Groombridge and Hartfield Medical Group

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Groombridge and Hartfield Medical Group on 8 June 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Certain areas of building management had not been checked at the appropriate intervals and the provider had not always acted on safety recommendations made as a result of reviews.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment, though gaps in training were identified in relation to fire safety.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The two partner GPs disclosed their personal contact details to all palliative care patients so as to ensure that these patients could be supported fully and to ensure they received the best care available.

The areas where the provider must make improvement are:

- Ensure that medicines management systems are reviewed to protect patients against the risk of unsafe care and treatment.
- To ensure that all safety assessments are undertaken and reviewed as required.
- To ensure that appropriate training for staff is completed and monitored. This includes training in respect of fire safety.

The area where the provider should make improvements is:

• To actively identify patients that have caring responsibilities within the patient list.

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?

Requires improvement

The practice is rated as requires 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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, the practice had undertaken a fire risk assessment in 2015 which identified issues but no action plan was provided which resolved these issues. The practice did not have an electrical installation assessment in place.
- The systems in place for managing medicines were not safe particularly in regard to receiving and acting on medicine alerts, supplying correct information on medicines when filling drug dosette boxes, the documentation of controlled drugs, the dispensing of controlled drugs and the timely disposal of controlled drugs.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- There were gaps identified in staff training in relation to fire safety training.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, the percentage of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good was 94% compared to the CCG average of 89% and the national average of 85%.
- 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.
- Both partner GPs disclosed their personal contact details to patients who were on the palliative care register to ensure these patients could make contact with a GP at any time of the day.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

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

Are services well-led?

Good

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

Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The provider was rated as requires improvement for safe and effective and good for caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice held fortnightly meetings with district nurses and the advanced community nurse practitioner to discuss patients and ensure care plans were complete.
- The practice held a register for those patients at risk of an unplanned admission and these patients had a care plan and alert placed on their file should they be treated by a GP who was not familiar to them.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safe and effective and good for caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 100%, which was better than the CCG average of 90% and national average of 89%.For example, data from 2014/15 showed that the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 94% compared to the CCG average of 87% and a national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.

Summary of findings

- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients that were on the practice's palliative care record were given both GP partners personal contact details so that they could obtain assistance 24 hours a day.
- The practice operated a "Birthday" review scheme so patients requiring annual assessments for their conditions received a personalised invitation during the month of their birthday, depending on their condition, detailing what blood tests they will need and how they will subsequently be followed by either the practice nurse or a doctor.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safe and effective and good for caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable to local averages for most standard childhood immunisations. Systems were in place to follow up patients who did not attend.
- 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 practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 83% and the national average of 82%. Patients that did not attend their planned appointment were contacted by telephone to discuss any concerns.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Summary of findings

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safe and effective and good for caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- Extended hours appointments were available from 7am on Wednesday mornings and from 7pm and 8.30pm on Wednesday evenings. Saturday morning appointments were available twice monthly from 7am to 8.30am.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for safe and effective and good for caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Both GP partners gave palliative care patients their personal contact details and ensured that these patients could obtain assistance whenever required.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for safe and effective and good for caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 83% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- Data showed that the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% which was better than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 269 survey forms were distributed and 129 were returned. This represented 2.5% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 95% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 38 comment cards which were all positive about the standard of care received. Some comments that were made included all staff treated people with dignity and respect. We received a number of positive comments about the reception staff and patients said they were made to feel welcome. The practice was noted for having a peaceful environment and for cleanliness.

We spoke with 11 patients during the inspection. Nine Patients said they were satisfied with the care they received and thought staff were approachable, committed and caring though comments were made that it was sometimes difficult to obtain appointments and appointments would often overrun. Two patients stated that it was not easy to get appointments and one had already complained to the practice regarding this issue. The response from the family and friends test of May 2016 showed that from 14 responses 13 were either very likely or likely to recommend the practice. There was one response that was neutral.

Areas for improvement

Action the service MUST take to improve

- Ensure that medicines management systems are reviewed to protect patients against the risk of unsafe care and treatment.
- To ensure that all safety assessments are undertaken and reviewed as required.
- To ensure that appropriate training for staff is completed and monitored. This includes training in respect of fire safety.

Action the service SHOULD take to improve

- To actively identify patients that have caring responsibilities within the patient list.

Outstanding practice

- The two partner GPs disclosed their personal contact details to all palliative care patients so as to ensure that these patients could be supported fully and to ensure they received the best care available.

