

# The Lighthouse Medical Practice

## 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

Outstanding 

Are services safe?

Outstanding 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Lighthouse Medical Practice on 21 June 2016.

Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses and were actively encouraged to do so. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were constantly assessed and were well managed.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment, but not always 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 services and how to complain was available and easy to understand. The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result. Complaints were discussed at significant events meetings if appropriate and reviewed annually.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback

# Summary of findings

from patients and from the patient forum (patient participation group). For example they had introduced an automated telephone booking system to help improve access to appointments.

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- Feedback from patients about their care was consistently positive.

We saw several areas of outstanding practice:

- External stakeholders such as patients, nursing home staff and members of the wider multi-disciplinary team were invited to attend the section of significant events meetings that they were involved in, ensuring transparency throughout the process.
- Multi-disciplinary team (MDT) meetings included local voluntary support agencies.
- The practice lead GP in information technology (IT) and the practice clinical governance lead had devised a robust system of 'spiral audit' whereby

areas of clinical activity could be examined, reviewed and acted on on a continuous basis. This was a highly reactive system allowing the practice to immediately input the latest National Institute for Health and Care Excellence (NICE) or Medicines and Health Products Regulatory Agency (MHRA) guidelines and therefore identify and review patients that may be at risk. This meant that patient outcomes were continuously reviewed and improved.

- The practice had identified a high proportion of carers (4.4%) amongst their patients and had both a practice carers' lead and a patient forum carers' lead as well as a patients' lead. They worked together with the practice team to identify and support carers. The practice was pro-active in identifying young carers. An extensive carers' protocol was available on the website.
- There was a chaplain attached to the practice who could be contacted by people of all and no religion, faith or belief.
- The practice business manager was also the managing partner and as a consequence was committed to driving forward new initiatives.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as outstanding for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation and all staff were fully engaged in the process.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions taken to prevent the same thing happening again. External stakeholders such as patients, nursing home staff and members of the wider multi-disciplinary team were invited to attend the section of significant events meetings that they were involved in.
- Information about safety was highly valued and was used to promote learning and improvement. Significant events and complaints were reviewed annually to assess trends to ensure the practice had a comprehensive understanding of areas for improvement.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- The practice search procedures for electronic repeat prescribing were shared with the CCG pharmacy team and the CCG had requested that they help other practices with their procedures for electronic prescribing where required.

Outstanding



### Are services effective?

The practice is rated as good for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice regularly discussed and used these guidelines to positively influence and improve practice and outcomes for patients.

Good



# Summary of findings

- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Clinical audits demonstrated quality improvement.
- The practice had a system of 'spiral audit' whereby areas of clinical activity could be examined, reviewed and acted on a continuous basis. The practice had 43 such audits running at the time of the inspection and would add new audits whenever a need was identified. For example raising an alert to the GP if a patient with a history of atrial fibrillation (a particular irregular pattern of heartbeat) was not taking a blood thinning medication, contrary to current recommendations.
- The practice had built an effective system of alerts in to the computer programme. For example an alert and a NICE guideline that there was an increased risk of suicidal behaviour if a certain class of anti-depressant were prescribed in patients under 25 would come up on the screen if such a prescription were attempted.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- We saw staff had annual appraisals with personal development plans followed by six monthly reviews as part of continuous assessment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

We observed a strong patient-centred culture:

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified a high proportion of carers (4.4%) amongst their patients and had both a practice carers' lead and a patient forum carers' lead. The practice was pro-active in identifying young carers.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as outstanding 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 (CCG) to secure improvements to services where these were identified.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example the practice had in the past identified a need for, and piloted a wound care service in conjunction with a specialist provider.
- Patients could access appointments and services in a way and at a time that suited them. For example as a consequence of feedback from patients, the GP national patient survey and from the patient forum (the practice name for the patient participation group), the practice introduced an automated telephone booking service which opened at 6am each weekday. This was in addition to standard telephone, online and face to face booking services.
- The practice took the totality of patients' personal, cultural, social and religious needs into account. For example, all staff had access to a comprehensive handbook with information on many religions and their beliefs. The handbook also contained information on communicating with people of differing ethnicities, and also various forms of disability, illnesses, age groups, genders and sexual orientation. There was a chaplain attached to the practice who could be contacted by people of all and no religion, faith or belief.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Outstanding



## Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.

