

# Harold Road Surgery

## Quality Report

The Surgery  
Hastings  
East Sussex  
TN35 5NH

Tel: 01424720878

Website: [www.haroldroadsurgery.co.uk](http://www.haroldroadsurgery.co.uk)

Date of inspection visit: 01 March 2016

Date of publication: 27/04/2016

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	10
Areas for improvement	10
Outstanding practice	10

### Detailed findings from this inspection

Our inspection team	11
Background to Harold Road Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Harold Road Surgery on 01 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice pro-actively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

Ensure that all members of the clinical staff have been checked by the Disclosure and Barring Service (DBS).

To introduce a more robust system of audit planning and ensure the completion of second audit cycles.

**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 good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- All members of the clinical staff had been Disclosure and Barring Service (DBS) checked with the exception of one who had been risk assessed as not requiring such a check. They had since reconsidered this decision and had DBS checked that member of staff as well.
- The practice had risk assessed the use of locks on consulting room doors and decided to remove them for staff safety.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Some clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- 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

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



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

## Are services well-led?

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

Good



- The practice had a strong commitment to provide personal care, both clinical and non-clinical to their patients. Staff knew and understood this commitment.
- 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.
- Following the loss of two partners and two members of nursing staff in the last two years, they had recently been successful in recruiting three new partners and two nurses.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

# Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

- The practice pro-actively sought feedback from staff and patients, which it acted on. The patient participation group was active and had significant input in to issues such as rebuilding and refurbishing some areas of the surgery.
- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered appointments at village halls in two rural villages to improve access to those with limited transport options.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 79.6% (clinical commissioning group (CCG) 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.

Good



### Families, children and young people

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 79.6% (clinical commissioning group (CCG) average 78%).

Good



# Summary of findings

- 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.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- They had recently been promoting the use of online booking and felt that the use of the service had eased the pressure on the telephone system in the mornings.
- Telephone consultations were available as well as electronic prescribing which allowed patients to pick up prescriptions from a pharmacy near to their work place if they wished.

Good



## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



# Summary of findings

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

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 88.6% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- 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 96.1% which was better than the national average 89.6%.
- They looked after a large 45 patient dementia care home and also a large home for patients with learning difficulties.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- 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 96.1% which was better than the national average 89.6%.
- They looked after a large 45 patient dementia care home and also a large home for patients with learning difficulties.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.



## Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and forty three survey forms were distributed and one hundred and sixteen were returned. This represented 1.1% of the practice's patient list.

- 73% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group average of 77% and a national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89% and national average 85%).
- 88% of patients described the overall experience of their GP surgery as good (CCG average 87% and national average 85%).

- 87% of patients said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 78% and national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 57 comment cards 52 were positive about the standard of care received. The service was described as excellent, fantastic and good. Of the five with mixed comments, the negative issues involved having to wait too long to see the GP and two mentioned items (a prescription and a sample) going missing.

We spoke with three patients during the inspection. All three patients said they were happy with the care they received and thought staff were approachable, committed and caring. Results from the NHS Friends and Family Test showed that 86.6% of patients would recommend the practice to their friends and family.

## Areas for improvement

### Action the service **SHOULD** take to improve

Ensure that all members of the clinical staff have been checked by the Disclosure and Barring Service (DBS).

To introduce a more robust system of audit planning and ensure the completion of second audit cycles.

## Outstanding practice

# Harold Road Surgery

## 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.

## Background to Harold Road Surgery

Harold Road Surgery offers general medical services to the people of Hastings and the surrounding area. There are approximately 10,300 registered patients. The practice is able to dispense medicines to its patients living within a one mile radius of the practice.

Harold Road Surgery also cares for patients from the neighbouring villages of Fairlight, Pett and Icklesham and offer appointments twice a week in the two village halls of Fairlight and Pett.

The Harold Road Surgery is run by six partner GPs (four male and two female). The practice is also supported by one nurse practitioner, four nurses and a health care assistant. The team also included two practice managers, receptionists, administrative staff and dispensers.

The practice currently teaches medical students from Brighton and Sussex Medical School and is due to become a GP training practice in the near future.

The practice runs a number of services for its patients including asthma and COPD clinics, child immunisation, diabetes clinics, Cardiac Care including ECGs and seven day ECG monitoring, new patient checks and travel health clinics. The practice also carries out minor surgical procedures on the premises.

