

# Leacroft 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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Leacroft Medical Practice on 25 May 2016. Overall the practice is rated as requires improvement.

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

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed. However, some systems and processes to address risks were not implemented well enough to

ensure patients and staff were kept safe. This included a lack of oversight for the actioning of latest guidance or best practice including medicine alerts, actioning of incoming patient correspondence, and ensuring a complete urgent referral process.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day. The patients we spoke with on the day of the inspection told us they were happy with the care and treatment they received.
- 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, but not by all members of the management team. The practice proactively sought feedback from staff and patients, which it acted on.

# Summary of findings

- The practice had a number of policies and procedures to govern activity, but some had not been completed or were not practice specific.
- The provider was aware of and complied with the requirements of the duty of candour.
- The patient participation group was active and had made a number of improvements to the practice and ensured regular communication with the patients.

The areas where the provider must make improvements are:

- Ensure that all Patient Group Directives are recorded and completed correctly, in line with legislation.
- Improve the pathways for the obtaining and dissemination of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Ensure that all correspondence relating to patients, including results, are actioned in a timely manner.
- Ensure a complete urgent referral process is implemented where cancer is suspected, to include confirmation that the referral has been sent and received.

- Formally document all practice specific policies and procedures and ensure these are made available to all staff.
- Improve the mechanisms for staff to raise concerns; ensuring consistent support and mentorship is available from all members of the management team.

In addition the provider should:

- Ensure a complete audit trail for the recording of significant events to include reference of an event to the subsequent discussion at a practice meeting.
- Ensure that alerts for children and adults at risk which are placed on the practice computer are also placed on family members' records, as appropriate.
- Consider ensuring care plans are generated and available separately to individual patient notes.
- Continue to monitor access to appointments, including the telephone system for patients.
- Formally document and communicate to all staff the practice governance, vision, strategy and supporting business plan.

**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.

- 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 things went wrong patients received reasonable support, truthful information, and a 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.
- Almost all risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance. However, we found the practice had a lack of oversight for the actioning of latest guidance or best practice including patient safety alerts, actioning of incoming patient correspondence, and ensuring a complete urgent referral process.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a dedicated carers champion for support and we were told about their plans to hold a carers support roadshow in June 2016.

## 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 shared the premises with Crawley Clinical Commissioning Group led services, enabling patients to access additional services from the practice; such as audiology and dermatology clinics. Ultrasound services were due to be offered shortly after our inspection.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included a lift, portable hearing loop, disabled facilities and baby changing facilities.
- The practice offered a variety of services including diagnostic and treatment options available by referral or privately, for example dermatology services.
- The practice regularly attended to the residents of a number of nearby care homes to provide services that included medicine reviews and health checks. We received positive feedback from one of the care home managers about the care and treatment received.
- 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 requires improvement for being well-led.

**Requires improvement**



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients, but this was not well documented. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by most of the management team.
- 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.
- Most practice policies were implemented and were available to all staff but we saw that some policies had not been completed or were not practice specific.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and had substantially supported the practice during the storm incident in 2013.
- There was a strong 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 provider was rated as requires improvement for effective services and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 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.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for effective services and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The number of patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 74% compared with a national average of 78%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 91% compared with a national average of 88%.
- 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.

**Requires improvement**



### Families, children and young people

The provider was rated as requires improvement for effective services and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for

**Requires improvement**



# Summary of findings

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 had a policy to notify a health visitor if a child repeatedly missed their immunisation appointments.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 70% which was comparable to the CCG average of 72% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

The provider was rated as requires improvement for effective services and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 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 including booking/cancelling appointments and an electronic prescribing service.

**Requires improvement**



## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for effective services and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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.

**Requires improvement**





# 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 provider was rated as requires improvement for effective services and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- Data from the Quality and Outcomes Framework (QOF) showed results were better than national averages for this population group. For example the percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 89% which was better than the national average of 84%.
- 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.

**Requires improvement**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed mixed results when comparing this practice with local and national averages. 302 survey forms were distributed and 117 were returned. This represented a response rate of 39% and less than 1% of the practice's patient list.

- 58% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group average of 68% and the national average of 73%.
- 66% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group average of 71% and the national average of 76%.
- 74% of patients described the overall experience of this GP practice as good compared to the clinical commissioning group average of 82% and the national average of 85%.

- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the clinical commissioning group average of 75% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all positive about the standard of care received. Patients said they felt the practice offered good care and staff were friendly, informative and kind. Many patients commented on the cleanliness and good facilities at the practice building.