Outstanding



# Summary of findings

- 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 ethos of rigorously challenging and reviewing all aspects of the practice. Staff, patients and other stakeholders were involved in the process. The partners attended away days at which they set challenges to improve upon their current business plans, policies and procedures.
- 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.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- 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 robust systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice gathered feedback from patients using new technology, and had a very engaged patient forum (patient participation group) which influenced practice development. For example they had influenced changes in the appointments system. In the past if appointments ran out in the morning, patients had to phone back in the afternoon. Now in response to patient forum concerns a more flexible system meant that patients could phone anytime for appointments on the day.
- There was a strong focus on continuous learning and improvement at all levels. The practice was a GP training practice and also helped train pharmacists and paramedic practitioners.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as outstanding for the care of older people. The provider was rated as outstanding for safety, responsiveness and for being well-led. The issues identified as outstanding overall affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Care plans were offered to patients identified at risk of avoidable hospital admission.
- The practice assisted patients with the development end of life care plans.
- Members of the patients' forum were available to help and assist older patients at seasonal flu clinics and at busy surgery times. They also helped to identify carers.
- The practice team assessed elderly patients' needs and offered proactive home visits where required. They also had systems in place to offer urgent reactive home visits during surgery time without disrupting the normal running of the surgery.
- Multi-disciplinary team (MDT) meetings included local voluntary support agencies.
- Priority seating was available in the waiting room.
- A lift had been installed in the College Road site at the partners' expense to improve access to the first floor for patients with mobility problems.

Outstanding



### People with long term conditions

The practice is rated as outstanding for the care of people with long-term conditions. The provider was rated as outstanding for safety, responsiveness and for being well-led. The issues identified as outstanding overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The GPs and nurses held focused clinical meetings looking at specific chronic disease areas to ensure their knowledge and skills were up to date and to discuss specific patients.
- There was a GP clinical lead for each chronic disease area.
- The practice would link clinic appointments for patients with more than one chronic disease so that patients on two disease registers need only attend on one day.

Outstanding





# Summary of findings

- Annual reviews were carried out during birthday months to help patients remember diary dates and to spread the workload over the year.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 79% (CCG 81%, national average 78%)
- 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. 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.
- The practice had held chronic disease awareness days for patients which included a two day health awareness weekend where a large number of organisations provided healthcare information and support which had been organised by the patient forum.

## Families, children and young people

The practice is rated as outstanding for the care of families, children and young people. The provider was rated as outstanding for safety, responsiveness and for being well-led. The issues identified as outstanding overall affected all patients including this population group.

- 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 or failed to keep appointments. Immunisation rates were average for all standard childhood immunisations.
- Patients who missed immunisations were followed up to encourage attendance
- The practice informed the local authority protection register team if children who had moved in to the area and were flagged on the notes as having child protection issues did not appear on the local authority protection register within a month.
- All children on the at risk register were identified on the practice's electronic patient record system.
- All instances where children did not attend appointments were followed up.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.

Outstanding



# Summary of findings

- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 76% (CCG and national averages 82%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Patients were referred to the local Child and Adolescent Mental Health Service (CAMHS) where appropriate.
- The practice and patient forum engaged with young people attending secondary school. They had also devised a questionnaire which included a question specifically about young carers.
- There was a specific page on the practice website which provided advice and information for teenagers.
- They ran an emergency contraception service.
- We saw positive examples of joint working with midwives and health visitors.

## **Working age people (including those recently retired and students)**

The practice is rated as outstanding for the care of working age people (including those recently retired and students). The provider was rated as outstanding for safety, responsiveness and for being well-led. The issues identified as outstanding overall affected all patients including this population group.

- 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. They had been offering them for several years and were an NHS England beacon practice for the provision of online services (a practice identified by NHS England as excelling in a particular discipline and used to support and train other providers). They had made an educational video for NHS England advising practices how to increase patient uptake of online access and services.
- The practice offered extended opening hours that provided GP, practice nurse and health care assistant (including smoking cessation) services for patients who could not attend during normal working hours.
- Individual patient access requirements and preferences could be added to their records.
- Patients could email the GP for advice and their correspondence was answered throughout the day.
- A full range of health promotion and screening that reflects the needs for this age group was offered.

**Outstanding**



# Summary of findings

## People whose circumstances may make them vulnerable

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable. The provider was rated as outstanding for safety, responsiveness and for being well-led. The issues identified as outstanding overall affected all patients including this population group.

- The practice held a register of vulnerable patients which included patients with learning difficulties,
- The practice worked closely with local agencies, projects, schools and pharmacies particularly at their Ian Gow site where patients had more difficulties accessing primary care.
- Staff had had training in cultural competency and communicating with different patient groups.
- The practice offered a dedicated service to patients from a local disability accommodation and support centre.
- They had been instrumental in setting up the locality Vulnerable Patient Locally Commissioned Service which involved devising care plans for patients at risk in addition to the two per cent most vulnerable patients in the practice. They had developed a computer template to help administer this and shared it with other practices.
- Patients on the palliative care register (not just those with a diagnosis of cancer), were put on the vulnerable patients list. They had a written care plan which included a preferred place of care and death and any wishes with regard to resuscitation. The information was shared with the ambulance and out of hours services with the patient's consent.
- The practice had a carers' lead and a patient forum carers' lead and they actively worked with local carers' organisations.
- The practice offered longer appointments for patients with a learning disability. All patients with a learning disability were seen for an annual review. The practice used 'easy read' formats where appropriate to communicate with these patients.
- The practice regularly worked with other health care and social services professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- There was a fortnightly welfare benefits drop in clinic at the Ian Gow surgery. A number of GPs and staff had had welfare benefits training.
- 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.

