

Dr JH Clarke and partners

Quality Report

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

Ratings

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

Key findings

Contents

Key findings of this inspection

	Page
Letter from the Chief Inspector of General Practice	2
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Dr JH Clarke and partners	5
Detailed findings	6

Letter from the Chief Inspector of General Practice

Dr JH Clarke and partners is rated as good overall. (Previous inspection 15 December 2015 rated as good overall).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

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

We carried out an announced comprehensive inspection at Dr JH Clarke and partners on 8 March 2018. The inspection was carried out as part of our inspection programme.

Following this inspection, we received information of concern that led us to carry out an unannounced inspection on 29 March 2018. Concerns raised included the lack of medication reviews and care plan reviews for older patients, issues with safety in areas of the practice environment, security of prescription paper, restrictions on recording and reporting significant events and a lack of reception cover. The review of these concerns is incorporated into the findings in this report.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Patient records we saw were clear, accurate and contained comprehensive information about the care and treatment of patients.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

Summary of findings

- The practice had appropriate and safe facilities and was well equipped to treat patients and meet their needs. The practice had plans for significant redevelopment to improve facilities further.
- Patients said they were able to book an appointment that suited their needs. Pre-bookable, on the day appointments, home visits and phone consultation services were available.
- Recruitment procedures kept patients safe. This included recruitment records for temporary staff.
- Staff had been provided with appropriate training, supported to develop new skills and received an up to date appraisal. Induction systems were comprehensive and tailored to each staff member.
- Staff were positive about working in the practice, their training and support and the openness of senior staff.

We saw one area of outstanding practice:

The practice used innovative and proactive methods to improve patient outcomes, working with other local

providers to share best practice. For example, the practice had achieved two service pacesetter awards; one children and young people's service Pacesetter award through the local Clinical Commissioning Group (CCG) for their work in designing appropriate services for young people noted at our last inspection in 2015 and a second awarded in 2018 for work to develop 'mental health friendly' services. The latter was in collaboration with a neighbouring CCG and coastal West Sussex MIND, a mental health charity.

The area where the provider **should** make improvements are

Continue to keep the toilet facilities and potential issues with the old lift pit under review until such time as they are resolved by the redevelopment programme.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

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

Dr JH Clarke and partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and the team included a GP specialist adviser and a practice manager specialist adviser on 8 March 2018 and a CQC inspector and GP specialist adviser on 29 March 2018.

Background to Dr JH Clarke and partners

Dr JH Clarke and Partners surgery offers general medical services to people living and working in East Grinstead. There are approximately 14,100 registered patients. The surgery has seven partner GPs (male and female) and six salaried GPs. The practice is a training practice and hosts GP registrars (one was on placement during the inspection), foundation year 2 doctors, medical students and student nurses. There are five practice nurses, including a nurse prescriber, a healthcare assistant and two phlebotomists.

The practice has two practice managers splitting business management and patient services management. In addition, the practice has a reception manager, an IT manager, IT personnel and administrative and reception staff.

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 8.00am to 12.45pm every morning and 1.30pm to 6.30pm daily. The

practice is closed between 12.45pm and 1.30 and during this time a phone number is provided for patients seeking to speak with a GP. The practice offers extended hours appointments from 7.15am every Tuesday, Wednesday and Thursday and until 8.00pm on Mondays. There were also pre-bookable appointments on some Saturday mornings (four dates each year). 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.

The practice population has marginally higher than average proportion of elderly patients. They have a lower than average percentage of patients with a long-term health condition and a lower than average proportion of patients who are unemployed.

Services are provided from:

Moatfield Surgery

St Michael's Road

East Grinstead

West Sussex

RH19 3GW

The practice uses the services of IC24 a local out of hours service.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks, and weight management support.

Further information on the practice and services provided can be found on their website, www.moatfield.co.uk

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments and had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received some safety information for the practice as part of their induction and refresher training.
- Policies were regularly reviewed and were accessible to all staff. Staff understood who they should go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The recruitment records we saw contained photographic identity, written references and curriculum vitae.
- All staff who acted as chaperones were trained for the role.
- There was an effective system to manage infection prevention and control and the practice had undertaken a recent audit with all actions completed.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- Concerns were raised in respect of a toilet that was not functioning properly. We found that this was a staff toilet that functioned correctly on the day we checked. We were informed that the issue was the waste drainage

that had an impact on the patient toilet facilities if used. The practice had alternative facilities for staff and a plan was in place to address the defective sewage pipes as part of the redevelopment of the practice.

