

# Saltdean and Rottingdean 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	Good	
Are services safe?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

The practice was rated good overall and is now rated good for providing safe and well led services.

We carried out an announced comprehensive inspection of this practice on 19 April 2016. A breach of legal requirements was found during that inspection within the safe and well led domains. After the comprehensive inspection, the practice sent us an action plan detailing what they would do to meet the legal requirements. We conducted a focused inspection on 8 December 2016 to check that the provider had followed their action plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

During our previous inspection on 19 April 2016 we found the following areas where the practice must improve:

- Ensure that all significant events are consistently captured, recorded and shared in order to maximise learning opportunities and to ensure the practice maintains an accurate overview.
- Develop an on-going audit programme that demonstrates continuous improvements to patient care in a range of clinical areas. Ensure there are at least two cycles of a clinical audit.

- Put plans in place to address lower than average levels of patient satisfaction as identified in the national GP survey. Undertake regular surveys of patient views and act on the results in order to ensure continuous improvement.

Our previous report also highlighted the following areas where the practice should improve:

- Ensure that all staff who undertake chaperone duties are trained.
- Develop a business plan that sets out the future direction for the practice.
- Consider extending the practice's opening hours in order to meet the needs of patients who cannot attend during working hours.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

During the inspection on 8 December 2016 we found:

- The practice had a system in place to ensure that significant events were captured and recorded consistently in one place. We saw that significant events were regularly discussed and that the learning was shared at team meetings.
- The practice now had a formal programme of on-going clinical audit and that two cycles of one clinical audit had been completed since our last inspection.

# Summary of findings

- The practice had undertaken a survey of 130 patients and was in the process of analysing the results. This along with the results of the national GP survey was due to be discussed at a GP meeting in January 2017 where an action plan would be developed.

We also found in relation to the areas where the practice should improve:

- All staff who undertook chaperone duties had received appropriate training for the role

- The practice had not yet developed a formal business plan that set out its future direction.

The partners had considered extending the practice's opening hours, however they still felt that they were not in a position to extend their current working hours any further

**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 now rated good for delivering safe services

At our last inspection, the practice did not have a system for capturing and recording significant events consistently so that the practice maintained an overview. Lessons from significant events were not always discussed and shared.

At this inspection, we found that the practice had a system in place to ensure that significant events were captured and recorded consistently in one place. We saw that significant events were regularly discussed and that the learning was shared at team meetings.

Good



### Are services well-led?

The practice is now rated good for delivering well led services

At our last inspection, the practice did not have a programme of continuous clinical and internal audit that was used to monitor quality and to make improvements. The practice had not undertaken a survey of patient views in the last two years. There was limited evidence to show that the practice had acted on the results of the national GP survey.

At this inspection, we found that the practice now had a formal programme of on-going clinical audit and that two cycles of one clinical audit had been completed since our last inspection.

The practice had undertaken a survey of 130 patients and was in the process of analysing the results. This along with the results of the national GP survey was due to be discussed at a GP meeting in January 2017 where an action plan addressing areas identified for improvement would be developed.

Good



# 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 was rated as requires improvement for the care of older people on 19 April 2016. This rating has now changed to good.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had a designated GP for each care home in the area to ensure continuity of care for the residents and a single point of contact for care home staff.

Good



### People with long term conditions

The practice was rated as requires improvement for the care of people with long-term conditions on 19 April 2016. This rating has now changed to good

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Diabetes indicators from the quality and outcomes framework were comparable to other practices. For example, 81% 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 compared to the CCG average of 76% and the national average of 78% (04/2014 to 03/2015).
- Longer appointments and home visits were available when needed.

All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice was rated as requires improvement for the care of families, children and young people on 19 April 2016. This rating has now changed to good,

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice provided comprehensive contraceptive and sexual health services.
- 98% of women aged 25-64 had a record to show a cervical screening test has been performed in the preceding five years (04/2014 to 03/2015) compared to the CCG average of
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held fortnightly baby clinics with the practice nurses and the lead GP.
- The practice worked closely with midwives, health visitors and school nurses.

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

The practice was rated as requires improvement for the care of working age people (including those recently retired and students) 19 April 2016. This rating has now changed to good.

- 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.
- The practice nurses provided a cervical cytology service up until 6pm four days a week for women who could not attend during working hours.

Good



## **People whose circumstances may make them vulnerable**

The practice was rated as requires improvement for the care of people whose circumstances may make them vulnerable 19 April 2016. This rating has now changed to good.

- The practice identified patients living in vulnerable circumstances.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



# Summary of findings

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.

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

The practice was rated as requires improvement for the care of people experiencing poor mental health (including people with dementia) on 19 April 2016. This rating has now changed to good.

- The number of patients diagnosed with dementia that had had their care reviewed in a face-to-face meeting in the last 12 months was 77%, which was lower than the CCG average of 82% and the national average of 84%.
- The number 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 (04/2014 to 03/2015) was 92% compared to the CCG average of 83% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice referred patients to a well-being practitioner who provided counselling and psychological therapy services in the practice premises on a weekly basis.

Good



# Saltdean and Rottingdean Medical Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

This inspection was undertaken by a CQC inspector.

### 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 on

19 April 2016 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

Breaches of legal requirements were found. As a result, we undertook a focused inspection on 8 December 2016 to follow up on whether action had been taken to deal with the breaches.



# Are services safe?

## Our findings

### **Overview of safety systems and processes**

At our previous inspection, 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. However, it was noted that not all staff used this form or were aware of it and that significant events were reported and recorded in different formats. This meant information was not being consistently recorded. We also found that not all significant events were forwarded to the practice manager and shared with all staff. We saw that some were kept and used by the GPs for their re-validation

portfolio only. This meant that there was no practice overview of the totality of significant events and that opportunities for learning and improving safety were not being maximised.

At this inspection, we found that the practice had developed a new significant event form that enabled all the information that was required to be captured and recorded in a consistent format. This form was now available on the shared computer drive so that all staff could gain access to it. Completed forms were forwarded to the practice manager who kept a log of all the significant events enabling an overview to be maintained. We saw that significant events were regularly discussed and shared at team meetings and that it was now a standard item on the agenda.

# Are services well-led?

Good 

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

## Our findings

### **Governance arrangements**

At our previous inspection, we found no evidence that the practice had its own programme for clinical audit or that any audit was undertaken in response to internal triggers such as significant events. There was therefore limited evidence to show that clinical audits demonstrated on-going quality improvement.

During this inspection, we saw that the practice had developed a formal on-going programme of clinical audit. The plan was for each GP to complete one full cycle audit per year. We saw that since our last inspection one full cycle audit had been completed and that improvements had been implemented as a result.

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

At our previous inspection we found that the practice had not undertaken a survey of patient views in the last two years. There was also limited evidence to show that the practice had acted on the results of the national GP survey, which showed that patient satisfaction was lower than the local and national average in a number of areas including GPs treating patients with care and concern and involving them in decisions about their care.

During this inspection, we saw that the practice had undertaken a survey of 130 patients and was now in the process of analysing the results. The practice manager told us that the results of this along with the results of the national GP survey would be discussed at a forthcoming GP meeting in January 2017. The practice planned to develop an action plan to address any areas identified as requiring improvement.