Outstanding



# Summary of findings

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

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia). The provider was rated as outstanding for safety, responsiveness and for being well-led. The issues identified as outstanding overall affected all patients including this population group.

- 81% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG (79%) and national (84%) averages.
- The practice offered dementia training for clinical and non clinical staff. Some staff had been identified as 'dementia friends'.
- Receptionists called patients who needed reminding about appointments and there were dementia friendly signs on toilet doors.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 89% which was comparable to CCG (90%) and national (88%) averages.
- GPs referred patients to a local counselling service. Staff at the practice assisted patients to self refer and they had compiled a list of self-help resources that they offered patients with mental health problems.
- Care plans for patients with a learning disability and dementia included a section where the patient could add their own requests to be included in the plan. (Called patient voice in the care plan).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice had access to crisis teams and referrals were also made to the locality mental health team.
- The practice provided training to all staff on the specific needs of ethnic minorities in relation to mental health.
- There was a 'did not attend' policy to support and help patients those who regularly failed appointments.
- The practice provided training for staff on dealing with suicidal callers.
- 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.

Outstanding



# 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. Two hundred and fifty nine survey forms were distributed and 111 were returned. This represented 0.8% of the practice's patient list.

- 62% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 70% and national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.

- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and 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 28 comment cards which were all positive about the standard of care received. The surgery and care were described as extremely good and excellent. Staff were thought to be professional, helpful, listening, caring and understanding and patients felt that they were treated with dignity and respect.

We spoke with four patients during the inspection. All four patients said they were very satisfied with the care they received and thought staff were approachable, committed and caring. The practice was described as excellent.

## Outstanding practice

We saw several areas of outstanding practice:

- External stakeholders such as patients, nursing home staff and members of the wider multi-disciplinary team were invited to attend the section of significant events meetings that they were involved in, ensuring transparency throughout the process.
- Multi-disciplinary team (MDT) meetings included local voluntary support agencies.
- The practice lead GP in information technology (IT) and the practice clinical governance lead had devised a robust system of 'spiral audit' whereby areas of clinical activity could be examined, reviewed and acted on a continuous basis. This was a highly reactive system allowing the practice to immediately input the latest National Institute for Health and Care Excellence (NICE) or Medicines and Health Products

Regulatory Agency (MHRA) guidelines and therefore identify and review patients that may be at risk. This meant that patient outcomes were continuously reviewed and improved.

- The practice had identified a high proportion of carers (4.4%) amongst their patients and had both a practice carers' lead and a patient forum carers' lead as well as a patients' lead. They worked together with the practice team to identify and support carers. The practice was pro-active in identifying young carers. An extensive carers' protocol was available on the website.
- There was a chaplain attached to the practice who could be contacted by people of all and no religion, faith or belief.
- The practice business manager was also the managing partner and as a consequence was committed to driving forward new initiatives.

# The Lighthouse Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

## Background to The Lighthouse Medical Practice

The Lighthouse Medical Practice is a surgery offering general medical services to the population of Eastbourne. There are approximately 14,900 registered patients. The practice has a branch surgery which we did not inspect as part of this inspection process.

The Lighthouse Medical Practice is run by eleven partners made up of GPs and a business partner who is also the practice manager. The partners were supported by two salaried GPs. There are five female and seven male GPs. The GPs hours add up to 10.5 full time equivalent GPs. The senior partner and practice manager who is also the business manager and a partner form an executive team that takes decisions on behalf of the partners when necessary. The practice also employs five practice nurses, three healthcare assistants (HCAs), a phlebotomist, three operations managers and a team of administrative / reception staff.

The practice is a teaching practice for GP registrars (doctors training to be GPs) and four of the partners have been or are GP trainers.

The practice runs a number of services for its patients including asthma and chronic obstructive pulmonary disease (COPD) clinics, diabetes clinics, new patient checks, microsuction and ear syringing, sexual health clinics including coils and implants, smoking cessation advice and treatment and holiday vaccinations and advice.

Services are provided from two locations:

College Road Surgery

6 College Road

Eastbourne

BN21 4HY

And a branch surgery located at:

Ian Gow Memorial Health Centre

Milfoil Drive

Langney

Eastbourne

BN23 8BR

We did not inspect the branch surgery during this inspection.

The surgery at College Road is a converted building which further significant refurbishment in 2012. This included three additional consulting rooms and a lift. The building is owned by the partners. The Ian Gow site in Langney is managed by the NHS Property Services.