- We were also made aware of an unused lift pit that was flooded. We observed that this area had been converted into a locked storage area and had never been commissioned as a lift. There were no signs of flooding, damp or offensive smells. The provider told us that some water has been known to enter the lower part of the lift pit and when this occurs it is pumped out. The practice provided further information following our inspection to indicate this had last need attention in 2013.
- We also received concerns about overloaded extension leads. We did not see this on either day of our inspection. We noted appropriate portable appliance testing had been undertaken. We noted the use of electric fan heaters under desks that had not been included in a risk assessment. The practice had a checklist used each day to ensure these heaters were checked and shut off before closing the building. Following the unannounced inspection on 29 March 2018 we received detailed risk assessments that the practice had implemented for heaters, extension leads and electrical equipment.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role. We saw a detailed induction plan with additional information and embedded reference material for staff.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. We saw a comprehensive sepsis protocol. The practice had reviewed their response to home visit requests and introduced a 'ring back' policy for all home visit requests. This allowed the duty GP to identify patients who potentially required more urgent care.

Are services safe?

- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- We saw evidence that the practice had carried out emergency treatment role playing scenarios to evaluate their resuscitation protocols. They shared this information with practice colleagues to improve their approach.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- On 29 March 2018 we reviewed a sample of 14 patient records; seven records for older patients and housebound patients together with seven records for patients who had been triaged on the day of the inspection. We found these records to be comprehensive, included a care plan and evidence of regular review. Patients who had been prescribed antibiotics had received a face to face appointment with a clinician and appropriate prescribing was observed.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and there was a system to track and monitor use. On 8 March 2018 we noted that the practice did not track the printer prescription forms once dispensed from the secure stationery area. On our subsequent inspection date (29 March 2018) we found that the practice had taken advice and introduced a new monitoring record to address this.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal

requirements and current national guidance. The practice had audited antimicrobial prescribing as part of a local scheme which measured the quality, safety and cost effectiveness of antimicrobial prescribing. The practice took part in quarterly reviews with the CCG medicines optimisation team.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were comprehensive systems for reviewing and investigating when things went wrong. We noted that the practice had recorded 23 significant events in their log. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, when a patient had not received a secondary care appointment following an urgent referral the practice reviewed their systems to ensure the risks of this occurring were reduced. The practice had a detailed two-week rule (this is when there is a suspicion of cancer that requires a more urgent response) policy with additional prompts to remind patients referred to let the practice know if they have not received an appointment.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice, and all of the population groups, as good for providing an effective service.

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was not an outlier for the percentage of a specific antibiotic group prescribed. The practice prescribing was 13% compared to the clinical commissioning group (CCG) average of 12% and the national average of 10%.
- We saw no evidence of discrimination when making care and treatment decisions.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice was supporting the introduction and sign up of care homes to Telehealth; this is a system whereby patient observation data is sent electronically to a monitoring team and can be used by clinicians to plan and deliver care and treatment.

People with long-term conditions:

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

- The practice was proactive in identifying patients on their disease registers.
- The practice was comparable to or higher than local and national data relating to long-term conditions. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 87% compared to the CCG average 83% and the national average of 80%; the percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 93% compared to the CCG average of 92% and the national average of 90%; and the percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that included an assessment of asthma control was 76% compared to the CCG average of 78% and the national average of 76%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The data available to CQC at the time of the inspection indicated that the uptake rates for the vaccines given were in line with the target percentage of 90% or above in most areas. The practice provided the CQC with updated information on one parameter for under twos that had scored 72% for this time period (01/04/2016 to 31/03/2017). They could demonstrate that they had achieved over the 90% target for this indicator.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 74%, which was comparable to the 80% coverage target for the national screening programme, the CCG average of 77% and the England average of 72%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. GPs offered discussions about end of life care with patients' families where appropriate.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months which was comparable to the CCG average of 84% and the England average of 84%.
- 96% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. Compared to the CCG average of 94% and the England average of 90%; and the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 94% compared to the CCG average of 94% and the England average of 91%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice had reviewed the implementation of shared care protocols (these usually apply to medicines which have been initiated by a specialist and the prescribing is taken over by the GP under the terms of a Local Enhanced Service) for patients with attention deficit hyperactivity disorder (ADHD). Through this audit and subsequent actions, the practice has increased the number of protocols in place from 20% in 2015 to 52% in 2017.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the CCG average of 98% and

England average of 96%. The overall exception reporting rate was 9% which was comparable to the CCG average of 11% and the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) The practice had a higher exception than the CCG and England average rate in the clinical domain of heart failure. Information provided by the practice demonstrated appropriate exceptions had been made.

Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.
- Staff were encouraged and given opportunities to develop. We spoke with staff who told us that they had been supported to attend training and extend their clinical qualifications.
- The practice provided staff with ongoing support. This included a comprehensive induction process with training materials that included a presentation on the staff members role, the work of the practice and key messages on duty of candour, health and safety and the practices vision and values. We saw evidence of one-to-one meetings, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. For example, the practice

Are services effective?