Groombridge and Hartfield Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a CQC pharmacy inspector, a practice manager specialist adviser and an Expert by Experience.

Background to Groombridge and Hartfield Medical Group

Groombridge and Hartfield Medical Group is a dispensing practice offering general medical services to the population of Groombridge, Hartfield and surrounding areas in East Sussex. There are approximately 5,100 registered patients.

The practice population has a higher number of patients between 45-85 years and over compared to the national and local CCG averages. The practice population also shows a lower number of patients between the age of 15-39 years compared to the national and local CCG averages. There are a slightly higher number of patients with a longstanding health conditions. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for both the CCG area and England.

Groombridge and Hartfield Medical Group is run by two male partner GPs. The practice is also supported by three female salaried GPs; three practice nurses, one healthcare assistant, two phlebotomists, a dispensary team, a team of administrative and reception staff, and a locum practice manager.

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

Services are provided from two locations:

Hartfield Village Surgery, Old Crown Farm, East Sussex, TN7 4AD

And a branch surgery at:

Groombridge Surgery, Withyham Road, Groombridge, Tunbridge Wells, TN3 9QP

We did not inspect the branch surgery on the day of inspection. However, the pharmacy inspector did inspect the dispensary at the branch location.

Opening hours are Monday to Friday 8am to 1pm and 2pm to 6.30pm Monday, Tuesday, Wednesday and Friday. The practice is closed Thursday afternoon though patient can attend the Groombridge surgery for appointments. The practice has extended hours with evening sessions until 8pm on the 2nd, 3rd and 4th Wednesday of each month and early morning appointments from 7am on the 1st, 2nd and 4th Wednesday of each month. Saturday morning appointments are available from 7am to 8.15am on the first Saturday of each month and between 8am and 9.15am on the third Saturday of each month.

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

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 June 2016. During our visit we:

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

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, information regarding the need for paracetamol to be given following a specific immunisation did not occur at the time of the appointment. This error was realised and the parents informed. The practice discussed this case and a template is now used for this immunisation where it has to be stated that this information has been passed on.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses had been trained to level two though one nurse had also been trained to level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines (obtaining, prescribing, recording, handling, storing and security) did not always keep people safe.
- Medicines were stored securely at both sites. Both sites held emergency medicines and oxygen. Although these were within their expiry dates at Hartfield practice, we found an out of date emergency medicine at Groombridge practice. Medicines which required refrigeration were kept between 2°C and 8°C and records were available to demonstrate this. The practice had not consistently received medicines safety alerts and recalls since October 2014.
- Arrangements for controlled drugs (CDs - medicines which are more liable to misuse and so need closer monitoring) were not appropriate. Staff showed us records for ordering, receipt and supply of CDs. Records in the controlled drugs register did not meet legal requirements. Expired CDs had not been disposed of in a timely manner. The practice was aware of these historical issues and was already taking steps to tighten processes and improve staff training to ensure that

future records would be accurate. They had also nominated a GP to lead on CD governance in future. The practice was also in the process of arranging destruction of expired CDs.

- We also found an unsigned prescription for a CD that had been dispensed and was awaiting collection. This is important to ensure the medicine is appropriate for the person who is in receipt of the prescribed medicine and to guard against inappropriate use of CDs.
- Staff involved in dispensing activities were trained to an appropriate level and had appraisals annually. The dispensary manager had also initiated informal training for staff on how to correctly use information resources on medicines. The practice used standard operating procedures (SOPs) for dispensing; these were reviewed annually. As these were new, staff had not yet signed them.
- The practice dispensed medicines into multi-compartment compliance aids (dosette boxes) for some people. The information sheet provided with the dosette box did not give details of the identity (colour, shape, markings) of the different tablets or capsules which had been dispensed. The practice was in the process of changing what information was given to people.
- Prescription forms (FP10s) were stored securely. Prescriptions forms for use in printers were actively tracked through the practice. Staff followed appropriate procedures to ensure vaccines were administered safely.
- Staff demonstrated that they followed procedures to make sure patients could not obtain medicines which were not on a repeat order or needed further checks (such as a blood test) without consulting a GP. We saw records of dispensing errors; staff were able to give examples of learning as a result of these. Formal recording of near misses (dispensing errors which do not reach a patient) had just begun at the practice. The dispensary manager had also put in place informal meetings to ensure staff could talk about errors and near misses.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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. The practice provided evidence that a fire risk assessment had been undertaken in August 2015, this assessment identified gaps in staff training and did not contain an action plan to resolve these issues. We saw evidence that regular fire drills had taken place but no record had been maintained to document who had taken part in these. All portable electrical equipment was checked in August 2015 to ensure the equipment was safe to use and clinical equipment was checked in July 2015 to ensure it was working properly. The practice had a variety of other risk assessments booked to be undertaken to monitor safety of the premises such as an electrical installation assessment, gas boiler assessment and legionella assessment which we noted were all planned for June 2016, (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.1% of the total number of points available.