The practice is open between 8am and 6pm Monday to Friday. Appointments for GPs at both sites are available from 8.15am to 11.30am (normal surgery) or 11.50am (duty doctor surgery) every morning and 3pm to 5pm (normal

# Detailed findings

surgery) or 5.25pm (duty doctor surgery) in the afternoon. In addition extra urgent appointments are also available. The nursing team offer appointments from 8.15am -12.30pm and from 1pm to 5.30pm. Extended hours appointments are offered at both sites on alternate weeks on Monday evenings from 6.30pm to 8.15pm and one Saturday a month from 8am to 9.30am again on alternate sites. Extended hour surgeries are available for GPs, nurses and HCAs and are pre-bookable. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for people that needed them.

The demographics of the populations across the two surgery catchment areas are quite different. College Road has an elderly population larger than the national average whereas Ian Gow has a younger population and is based in a local government ward with the highest percentage of population aged 19 years and under in East Sussex. The practice population for the Ian Gow surgery is classed as deprived with a large percentage of families unemployed and living on benefits.

The practice population has a higher number of patients over 65 years of age (26.8%) than the national average (17.1%). It also shows a slightly lower number of patients under 18 years (19.3%) than the national average (20.7%). There is a higher than average percentage of patients with a long standing health condition (80%, national average 54%). The percentage of registered patients suffering deprivation (affecting both adults and children) is just higher than the national average and higher than the local average, but one ward in their catchment area shows significantly higher than average child deprivation.

## 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 21 June 2016.

During our visit we:

- Spoke with a range of staff (GPs, nurses, health care assistants, management staff, receptionists and administrators) and spoke with patients who used the service.
- Observed how patients were being cared for.
- 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).

# Detailed findings

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





# Are services safe?

## Our findings

### Safe track record and learning

Patients were protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things went wrong.

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

- All staff were open and transparent and fully committed to reporting incidents and near misses. The level and quality of incident reporting showed the levels of harm and near misses, which ensured the practice had a robust picture of safety. For example in 2015, 37 significant events were recorded of which 30% were reported by administration staff and 70% by clinical staff. Of these 51.4% were clinical issues, 24.3% procedural and 24.3% were data security concerns. The significant event records categorised incidents according to levels of risk so that safety issues could be prioritised.
- Staff told us they would inform their line 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.
- There was a genuinely open culture in which all safety concerns raised by staff and people who used services were highly valued as integral to learning and improvement. Patients and other stakeholders such as nursing home managers were invited to significant events meetings when the incident in which they were involved was discussed.
- All staff were invited to all the significant events meetings so that learning opportunities were maximised. Meeting times varied and if meetings took

place over their lunch time the practice actively encouraged and commended attendance. Dates for 2017 had already been planned ahead and emergency meetings were arranged in between if required, to discuss any urgent incidents that occurred so that early resolution could be achieved. Due to the high level of reporting the practice separated significant event meetings for clinical and administrative incidents so that they could be dealt with effectively.

- Urgent significant events were reported directly by the managers to the practice leads for significant events for immediate consideration.
- Safeguarding issues or clinical complaints were also considered as significant events We also saw that significant events acted as a driver for clinical audit for example a significant event revealed that a patient on hormone replacement therapy (HRT) who had not had a hysterectomy had received HRT containing one type of hormone instead of two. This represented an increased risk of unwanted side effects. To prevent this happening again, the issue was put in to the continuous and responsive audit system devised by the information technology lead (spiral audit) and if this occurred, it would be flagged up and addressed.
- The practice carried out a thorough analysis and annual review of the significant events which included a root cause analysis. We also saw that outcomes were revisited and the implementation and success of any agreed changes monitored at pre-set intervals.

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, there was a misunderstanding regarding instructions relating to a medicine. We saw that this was dealt with as a significant event and as a complaint. The option to add a written warning note to a similar prescription was made available on the computer system and the event and subsequent actions were also discussed with the pharmacist.

### 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:



## Are services safe?

- 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 and the policy was linked to pan-Sussex procedures. There was a lead member of staff for safeguarding and also individual leads for child safeguarding and the safeguarding of vulnerable adults. 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. All clinical staff were trained to child protection or child safeguarding level three. The practice policy was for all staff to update their training annually. The regional clinical lead had visited the practice to provide face to face training for all staff and this was to be repeated this year as well. Members of the patient forum (the patient participation group) had received training from the safeguarding lead. The practice had forged a good relationship with health visitors and any child safeguarding concerns would be relayed to them immediately. All instances where children or patients over 80 years of age did not attend appointments would be followed up.
- A notice in the waiting room advised patients that chaperones were available if required which also stated who the chaperones were. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All clinical staff had been DBS checked, but additionally the practice ran random DBS checks on different clinical members of staff annually.
- 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, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice search procedures for electronic repeat prescribing were shared with the CCG pharmacy team and the CCG had requested that they help other practices with their procedures for electronic prescribing where required.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four 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. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of



## Are services safe?

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Managers walked around every room at the start of each day to ensure that no new safety issues had developed since the last check. They also constantly monitored the Health and Safety Executive website, informed staff and updated policies where applicable.
- 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. This was continuously reviewed and updated by members of the management team. The GP rotas and cover had been arranged for the next year although there was flexibility in the system to allow for additional study leave, annual leave or sick leave at short notice.