(for example, treatment is effective)

was involved in the development of the local frailty hub supporting patients in partnership with external clinicians such as the care home frailty nurse and geriatrician.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies. For example, the practice shared agreed care plans electronically with the Ambulance service.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice had systems in place to inform staff of the needs of patients receiving end of life care.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- The practice had set up a blood pressure monitoring hub accessible to patients as a walk-in service. Patients could take their blood pressure and weigh themselves. The results were uploaded directly to the practice computer system and if required, flagged for review by a clinician.
- Staff from the practice were actively engaged in a local park run alongside patients, supporting wellbeing.

Consent to care and treatment

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

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

Are services caring?

Our findings

We rated the practice and all of its population groups as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All the 26 patient Care Quality Commission comment cards we received were positive about the care and treatment experienced. We also spoke with three patients at the practice on the 8 March 2018. Feedback from these patients was in line with the comment card responses, patients told us their experiences of the practice was positive and they felt cared for by supportive and friendly staff.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Of the 223 surveys which were sent out, 133 were returned. This represented less than 1% of the practice population. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 85% of patients who responded said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.
- 93% of patients who responded 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%.
- 87% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 86%.

- 93% of patients who responded said the nurse was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 96% of patients who responded said the nurse gave them enough time compared to the CCG average of 92% and the national average of 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 97% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 87% of patients who responded said they found the receptionists at the practice helpful compared to the CCG of 90% and the national average of 87%.

Involvement in decisions about care and treatment

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

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

The practice identified patients who were carers when registering patients and opportunistically during consultations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 221 patients as carers (approximately 2% of the practice list).

- The practice had two care services coordinators to assist with identifying carers. Their work included signposting and referring carers and patients to additional support services, providing information and a point of contact

Are services caring?

for advice. Details about the support services for carers were available from reception, in practice developed leaflet and on notice boards in the waiting room. We saw evidence of positive feedback from patients who had received support from these staff members.

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

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

- 85% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 89% and the national average of 86%.

- 78% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 90%.
- 90% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice and the older people, people with long term conditions, families, children and young people and people whose circumstances make them vulnerable population groups as good for providing responsive services We have rated the population group, people experiencing poor mental health (including people with dementia) as outstanding for providing responsive services.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments. The practice improved services where possible in response to unmet needs.
- The practice had developed a new website to allow for more user-friendly navigation for patients.
- The practice ran a triage system with a duty doctor and nurse each day where 'on the day' appointments were offered. They reported that the current system was meeting the demand for appointments from patients.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, children requiring emergency appointments were able to attend after school hours and patients who were unable to attend the surgery were encouraged to use the phone appointments system when appropriate. The practice also provided longer appointments in a dedicated session on Fridays for patients who required support with their mental health and physical health needs.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice worked closely with other services to host appropriate services on site at the practice. This had included dermatology clinics and a wound care service

where patients would otherwise have had to travel 40 miles to hospital. In addition, the practice offered in house support for patients with deep vein thrombosis (DVT).

- The practice had four clinicians providing minor surgery. We were told that this allows patients to have procedures locally with short timescales instead of a referral to secondary care.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for older people and housebound patients.
- Older people were encouraged to make use of phone consultations and were able to access on the day appointments with their own GP.
- The practice worked with the falls prevention team, community services to review and provide care and support to frail and vulnerable patients.
- The practice was part of the National Association of Primary Care (NAPC) Care Home initiative in East Grinstead. The model brings together a range of health and social care professionals to work together to provide enhanced personalised and preventative care for their local community.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held education and training sessions on Wednesdays for diabetic and pre-diabetic patients. The practice told us that they had opened this to patients from other practices. The practice education
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who

Are services responsive to people's needs?

(for example, to feedback?)

were at risk, for example, children and young people who had a high number of accident and emergency (A and E) attendances. Records we looked at confirmed this.

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- GPs and nurses were available to give advice on contraception and provide sexual health screening or signpost to appropriate local services.
- The practice had achieved a children and young people's service Pacesetter award in 2015 through the local CCG for their work in designing appropriate services for young people. This included working with younger people to develop services and a new website design with a dedicated younger persons section.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Phone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- An onsite smoking cessation service was available.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had linked into local initiatives to support patients who are on the autism spectrum.
- Longer appointments were offered for patients who needed them. For example, patients with a learning disability attending for an annual health check.
- The practice participated in the food bank scheme and include a food collection point at the practice.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. The practice had delivered additional training to staff on supporting patients with mental health needs. This included education afternoons for non-clinical staff.