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

- Performance for diabetes related indicators was better that the national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 94% compared to the national average of 88%.
- Performance for mental health related indicators was also better than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% compared to the national average of 88%.
- The practice had a system in place for patients with long term conditions which sent out a personalised invitation to attend for an annual review on the month of the patient's birthday.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing the care patients received for their diabetes thus improving areas such as cholesterol levels which impact on coronary heart disease.

Information about patients' outcomes was used to make improvements such as improving the palliative care provided for patients by ensuring that anticipatory medication was available for patients thus decreasing the need for an unplanned admission.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, it was noted that there were gaps in some staffs training in relation to fire training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 83% and the national average of 83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example Female patients aged 50-70, that were screened for breast cancer in the last 36 months (three year coverage) was 72% which was comparable to the CCG average of 75% and a national average of 72%. Also, Patients aged between 60-69, screened for bowel cancer in the last 30 months was 58% which was lower than the the local CCG average of 62% and the same as the national average of 58%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 71% to 93% and five year olds from 75% to 94% compared to the CCG averages of 90% to 94% and 88% to 94% respectively. During the inspection the practice showed us evidence of under two year old childhood immunisations ranging from 86% to 100%..

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Both GP partners ensured palliative care patients could contact them at any time by disclosing their personal contact details to these patients.
- The practice operated a "TLC" board within the surgery to identify patients who may need additional support, for example, patients who were also carers or on the palliative care register.

All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 97% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Information leaflets were available in easy read format.
- The practice used care plans to understand and meet the emotional, social and physical needs of patients, including those at high risk of hospital admission. We

Good

Are services caring?

were shown anonymised examples of care plans and noted these were detailed and personalised. For those patients unable to attend the practice, GPs would carry out home visits to complete care plans.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 40 patients as carers (approximately 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

Good

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 extended hours appointments at various times for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and hearing loop available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 1pm every morning and 2pm to 6.30pm Monday, Tuesday, Wednesday and Friday. Patients could access appointments Thursday afternoon from the Groombridge practice. Extended hours appointments were offered at the following times, from 7am on the 1st, 2nd and 4th Wednesday of each month from Groombridge Surgery and until 8pm on the 2nd, 3rd and 4th Wednesday of each month at Hartfield surgery. Saturday morning appointments were also available between 7am and 8.15am on the 1st Saturday each month at Hartfield surgery and between 8am and 9.15am on the 3rd Saturday each month at Groombridge surgery. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 81% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 90% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The complaints procedure was available in the practice and on their website. The procedure gave patients information on how to escalate a complaint if they were not satisfied with the response from the practice. The procedure could be translated into different languages via the practice website.

The practice had received five complaints in the last 12 months and we found these were satisfactorily handled and dealt with in a timely way. The complaints had been received in writing, verbally and by feedback via the website. Complaints were discussed and apologies given to patients where appropriate. For example, a complaint was received following an issue in dispensing medicines when proof had not been seen of payment exemption. Information was issued detailing that there was an option to mark the prescription as "no evidence seen" to alleviate any further problems.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, there were areas that required improving such as, some assessments for measuring risk had lapsed, the controlled drugs register did not meet legal requirements and controlled drugs had not been disposed of in a timely manner.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, Saturday morning appointments were as a result of PPG involvement.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Are services well-led?

Good

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

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider had not ensured prescriptions for controlled drugs were signed prior to collection. The provider had not ensured that all controlled drugs were destroyed in a timely manner The controlled drugs register did not conform to legal standards. The dispensary had not consistently received and acted upon medicine alerts since October 2014. The provider had not supplied the correct information sheet for medicines included within the dosette boxes they had supplied. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises **How the regulation was not being met:** We found that the practice did not have current risk assessment for electrical installation and did not have a current certificate at the time of inspection. This was in breach of regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

We found that the registered provider had not ensured all relevant training with respect to fire safety training had been undertaken by practice staff.

This was in breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014