fitted in on the same day and that anyone that had an urgent problem could speak to a GP.
- There were disabled facilities, hearing loop and translation services available. Ramps were present inside the practice for wheelchair users.

- Baby changing facilities were available.
- The practice looked after patients in a residential rehabilitation project for people experiencing homelessness and substance abuse. They also looked after patients at a 52 bed hotel that provided emergency bed and breakfast to over 20 local and county councils. It also looked after patients in a home that provided services to support physically disabled adults to live independently.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. On Monday appointments were available from 7.30am to 12am and from 3.30pm to 5.30pm. On a Tuesday appointments were available from 7.30am to 12am and from 3pm to 7.30pm. Appointments were available from 8.30am to 12.30am and 3.30 pm to 5.30pm on Wednesday, Thursday and Friday. There was a duty doctor available until 6.30pm every day.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was worse than local and national averages. One patient on the day told us that they were not able to get appointments easily and that it was not possible to book ahead. However two people that we saw who had urgent appointments, had booked them on the day. Out of 33 comment cards seven people said that they had trouble getting through on the phone to make an appointment although two said that this was not a problem and five said that they had a long wait to see the GP. We spoke to two members of the patient participation group (PPG) who felt that there were not enough appointments available and that it was difficult to get through on the phone. They did feel that reduced access was in part due to the size of the premises. We also spoke to members of staff who said that they occasionally felt frustrated that they could not offer more appointments. We were also told by staff members that since recruiting a new member of nursing staff and a new health care assistant, access to nurse appointments had improved.

- 64.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 72.5% and national average of 74.9%.

Are services responsive to people's needs?

(for example, to feedback?)

- 49.6% patients said they could get through easily to the surgery by phone (CCG average 72.9%, national average 73.3%).
- 53.3% patients described their experience of making an appointment as good (CCG average 73.3%, national average 73.3%).
- 29.7% patients said they usually waited 15 minutes or less after their appointment time (CCG average 64.4%, national average 64.8%).

The practice were aware of the access issues and cited recruitment difficulties after a member of nursing staff left, and lack of space as major factors. They had recently recruited a new member of nursing staff and a health care assistant. They had also had difficulties with GP recruitment. The practice were aware of the limitations of the building and that it was too small for their needs. They had for several years been trying to relocate to larger and more suitable premises, but had so far been unsuccessful. At the time of the inspection, they were in negotiation with another practice in Worthing with a view to relocating to a purpose built building.

Minutes of meetings with the patient participation group (PPG) revealed that the issues of decreased access had been discussed regularly. It was also seen that the recruitment issues that the practice encountered had been explained to the PPG. The practice had an audit system of telephone calls in place and had three lines being answered at the busiest times. Minutes of all these discussions were available to be downloaded from the practice website. The practice had also installed a touch screen check in system in the waiting room.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system
- An explanation of the complaints system ran on the television screen in the waiting room, complaints forms were available from the reception desk and there was a description of the complaints system in the practice leaflet.

We looked at 33 complaints received in the last 12 months including verbal complaints and comments on the internet. We found that these were all satisfactorily handled in a timely way and that openness and transparency was used in dealing with the complaints. Where indicated, explanations and apologies were given. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, we saw a complaint regarding an appointment with a practice nurse. The matter was discussed with a GP and the nurse and the lead nurse arranged appropriate training for the nurse concerned. A letter of apology and explanation was sent to the patient.

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 clear aims and objectives and staff knew and understood them and the values of the practice.
- The practice had a plan for the future direction of their services which they were working towards attaining.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- There was an understanding of the performance of the practice.
- Clinical and internal audits were carried out and used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- GPs took part in clinical and business meetings every two weeks. Nursing staff also took part in clinical meetings. Reception and administration staff had weekly meetings.

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 they were approachable and always take the time to listen to all members of staff.

Staff members said that they were happy in their work and felt that they were well supported by the practice manager and partners.

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 gives affected people reasonable support, truthful information and a verbal and written apology

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

- Staff told us that the practice held regular team 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 and were confident in doing so and felt supported if they did. All staff were very positive about the attitudes of the GPs and practice manager. We also noted that the team had six weekly practice training sessions together. The practice had booked a social evening out for the whole team.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG), a suggestions/feedback box and complaints received. It had also replied to some comments on internet review sites. There was an active PPG which met on a regular basis, and pointed out areas for improvement to the practice management team. For example it had been agreed to implement a practice newsletter and this was in the process of being produced by the practice manager. There had also been a suggestion about rearrangement of the reception area to improve privacy and that was

Are services well-led?

Good 

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

also implemented. However the two members of the PPG that we talked to did not feel that the two major issues that they considered most important at the time, access to appointments and communication, had not as yet been adequately resolved. The PPG had held meetings every three to four months which were attended by the practice manager. The minutes of the meetings were published on the web site. There was a poster and messages on the screen in the waiting room identifying the practice manager and asking patients to contact her if there were any issues that they wanted to raise.

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff

told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team were forward thinking and took part in local pilot schemes to improve outcomes for patients in the area. For example they hosted and were involved in the Minor Injury Assessment and Minor Illnesses scheme run in the local area. Also the practice would close for half a day every six weeks (covered by an appropriate out of hours service) so that all staff could take part in training.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>We found that the registered provider had not ensured that persons employed in the provision of a regulated activity had received appropriate training as is necessary to enable them to carry out the duties they were employed to perform.</p> <p>How the regulation was not being met:</p> <p>The practice could not demonstrate that all non clinical staff had received training in the safeguarding of children and vulnerable adults to an appropriate level or that all clinical staff had received training in the Mental Capacity Act 2005.</p> <p>This was in breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>