- The practice had worked proactively with the local services for people who found themselves homeless and required support with their mental health needs.
- The practice had formed links with East Grinstead Dementia Action Alliance and the practice team had undertaken dementia awareness training.
- The practice was developing 'mental health friendly' services building on their work with younger people which included dedicated sessions and extended consultation times for patients needing support with their mental health needs. The practice had redesigned their web services with input from younger people to improve access and as a result they received a pacesetter award in 2015. An initial evaluation of the changes showed positive feedback from the patient group and greater engagement and attendance at the practice.
- We were told of a buddy system that the practice had set up to support patients with mental health issues engage in exercise. The practice participates in an organised local park run with patients. A notice board kept patients and staff up to date on mindfulness and exercise activities.
- The practice signposted patients to education and support services including self-referral support and counselling services.
- Following our inspection, we were informed that the practice had received a second pace setter award for this work in collaboration with three other GP practice in a neighbouring CCG area and coastal West Sussex MIND, a mental health charity.
- The practice recently completed a further engagement project with their local secondary School Art Department; the students had produced artwork about 'Mindfulness' which we saw displayed in the practice waiting room.

Timely access to the service

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

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

Are services responsive to people's needs?

(for example, to feedback?)

The feedback on the day of inspection and completed comment cards was positive. Of the 26 comment cards one person commented that they had difficulty in getting a pre-bookable appointment. Patients told us that they had good access to services and had no issues with appointment availability.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was in line with local and national averages in most cases. Of the 223 surveys which were sent out, 133 were returned. This represented less than 1% of the practice population. For example:

- 79% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 80%.
- 66% of patients who responded said they could get through easily to the practice by phone; compared to the CCG of 77% and the national average of 71%.
- 81% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; compared to the CCG of 83% and the national average of 75%.
- 78% of patients who responded said their last appointment was convenient; compared to the CCG of 87% and the national average of 81%.
- 63% of patients who responded described their experience of making an appointment as good; compared to the CCG of 78% and the national average of 73%.

- 63% of patients who responded said they don't normally have to wait too long to be seen; compared to the CCG of 62% and the national average of 58%.

We observed that the practice had increased the number of staff answering the phones and we were told this was a priority task for staff at busy times.

The practice was part of the local Crawley CCG access hub initiative providing additional appointment capacity by working with other services in the area.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Nine complaints were received in the last year (March 2017 to February 2018), which we reviewed and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, following a complaint about poor communication the practice reviewed their approach and apologised to the patient and gave a full explanation of practice procedures.

Are services well-led?

Good 

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

Our findings

We rated the practice and all population groups as good for providing well-led services.

Leadership capacity and capability

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

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

Vision and strategy

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

- There was a clear vision and set of values and this was communicated to all staff at the point of their induction to the practice. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population. This included the redevelopment of the building to provide additional clinical and patient facilities to meet the greater demand for services. We were told that this work would commence later in the year.
- The practice monitored progress against delivery of the strategy. They had aligned priorities with both national and local priorities. For example, they were involved development of the local frailty hub supporting patients in partnership with external clinicians

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. We were told that there was an open and honest culture within the practice. Staff felt able to contribute to the development of the service and were actively encouraged to do so through regular meetings and one to one discussions.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary. For example
- Clinical staff, including nurses, were considered valued members of the practice team. All clinical staff were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control

Are services well-led?

Good 

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

- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Regular Friday meetings allowed the practice to monitor progress and share information.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents. We saw detailed review and development of practice scenarios to assist staff in learning from incidents and responding to emergencies. For example, the practice had undertaken emergency treatment role playing scenarios to evaluate and improve their resuscitation protocols and responses to urgent care situations such as sepsis, febrile convulsions and cardiac arrest.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.
- The practice had developed information technology responses to managing risk and adding a safety net. For example, they had developed systems to check and respond to test results and referrals ensuring they had been sent, results returned and action taken.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice had conducted an annual survey, reviewed feedback and comments on external review websites and monitored their friends and family test results. These were taken to the practice meetings for discussion.
- There was a patient participation group (PPG) which was active. We met with the PPG members during the inspection. The PPG had been involved consultations about improvements to the practice appointment system, new development initiatives and had played a part in fundraising for the practice, sharing information with patients at flu clinics and the annual surveys. Members are also active in promoting the exercise referral system to contribute to patient wellbeing.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

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. There was evidence to demonstrate that the practices continued to look at how it could develop services and build on what was already in place. For example, they had developed new ways of working to support patient groups including young patients and those in need of support with their mental health needs. This included dedicated consultation sessions and accessible web services. As a result, the practice had received two pace-setter awards for their work.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. This included looking outside the practice and learning from incidents and events at other services. For example, the practice developed a policy and procedure for patients arriving late for appointments. This was in response to a patient death at another practice, after they were sent away for being late. This learning was shared and used to make improvements. The outcome of this review was to ensure patients were kept safe.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. We saw evidence of weekly meetings open to all staff to develop new approaches. External stakeholders and support groups also attended these meetings to share information and promote practice development.
- The practice is developing a respiratory care system to improve respiratory care in the East Grinstead area. This involved the development of a risk assessment tool and working with specialist clinicians in the area.