Services are provided from:

164 Harold Road, Hastings, East Sussex TN35 5NH

Surgeries are also held at

Fairlight Village Hall, Broadway.

Pett Village Hall, Pett Road.

- Opening hours are Monday to Friday 8.30am to 6.30pm. There are extended surgery hours on Monday, Tuesday, Wednesday and Friday from 7.45am and until 7pm on Thursdays. Doctors and nurses offer appointments within these surgery times. In an emergency the duty GP could be contacted between 8am and 8.30 am by telephone.

When the surgery is closed patients can access out of hours care via the 111 telephone number.

The practice population has a slightly lower number of patients aged 20 to 39 years and 65+ than the national average. There is also a slightly higher than average number of patients aged 18 or less. There is a slightly higher than average number of patients with a long standing health condition and slightly higher than average number of patients with a caring responsibility. The percentage of registered patients suffering deprivation (affecting both adults and children) is higher than average for England and for the Clinical Commissioning Group (CCG).

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

# Detailed findings

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 01 March 2016. During our visit we:

- Spoke with a range of staff, GPs, nurses, health care assistants (HCAs) and management staff and administrative and reception staff. We also spoke with patients who used the service and members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example a diagnosis was delayed whilst waiting for a test result rather than making an urgent referral to secondary care. We saw that the event was thoroughly examined and discussed, being referred back to three GP meetings. As a result a member of staff went on a refresher course and a full and transparent apology and explanation was given to the patient and their family.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead member of staff for safeguarding of both adults and children with a second lead GP identified in the absence of the first. 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 relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead and had recently taken over the role. 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, and the procedures used in the dispensary kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse was on the premises.
- The practice had risk assessed the use of locks on consulting room doors and decided to remove them for staff safety. All prescription pads were removed and locked away when the rooms were vacated and all drugs were stored in locked cupboards, with the exception of emergency drugs which were stored securely, but were accessible to all staff.
- 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.
- All staff were risk assessed as to whether they required a DBS check.

## Are services safe?

- All clinical staff were DBS checked with the exception of one member who had worked at the practice for 20 years and had been risk assessed as not requiring a DBS check as she was so well known to the practice and had an exemplary record. Since the inspection the practice had reconsidered this decision and had also had this member of staff DBS checked.
- 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 or failed to attend screening.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. 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 substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and a buddy system was in place for holiday cover. Most reception staff had been trained in some administration tasks as well to allow cross cover of roles to take place.

### Arrangements to deal with emergencies and major incidents

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

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### 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 96.4% of the total number of points available, with 2.9% exception 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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was 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 79.6% (national average 78.0%)
- Performance for mental health related indicators was better than the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record was 94.5% (national average 88.5%).

Some clinical audits demonstrated quality improvement.

- There had been five clinical audits undertaken in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example an audit in to the use of intrauterine contraceptive devices (IUDs) led to changes in practice including providing patients with additional information about the devices which was backed up by a six weekly review.

Information about patients' outcomes was used to make improvements such as an audit on dementia patients allowed the practice to identify and offer a further appointment to patients with memory problems who had failed to make, or cancelled, an earlier appointment.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions
- Staff administering vaccinations 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 during sessions, one-to-one meetings, appraisals,



# Are services effective?

## (for example, treatment is effective)

coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff other than those that had recently started had had an appraisal within the last 12 months.

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

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### 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.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation, those with learning difficulties and those with mental health issues. Patients were then signposted to the relevant service.
- A counsellor was available on the premises and smoking cessation advice was available from a local support group. The practice also hosted a chiropodist and a local mental health service.

The practice's uptake for the cervical screening programme was 96%, which was better than the clinical commissioning group (CCG) average of 84% and the national average of 82%. There was a policy to offer initially postal reminders and then telephone reminders for patients who did not attend for their cervical screening test. They ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of persons, 60-69, screened for bowel cancer in the last 30 months was 64.5% (CCG average 59.4%, national average 58.3%). The percentage of females, 50-70, screened for breast cancer in the last 36 months was 78.2% (CCG average 72.5%, national average 72.2%).

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91.4% to 92.5% (CCG 95.3% to 92.7%) and five year olds from 91.1% to 98% (CCG 91.2% to 96.7%).

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Of 57 patient Care Quality Commission comment cards we received, 52 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. Of the five with mixed comments, the negative issues involved having to wait too long to see the GP and two mentioned items (a prescription and a sample) going missing.

