# The Coppice Surgery Partnership

## Inspection report

The Coppice Surgery
Herne Lane, Rustington
Littlehampton
West Sussex
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www.thecoppicesurgery.nhs.uk

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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 location** | Good |
| Are services safe? | Good |
| Are services effective? | Good |
| Are services caring? | Good |
| Are services responsive? | Good |
| Are services well-led? | Good |

# Overall summary

**This practice is rated as Good overall.** (Previous rating July 2017 – Good)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced inspection at The Coppice Surgery Partnership on 5 July 2018 as part of our inspection programme.

At this inspection we found:

- The practice had 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.
- Staff treated patients with compassion, kindness, dignity and respect and involved them in decisions about their care.
- Staff enjoyed working at the practice and felt supported by management.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice implemented suggestions for improvements and made changes to the way it delivered services because of feedback from patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

The areas where the provider **should** make improvements are:

- Ensure that the details of significant events are reported and recorded in a consistent format.
- Provide awareness training for all staff on the 'red flag' sepsis symptoms that might be reported by patients and how to respond.
- Improve performance against the quality and outcomes framework indicators for mental health, asthma and chronic obstructive pulmonary disease (COPD).
- Ensure that accurate and up to date training records are maintained.
- Ensure that the patient participation group is re-established so that patients and carers can share their views and experiences with the practice and influence the development and improvement of the services the practice provides.

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

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

| | |
|---|---|
| **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 |

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to The Coppice Surgery Partnership

The Coppice Surgery Partnership provides general medical services to approximately 10,636 patients living within the villages of Rustington, Angmering and the surrounding areas. At the time of inspection, the practice had recently taken on an additional 700 patients because of a nearby practice closure.

The practice has relatively large numbers of people aged 65 and older compared to the national average. Deprivation amongst children and older people is very low compared to the population nationally.

There are four GP partners and two salaried GPs. The practice also employs, three nurse practitioners, four practice nurses, one paramedic practitioner and three health care assistants. There is a patient services manager, a clinical services manager a practice manager and a team of receptionists and administrative staff.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services; family planning; and surgical procedures.

The Coppice Surgery Partnership provides services from two locations: -

The Coppice Surgery

Rustington,

West Sussex.

BN16 3BE

Angmering Medical Centre,

Station Road,

Angmering,

West Sussex

BN16 4HL.

During our inspection we visited both locations.

For information about practice services, opening times and appointments please visit their website at www.thecoppicesurgery.nhs.uk

Good

# Are services safe?

**We rated the practice as good for providing safe services.**

### Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

### Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- 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 including sepsis. However, it was noted that whilst receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient they had not had any awareness training specifically in relation to the 'red flag' sepsis symptoms that might be reported by patients.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

### Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

### Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

### Lessons learned and improvements made

The practice learned from improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

Good

# Are services safe?

- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and acted to improve safety in the practice. However, the details of significant events were not always reported in a standard format which meant that key information regarding the event and how it was handled was not consistently captured. The practice showed us a new template they planned to implement which captured all the necessary information in more detail.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the evidence tables for further information.**

Good

# Are services effective?

**We rated the practice and all of the population groups as good for providing effective services .**

### 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' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used technology and equipment to improve treatment and to support patients' independence. For example, it had invested in portable electrocardiogram recorders which worked with a patient's mobile phone device. This improved the screening and diagnosis of potential heart problems in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. These patients' needs were regularly discussed and reviewed at multi-disciplinary team meetings. Anticipatory care plans for these patients were in place which could be accessed by all professionals involved in their care, including the ambulance service.
- The practice employed a paramedic practitioner who ran dedicated clinics for these patients as well as proactive planned visits to nursing homes.
- 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 worked closely with specific nursing homes and visited on dedicated days to ensure appropriate care plans were in place for patients.
- A community pharmacist undertook medication reviews of complex patients on the frailty register and liaised with the named GP.

### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the practice 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 held bi-monthly information days for patients newly diagnosed with type two diabetes.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice's performance against quality indicators for long term conditions was below local and national averages for asthma and chronic lung disease. This was because the practice had taken on 700 patients from a nearby practice that closed in 2016. The practice's QOF targets were suspended for two years in 2016, in agreement with the local clinical commissioning group (CCG) and the local medical committee (LMC), to give the practice time to adjust, reorganise and restructure its chronic disease management to accommodate the additional patients. To deal with the increased demand, the practice had recruited an additional GP and practice nurses and was re-calling patients for review on a weekly basis throughout the year.

### Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 77%, which was below the 80% coverage target for the

national screening programme. The practice told us that they wrote to patients who did not attend for cervical screening. The practice's information system highlighted if a patient was due for a smear test so that clinicians could encourage uptake if they were seeing the patient for something else.
- The practice's uptake for breast and bowel cancer screening was comparable with the national average.
- 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 considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered annual health checks to patients with a learning disability.

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

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for assessment and diagnosis.
- Patients with mental health problems were offered an annual review of their health needs.
- The practices performance on some quality indicators for mental health was above below local and national averages. This was because the practice had taken on 700 patients from a nearby practice that closed in 2016. The practice's QOF targets were suspended for two years in 2016, in agreement with the local clinical commissioning group (CCG) and the local medical committee (LMC), to give the practice time to adjust, reorganise and restructure its chronic disease management to accommodate the additional patients. To deal with the increased demand, the practice had recruited an additional GP and practice nurses and was re-calling patients for review on a weekly basis throughout the year.

**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. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

**Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- 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. However, up to date records of skills, qualifications and training were not always maintained, for example whilst there was evidence that staff had undertaken certain training this was not always reflected in the practice's overall training record. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and 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 and organisations, were involved in assessing, planning and delivering care and treatment.

Good

# Are services effective?

- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- 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.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

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

- The practice identified patients who may need 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 own health, for example through social prescribing schemes.
- 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.

### 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.

**Please refer to the evidence tables for further information.**

Good

# Are services caring?

**We rated the practice as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

### Involvement in decisions about care and treatment

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

- Staff communicated with people 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 proactively identified carers and supported them.
- The practices GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

### Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the evidence tables for further information.**

Good

# Are services responsive to people's needs?

**We rated the practice, and all the population groups, as good for providing responsive services .**

### Responding to and meeting people's needs

The practice organised 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.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

### Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided 15-minute appointment times for the first six appointments every day which allowed older patients with complex co-morbidities more time for complex problems, double appointments could be booked if needed.
- Older patients could have annual flu vaccinations in their own home or residential care if required.

### People with long-term conditions:

- The practice had a range of well-established long-term condition clinics. Patients were given longer appointments for monitoring of the conditions, identifying associated risks and ensuring investigations were up to date.

### Families, children and young people:

- The practice provided postnatal and six-week baby checks in-house. Appointments for these could be made on a Saturday if required.
- Patients could access a comprehensive range of sexual health and contraception services.
- The practice worked closely with the community midwives and health visitors. The health visitors were invited to attend practice meetings to discuss children and families at risk.
- The practice's telephone triage system enabled children to be fast tracked and seen as a priority. The practice provided open access to a GP for children under the age of one.

### 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. This included extended opening hours in the evenings and early morning, Saturday appointments and telephone appointments.
- Patients had on line access to appointment booking and repeat prescription ordering.
- The practice held flu immunisation clinics on Saturdays as well as during the week.

### People whose circumstances make them vulnerable:

- The practice's telephone triage system enabled vulnerable patients to be prioritised including children, the elderly and those with mental health problems.
- There were 15-minute appointments for patients with more complex needs.
- There was easy access on both sites for wheelchair and mobility scooter users.
- There was a dedicated member of the clinical team who undertook health checks for patients with a learning disability. These were undertaken in the home for patients unable to attend.

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

- Patients had access to counselling services and cognitive behavioural therapy.

### Timely access to care and treatment

Patients could 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.

Good

# Are services responsive to people's needs?

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.

### 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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.

**Please refer to the evidence tables for further information.**

Good

# Are services well-led?

**We rated the practice as good for providing a well-led service.**

### Leadership capacity and capability

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

- Leaders 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, sustainable care.

- There was a clear vision and set of values.
- 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 care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### 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 consistent 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 could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was an emphasis on the safety and well-being of all staff.
- The practice promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- 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 co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

There were 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. Practice leaders had oversight of safety 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.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Good

# Are services well-led?

### 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.
- The practice had 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. The practice had an online patient participation group. The service was transparent, collaborative and open with stakeholders about performance. The practice was in the process of setting up a patient participation group (PPG) and undertook regular surveys of patient views. There was evidence that the practice acted on comments and suggestions for improvement from patients.

### Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The practice made use of internal and external reviews of incidents and complaints.
- Learning was shared and used to make improvements.

**Please refer to the evidence tables for further information.**