### **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.
- The treatment rooms used by nurses also had manual panic buttons in place.
- 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 comprehensive business continuity plans in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. We saw that the plan was constantly under review and updated where appropriate. Several members of staff held memory sticks with the plans on them so that they could be accessed off site.

# 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. All alerts were logged and saved on the practice computer system.
- The practice continuously monitored that these guidelines were followed through risk assessments and audits.
- The practice sent out a regular clinical governance newsletter to its clinicians with updates on recent guidelines as well as other issues of clinical interest.

### 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 99% of the total number of points available. Exception reporting was significantly higher than clinical commissioning group (CCG) and national averages for mental health, respiratory conditions and rheumatoid arthritis and above average for some diabetes reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice explained that in addition to opportunistic reviews, they recalled patients every three months from their birthday month until they attended a review or actively declined monitoring. From January this year staff had regularly tried to contact patients by phone until they attended a review or actively declined. Patients who had been sent three written invites by the end of the QOF year (March) were recorded as informed dissent, but continued to be sent reminder letters. The practice believed that the high exception reporting reflected social factors with a

reluctance to engage with health promotion. The practice had responded to that last year by bringing forward the telephone contacts from February to January and had decreased the exception reporting for asthma from 361 patients in 2014-2015 to 217 in 2015-2016. They also showed improvements in exception reporting for chronic lung disease and diabetes, but not for rheumatoid arthritis or mental health reporting (these 2015-2016 figures cannot yet be verified by CQC).

Data from 2014 to 2015 showed:

- Performance for diabetes related indicators were similar to the national average. For example the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was 79% compared to the CCG average of 81% and national average of 78% .
- Performance for mental health related indicators was similar to 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 was 89% compared to the CCG average of 90% and national average of 88% .

The practice was an outlier for one area of QOF. The percentage of patients with atrial fibrillation with an intermediate risk of having a stroke, who were currently treated with anticoagulation drug therapy or an antiplatelet therapy was 92% compared to the CCG average of 98% and national average of 98%. The practice had identified this was an area that could be further improved upon and had included it in their recurrent (spiral) audits. This meant that any patient with atrial fibrillation that should be considered for blood thinning medication and wasn't on any was identified and their GP alerted. The GP then had to take action either to commence treatment or record why they weren't. If no action was taken it would be flagged up again the next month.

There was evidence of quality improvement including clinical audit.

- The information technology (IT) and clinical governance leads for the practice had devised a system of continuous audit which had been named 'spiral audit'. This was used to identify patients or issues that were flagged up following a NICE guidelines alert or significant event for example, as requiring investigation

# Are services effective?

(for example, treatment is effective)

and action. Alerts were identified as red, amber or green. The audits were run monthly and any GP with patients in a red action was alerted each month. For example an audit was run each month as to whether a patient on a medicine that can cause bleeding of the stomach lining was also on a medicine to prevent such bleeding. The issue was put in to the spiral audit and if this occurred, it would be flagged up and addressed. We saw evidence of the effectiveness of spiral audit in several situations. Another such example was that if a patient with mental health issues had not picked up their medicines, then this would be flagged up to the GP for urgent action. There were 43 spiral audits running at the time of the inspection.

- In addition to the spiral audit, here had been four clinical audits carried out in the last two years. All of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve services. For example in response to a significant event where there was a mix up over scanning documents for two people with the same name, the Caldicott lead and a member of the administrative staff decided to run an audit of clinical records to assess the prevalence of mis-filing of records of patients with the same name. They ran a search of all patient notes where two or more people had the same name. They then scrutinised all of those notes and identified any letters or results that had been mis-filed and filed them in the correct notes. Reasons for mis-filing were addressed and changes to the systems were made and learning disseminated to staff.
- Information about patients' outcomes was used to make improvements such as: An audit to find out what percentage of patients with type two diabetes were being treated with the recommended first line medication for the condition was carried out. The numbers were lower than their target and an alert message was added to the notes of all patients with type two diabetes, for GPs to action. A repeat audit showed an improvement that met the target, but the practice still felt that further improvement could be made and further recommendations were made and actioned.

- Additionally the administration team ran weekly medicine searches which ensured that medicines prescribed had the appropriate monitoring carried out. There were currently 26 medicines included in the searches.

## Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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 such as diabetes and respiratory 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- All staff received a six month follow up review following their annual review as part of a continuous review process.
- All staff received an annual stress risk assessment which was fed back to the management team, who took appropriate action to help alleviate areas of stress. 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. The

# Are services effective?

## (for example, treatment is effective)

practice regularly brought in external specialist trainers where appropriate (for example fire safety training). They often ran the sessions twice on different days, once at each site.

### 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.
- Clinical staff held regular minuted clinical meetings. Agenda items were allocated to clinicians to action where appropriate.
- 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.
- Where patients had been assessed as not having the capacity to make specific decisions we saw evidence that best interest meetings had taken place.

- NHS England were promoting using the practices consent processes as part of their role as a beacon site for the use of online services.

### 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 and those in need of help with emotional and psychological issues. Patients were signposted to the relevant service.
- Patients on the palliative care register (not just those with a diagnosis of cancer), were put on the practice's vulnerable patients list. They had a written care plan which included a preferred place of care and death and any wishes with regard to resuscitation. The information was shared with the ambulance and out of hours services with the patient's consent.

The practice's uptake for the cervical screening programme was 76%, which was a lower than the CCG average of 82% and the national average of 82%. 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. There were 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/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 95% to 96% (CCG average 95%) and five year olds from 88% to 96% (CCG averages 90% to 96%).

Patients had access to appropriate health assessments and checks with the health care assistant. 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.

# 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 and conversations could not be overheard.
- Privacy slips were available at the reception desk. They allowed patients to write down their questions or query or request a private chat and hand it to the receptionist if they didn't wish to 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.

All of the 28 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 four members of the patient forum, the practice's name for their patient participation group (PPG). They also told us they were very happy 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 always 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 generally above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% 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 with the patients having a space on the plan to put their own thoughts and requests.

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:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- There was a translation service available for receptionists to use on a hand held tablet.
- Learning disabled patients who couldn't read were sent letters in 'easy read' format to invite them to a review.
- The practice had access to a hearing loop.

### **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 660 patients as carers (4.4% of the practice list). One of the health care assistants was the carers lead and there was also a patient

forum carers lead. They were proactive in trying to identify carers and worked closely with local carers support organisations. There was also a patients lead who worked with the carers lead to identify ways to support carers. The practice and patient forum were currently devising a questionnaire to young people attending a local secondary school. The copy that we saw included a question specifically about young carers. Written information was available to direct carers to the various avenues of support available to them and an extensive carers protocol was available on the website.

Staff told us that if families had suffered bereavement an alert was attached to their records. The practice sent a sympathy card and the usual GP would call or visit. This call was either followed by a patient consultation or by giving them advice on how to find a support service as appropriate. The practice had access to a chaplain who they could arrange for relatives to see if they wished. The chaplain would see people of all faiths or none. We saw examples of personalised care of a relative following bereavement.





# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had in the past identified a need to refer patients with persistent leg ulcers to a tissue viability service at an early stage. They had, in conjunction with a specialist provider, put together a proposal for a pilot scheme to set up such a service in Eastbourne. This was the first nurse led service in the country. The pilot demonstrated that the benefits of the service were shown to include independently audited healing rates of previously unhealed ulcers of 82% in six weeks (statistics at the time showed healing rates around 22% with practice nurse and district nurse management alone). The average duration of the treated wounds was 3.3 years prior to referral. This improved the quality of life of many patients. It was taken up by the local cluster of practices and under the current provider was now used by three CCGs.

- Other shared initiatives that the practice was involved in were that they had been instrumental in setting up the locality Vulnerable Patient Locally Commissioned Service which involved devising care plans for patients at risk in addition to the two per cent most vulnerable patients in the practice. They had developed a computer template to help administer this and shared it with other practices.
- The local hospice was evaluating the practice's palliative care processes.
- Extended hours appointments with GPs and nurses were offered at both sites, on alternate weeks, on Monday evenings from 6.30pm to 8.15pm and one Saturday a month from 8am to 9.30am again on alternate sites. There were longer appointments available for patients with a learning disability or complex medical problems and home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. There were 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.
- There were disabled facilities, baby changing facilities, a hearing loop and translation services available.
- The practice provided information in large print, easy read or braille and could arrange a British Sign Language interpreter. Also GPs could access translation services via their mobile phones and staff via tablets.
- The practice provided information on setting up text relay telephone support for patients with hearing difficulties if required.
- The practice had installed a lift at the partners' expense to improve access for wheelchair users and those patients with reduced mobility. Priority seating had been introduced in the waiting room by the patient forum.
- All GPs had been given a comprehensive handbook with information on many religions and their beliefs. The handbook also contained information on communicating with people of differing ethnicities, and also various disabilities, illnesses, age groups, genders and sexual orientation. The handbook was also available to all staff via the practice's intranet.
- There was a chaplain attached to the practice who could be contacted by people of all and no religion, faith or belief.
- There was a fortnightly welfare benefits drop in clinic at the Ian Gow surgery. A number of GPs and staff had had welfare benefits training.
- There was a link on the practice's website to information and advice about issues and services that may be of particular concern to teenagers.
- The patient forum ran a practice social media site.

### Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments for GPs at both sites were available from 8.15am to 11.30am (normal surgery) or 11.50am (duty doctor surgery) every morning and 3pm to 5pm (normal surgery) or 5.25pm (duty doctor surgery) in the afternoon. In addition extra urgent appointments were also available. The nursing team offered appointments from 8.15am -12.30pm and from 1pm to 5.30pm. Extended hours appointments were offered at both sites on alternate weeks on Monday evenings from 6.30pm to 8.15pm and



# Are services responsive to people's needs?

## (for example, to feedback?)

one Saturday a month from 8am to 9.30am again on alternate sites. Extended hour surgeries were available for GPs and nurses and were pre-bookable. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Appointments could be booked via an automated telephone service, online, via telephone or by visiting the surgery.

To access care between 6pm and 6.30pm the practice advertised an out of hours number to phone. At all other times patients were asked to call 111 to be directed to the appropriate out of hours care and advice.

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.

- 86% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group average of 80% and the national average of 78%.
- 62% of patients said they could get through easily to the practice by phone compared to the clinical commissioning group average of 70% and the national average of 73%.

The practice were aware of issues with the phones and access and had carried out several surveys and consulted with the patient forum. They had put in place an automated telephone booking service that was accessible 24 hours a day every day. New appointments became available at 6am in the morning and the line could be used to book standard 10 minute appointments to book on the day or up to four weeks in advance. It was also possible to book appointments using the phone or in person via a receptionist or to book online. A very recent patient survey run by the practice since the changes were made, showed that out of over 900 replies, only five made any comment on difficulties accessing the practice via the phone.

The practice had also formulated a policy in conjunction with the patient forum to try to reduce the number of patients who did not attend for appointments.

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

The practice had a specific protocol and system in place to assess:

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

Calls for home visits were taken by reception staff who had a protocol to work with and who were trained to recognise and ask whether the call was urgent. Any calls that were of concern were immediately put through to a GP and if necessary there was capacity built in to the system to allow a GP to visit immediately. The remaining visits were triaged by the GPs after morning surgery. Details were taken so that the GP could call prior to the visit. 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. There were posters displayed and a summary leaflet available as well as information in the practice booklet and on the web site.

We looked at 32 complaints received in the 12 months prior to the inspection of which 13 were verbal complaints and 19 were written complaints. We found that complaints were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, one patient complained following a consultation with a GP. The patient received an initial written response followed by a telephone conversation, apology and explanation from the GP. The patient declined a further written response. The process was clearly recorded including the content of the call and the complaint was reviewed at the next review meeting. Patients who had made complaints about the practice were often asked if they would like to join the patient forum (PPG). Significant complaints were referred on to significant



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

events meetings. There was active review of complaints and how they are managed and responded to and improvements were made as a result. The practice held an annual review of all complaints with the purpose of discussing and learning from trends both as a team and as individuals and to share their reflections. For example a patient was unhappy because their appointments weren't long enough to resolve all their problems. An investigation

found that they had received several duty doctor appointments and had not realised there was a choice of length of appointment. There was a lack of continuity of care. As a result the appointment system was explained to her and they were given an extra long appointment with their GP. Staff were asked to explain the types of appointments clearly and a new information leaflet was produced.

# Are services well-led?

Outstanding



(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 and staff knew and understood the values. The practice were revising their mission statement and were in the process of consulting with the staff about it.
- The practice had a comprehensive strategy and supporting business plans which reflected the vision and values. The plans were regularly monitored, reviewed and updated at partner meetings.
- We saw that the practice had an ethos of challenging and reviewing all aspects of the practice activity for example during partnership away days. At other times they also involved the staff, patients and other stakeholders in the review process.

### Governance arrangements

The leadership, governance and culture were used to drive and improve the delivery of high quality person-centred care.

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. The list of staff roles was easily accessible on the computer.
- There was an executive body consisting of the practice business manager who was also the managing partner and senior partner who could make some decisions on behalf of the partners.
- Practice specific policies were implemented and available to all staff on the computer desktops. There was a system of links to a wide variety of general and specific information with a page for staff devised by the practice manager and accessible to all staff.

- Policies were constantly reviewed and staff were encouraged to feedback any ideas that they had for improvements. Staff were also engaged in the updating and writing of policies specific to their areas of responsibility
- 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. This included a spiral audit system which incorporated 43 ongoing continuous audits, which were reviewed monthly with the capacity to constantly add audits to the system.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. This included the comprehensive, transparent and inclusive significant events/ complaints systems which was designed to keep patients safe and learn from such events and included stakeholders in the discussions.