We spoke with six patients during the inspection. They all said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

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

- Ensure that all Patient Group Directives are recorded and completed correctly, in line with legislation.
- Improve the pathways for the obtaining and dissemination of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Ensure that all correspondence relating to patients, including results, are actioned in a timely manner.
- Ensure a complete urgent referral process is implemented where cancer is suspected, to include confirmation that the referral has been sent and received.
- Formally document all practice specific policies and procedures and ensure these are made available to all staff.

- Improve the mechanisms for staff to raise concerns; ensuring consistent support and mentorship is available from all members of the management team.

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

- Ensure a complete audit trail for the recording of significant events to include reference of an event to the subsequent discussion at a practice meeting.
- Ensure that alerts for children and adults at risk which are placed on the practice computer are also placed on family members' records, as appropriate.
- Consider ensuring care plans are generated and available separately to individual patient notes.
- Continue to monitor access to appointments, including the telephone system for patients.
- Formally document and communicate to all staff the practice governance, vision, strategy and supporting business plan.

# Leacroft Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Leacroft Medical Practice

Leacroft Medical Practice is located in a purpose built premises in a residential area of Langley Green in Crawley. The practice provides primary medical services to approximately 8100 patients. The practice also provides care and treatment for the residents of a nearby care home, which serves individuals with mental and physical care needs, including dementia.

There are two GP partners and two salaried GP (one male, three female). Collectively they equate to just over three full time GPs. The practice is registered as a GP training practice, supporting medical students and providing training opportunities for doctors seeking to become fully qualified GPs.

There are seven female members of the nursing team; five practice nurses and two health care assistants. The practice also employs a pharmacist. GPs and nurses are supported by the practice manager, a patient services manager, and a team of reception/administration staff.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of patients who are aged 0 to 18 when compared to the

national average. The number of patients aged over 65 years of age is slightly above the national average. The number of registered patients suffering income deprivation is in line with the national average.

The practice is open from 8am to 1:00pm and 2:00pm to 6pm Monday to Friday. An emergency telephone service is provided between 1pm and 2pm. Extended hours appointments are offered Tuesday and Wednesday until 8pm.

Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hours service by calling the surgery or viewing the practice website.

The practice runs a number of services for its patients including; family planning, minor surgery, hypertension clinics, smoking cessation, and travel vaccines. The practice shares the premises with Crawley Clinical Commissioning Group led services, enabling patients to access additional services from the practice; such as audiology and dermatology clinics. The practice also offers services available privately including aesthetic treatments and occupational health assessments.

The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of the NHS Crawley Clinical Commissioning Group.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

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

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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 May 2016. During our visit we:

- Spoke with a range of staff including; GPs, nurses, health care assistants, receptionists, the practice manager and receptionists/administrators/secretaries (patient services team).
- We also spoke with six patients who used the service, including three members of the patient participation group.
- Observed how people were being cared for and talked with carers and/or family members and reviewed 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.
- Made observations of the internal and external areas of the main premises.
- Reviewed documentation relating to the practice including policies and procedures.

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

# Are services safe?

## Our findings

### Safe track record and learning

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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events that was open and transparent. It was not always possible to reference an event to the subsequent discussion at a practice meeting although we noted that the event itself and the learning outcomes were well recorded and shared. This included that all staff were invited to participate in meetings and there was a culture of learning within the practice.

### 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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Children and adults at risk were identified on the practice computer system using an alert on their record, for example those at risk of harm, subject to safeguarding procedures or on a child protection plan. However we noted the alert was placed on the

individual's file only, and not extended to their family if appropriate, in order to provide wider safeguarding identification. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All clinical staff were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. In addition to nurses, the practice had trained five of their patient services team to act as chaperones. They were all trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all staff had received training by completing recognised self-guided learning booklets. Annual infection control audits were undertaken and we saw evidence of the most recent audit completed in February 2016. We saw that action was taken to address any improvements identified as a result, for example it was identified that staff required an update on handwashing and this was completed in-house within one week of the audit.
- The majority of arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines, for example ensuring appropriate patient tests were completed prior to their issue. The practice did not hold stocks of controlled drugs. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe

## Are services safe?

medicines for specific clinical conditions. We were told they did not always receive mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We viewed the PGDs in use by the practice and found that 11 had not been completed correctly for one of the nurses, as they had not been signed by a GP in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that the legionella risk assessment report had recently been received by the practice and they were in the process of implementing the actions.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. This included a rota that was released every two weeks for the patient services team that included cover provided by supervisors if necessary. The partners liaised with the practice manager regarding any gaps in GP availability and a regular locum was used if required; appropriate recruitment checks were carried out prior to use.

### 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 two "red bags" containing emergency medicines and equipment. They were both easily accessible to staff in secure areas of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. Both bags had a defibrillator available as well as oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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. We saw that it had recently been reviewed.