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

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

- 89.6% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 87.6% and national average of 88.6%.
- 93.2% of patients said the GP gave them enough time (CCG average 86.1% and national average 86.6%).
- 97.7% of patients said they had confidence and trust in the last GP they saw (CCG average 94.6% and national average 95.2%).

- 85.1% of patients said the last GP they spoke to was good at treating them with care and concern (national average 85.3%).
- 91.4% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 90.6%).
- 87.8% of patients said they found the receptionists at the practice helpful (CCG average 90.4% and national average 86.8%).

### 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 on the comment cards we received was also positive and aligned with these views.

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

- 86.9% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 82.3% said the last GP they saw was good at involving them in decisions about their care (national average 81.6%).
- 85 % said the last nurse they saw was good at involving them in decisions about their care (national average 85.1%).

Staff told us that translation services were available for patients who did not have English as a first language.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

## Are services caring?

Staff told us that if families had suffered bereavement, their usual GP would phone them. This call was followed by a patient consultation or by giving them advice on how to find a support service if appropriate.

# 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 was involved in the Live Well, Feel Better pilot scheme run by the CCG and hosted a living well advisor each week.

- The practice offered an extended surgery hours from 7.45am four days a week and until 7pm on a Thursday.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled and baby changing facilities, a hearing loop and translation services available.

### Access to the service

- The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.40am every morning and 2pm to 6.30pm in the afternoon. Extended surgery hours were available from 7.45am on Monday, Tuesday, Wednesday and Friday and until 7pm on a Thursday. In an emergency the duty GP could be contacted between 8am and 8.30 am by telephone.

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

The practice additionally held surgeries at Pett Village Hall from 2pm to 2.30pm on Mondays and 9am on Fridays and also at Fairlight Village Hall at 12am on Mondays and Thursdays. These surgeries were by appointment only.

The surgeries at the village halls had been risk assessed and only face to face consultations and simple

non-invasive examinations took place there. Clinicians took laptops with them to access patients' records and were always accompanied. Where possible the same clinicians ran the surgeries each week to ensure continuity of care.

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

- 86.2% of patients were satisfied with the practice's opening hours compared to the national average of 78.3%.
- 72.9% of patients said they could get through easily to the surgery by phone (national average 73.3%).
- 66% of patients said they usually get to see or speak to the GP they prefer (national average 59%).

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

The practice had recently made improvements to the building and refurbishments and had included patient and patient participation group suggestions and feedback when planning the changes.

### Listening and learning from concerns and complaints

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

- The complaint 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. Information regarding the complaints system was available in the practice booklet and on the website. Staff were all aware of the complaints procedures and how to advise patients regarding the complaints process.

We looked at 12 complaints received in the last 12 months and found that these were satisfactorily handled. They were dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example a patient complained because they were unhappy with the way that they were

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

treated over the telephone. The practice apologised to the patient and the issue was discussed at a staff meeting and with the member of staff involved who was given advice on customer care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a strong commitment to provide care, both clinical and non-clinical to their patients. Staff knew and understood this commitment.
- The practice had a robust strategy of continuous improvement, having recently made significant improvements to their building. They had also expanded their team again having lost some members to retirement and relocation. These changes were regularly monitored.
- Following the loss of two partners and two members of nursing staff in the last two years, they had recently been successful in recruiting three new partners and two nurses.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- They carried out clinical and internal audits which were used to monitor quality and to make improvements. However only one of the audits was a completed audit of two audit cycles.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings. Clinical meetings were held monthly. Multi-disciplinary team meetings were held monthly and administration/reception staff meetings were held three monthly. The nurses held clinical meetings every four to six weeks. The GPs held additional business meetings. If any important issues came up, then additional meetings would be called. Whole practice training days occurred about twice a year.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted team training days were held.
- Staff said they felt respected, valued and supported, by the partners and practice management. 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.
- The partners arranged two regular social events a year for the whole practice.

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

# Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through a suggestions box and complaints received. There was a new but enthusiastic PPG that had begun to meet regularly and had already submitted proposals for improvements to the practice management team. For example they had felt that the music which played when put on hold during a phone call was irritating, this was removed. The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

For example staff were asked for, and gave, input in to the new waiting area and dispensary. They also asked for, and received uniforms. 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 such as the Live Well, Feel Better initiative. They were early adopters of online booking and host a chiropodist, smoking cessation, counselling and mental health services. The practice currently teaches medical students from Brighton and Sussex Medical School and is due to become a GP training practice in the near future.