### 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. We also saw that the partners drove forward improvements within the practice and also in the local CCG area. For example the piloting and introduction of the wound healing service.

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

# Are services well-led?

Outstanding



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

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.

There were high levels of staff satisfaction and strong collaboration and support across all staff and a common focus on improving quality of care and people's experiences. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of staff engagement. Staff at all levels were actively encouraged to raise concerns.

- A strong sense of caring and pride in their work came across from all the staff. We were told that they didn't like to use the word no and that they always tried to find alternatives for patients.
- There were staff suggestion boards at both sites and staff posted positives, negatives and ideas for improvement. Staff told us the partners listened and gave them opportunities to find solutions to concerns. Ideas discussed at monthly reception meetings were passed to the partners meetings. Outcomes were always fed back. For example staff lunchtimes were staggered to allow staff to have lunch and hand over. New tables and chairs were put in to the staff room/kitchen.
- The partners made a point of meeting staff during the day to see how they were getting on.
- Staff were very supportive and respectful of each other. They felt they had approachable managers and seniors. There were no barriers between the staff groups. The management team cared about the wellbeing of their staff. All staff had an annual stress assessment which was acted on. As a result of stress risk assessment the practice pro-actively made changes to a staff member's working day that considerably eased the stress on them when they had some family issues. We also saw another similar example of management concern and action to support a member of staff.
- All staff were encouraged to participate in all significant events meetings and complaints reviews and the issues were also reviewed at staff meetings. Meeting times

varied and if meetings took place over their lunch time the practice encouraged and commended attendance. All staff received minutes of the meetings and emails regarding action points and changes.

- There was collaboration between staff across disciplines. For example one administrative member of staff had received extended training in infection control and worked with the clinical infection control lead on both administrative and practical aspects of infection control.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at staff 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.
- Staff contracts and policies were reviewed annually and staff were each sent a letter outlining any changes to their contracts and staff policies and the reasons for the changes and could discuss any concerns with the managing partner.

## 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. They encouraged rigorous and constructive challenge from those who used the services, the public and stakeholders. For example patients and/or their carers or other stakeholders such as nursing home representatives were invited (with patient consent) to the discussion of any significant that had affected them. Patients who made complaints were invited to join the patient forum.

- The practice had gathered feedback from patients through the patient forum (the practice name for the patient participation group or PPG) and through surveys, feedback and complaints received. The patient forum was very active and met monthly. The meeting was always attended by the managing partner, a GP and other practice staff. There was also a virtual (online) arm

# Are services well-led?

Outstanding



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

of the group. They were considered to be an integral part of the practice team and had been empowered by the partners to take on responsibilities within the practice such as taking a lead on the surgery environment, reorganising the waiting room and notice boards, updating posters and producing themed areas. They carried out patient surveys, of which the latest had had 901 replies, 746 in the first four weeks, at the time of the inspection. They also ran a social media site and wrote a practice newsletter in conjunction with the practice team which had a circulation of 5500. They submitted proposals for, and helped advice the management team with, improvements to the practice. For example, changes to the extended appointments system and improving the efficiency of the influenza immunisation clinics. Members also directed and helped other patients in flu clinics and during busy periods. Members of the patients' forum told us that the practice was constantly looking for better ways of doing things.

- The practice were in the process of engaging with a local secondary school. They had devised a questionnaire for the pupils with the aim of making the Ian Gow site more familiar to pupils and try to help with various issues within the area. The practice were planning to recruit pupils to the patient forum. They were also specifically trying to identify and engage young carers. The survey included questions on what subjects they wanted more information on and what would make them more likely to attend the surgery. They had also developed a web page specifically for teenagers.
- The practice had gathered feedback from staff through staff training days and generally through staff meetings, appraisals and discussion. We saw that staff were

actively encouraged to report significant events and this had led to a high level of reporting and consequent learning. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example members of staff identified issues with prescriptions for controlled drugs. We saw evidence that it was raised as a significant event and discussed and the staff members' ideas were incorporated in to the practice standard operating procedure for the management of controlled drugs. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

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. They were part of East Sussex Better Together scheme working with other health and social care agencies. They also were represented at the Shinewater Forum which liaised with the police to help improve the locality around the Ian Gow site. The practice manager had delivered talks to other practices on setting up and engaging the patient forum (patient participation group). The practice was a Beacon Practice for patient online services. They had also devised innovative computer software such as spiral audit as well as add on software for the practice system and a programme with multiple links to local and national information on the desktop. NHS England had recently made a video at the College Road site which was promoting how practices could communicate their online services to patients. Additionally they were a GP training practice and were involved in the training of paramedic practitioners and pharmacists.