# 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 clinical staff told us they took personal responsibility for keeping themselves up to date, but the practice did not have a formal internal process to regularly seek and disseminate information. This included the review and action of information from NICE and patient safety alerts. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### 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 97% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- For example, patients with diabetes had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 74% compared with a national average of 78%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 91% compared with a national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 86% which was better than the national average 84%.
- Performance for mental health related indicators was better than the national average. For example, 98% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88%.

- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 89% which was better than the national average of 84%.

There was evidence of quality improvement including clinical audit.

- The practice provided evidence of three clinical audits completed in the last two years, these were completed audits 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 was completed in April 2015 following an incident where a patient was prescribed a supply of pain relieving medicine for two months, but due to new regulations (that made it a controlled drug) was only issued a one month's supply by the pharmacy. The audit found that the practice did not act on a notification in 2014 regarding the changes. It was also found that four out of 96 patients on a repeat prescription were receiving more than a month's supply. All affected patients were contacted regarding the change and their prescription altered. The issue was treated as a significant event and discussed at a practice meeting, along with all clinicians being contacted with the audit findings. A second audit was completed in January 2016 where all patients were found to be receiving the correct supply.

### 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 and they had developed a checklist to ensure the process was completed in full. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The staff we spoke to told us they had good opportunities for training, either through the practice or through CCG initiatives.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

# Are services effective?

## (for example, treatment is effective)

training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they took personal responsibility to stay up to date with changes to the immunisation programmes, for example by access to on line resources attendance at local CCG led groups, discussions with colleagues and updates cascaded via email.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching, mentoring, and facilitation and support for revalidating GPs. The staff we spoke with had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training, for example infection control was completed by all staff in-house.

### 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. We looked at recent incoming correspondence to the GPs in the practice and found that these were not always dealt with in a timely manner. At the time of our inspection we saw there were over 400 messages still to be actioned, including 141 patient results.
- We saw examples of personalised care plans for patients with a learning disability and for patients with dementia. However we found these were not generated separately, rather they were entered individually into patient notes, which could prevent information sharing with other services.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. This included a process to refer patients to be seen by a specialist within a

maximum of two weeks where cancer is suspected. Although we found that these referrals were being completed, it was noted that staff did not always ensure the referral had been sent/received.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. We saw that a health visitor regularly attended along with a mental health liaison practitioner, a midwife and a member of staff from a nearby hospice.

### 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. We saw that a template was used on the practice computer system to record consent.
- 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.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Advice on patients' diet and smoking cessation advice was available from the health care assistants or local support groups.



# Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 70% which was comparable to the CCG average of 72% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available and opportunistically booking patients a test when attending for other matters. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 99% and five year olds from 82% to 95%. The practice told us that if a child did not attend their immunisation appointment these appointments were followed up, along with a health visitor was informed.

Patients had access to new patient health checks but this practice did not offer NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes 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 friendly 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.

All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were friendly, informative and helpful. The patients also said staff responded compassionately when they needed help and they were treated with dignity and respect.

We spoke with three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.

- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to, supported by staff, and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

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:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- In the waiting room we saw that the electronic self check in system had a number of different languages available.
- Information leaflets were available in easy read format.

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

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

We found that the waiting room was warm and welcoming, which included paintings and pictures that had been completed by a local outreach learning disability group.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 241 patients as carers (3% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice also signposted those patients to their dedicated carers champion for support

and we were told about their plans to hold a carers support roadshow in June 2016. We also saw that a carers support charity regularly attended the practice multi-disciplinary meetings.

Staff told us that if families had suffered bereavement there was no formal protocol in place, however we were given examples of GPs supporting families. We were told a patient consultation was available if required in order to provide advice on how to find a support service. The practice also ensured administrative processes were completed to ensure the patient was appropriately recorded to avoid distress to the family, for example to prevent appointments being sent out.

# 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 shared the premises with Crawley Clinical Commissioning Group led services, enabling patients to access additional services from the practice; such as audiology and dermatology clinics. Ultrasound services were due to be offered shortly after our inspection.

- The practice offered extended hours on Tuesdays and Wednesdays until 8pm.
- There were longer appointments available if required. This included younger patients, and those with a learning disability, dementia or poor mental health.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. This included a small number of patients who were previously in their catchment area prior to relocation. The practice offered services in the home such as spirometry (Spirometry is a test that can help diagnose and to monitor the severity of some lung conditions, and their response to treatment).
- There was a lift, disabled facilities, baby changing facilities, a hearing loop and translation services available.
- Same day appointments were available for children, and those patients with medical problems that require same day consultation.
- Patients had online services available that included booking/cancelling appointments and ordering repeat prescriptions.
- Appointments were offered to patients with no fixed address. We were told the practice was continuing to provide care and treatment for a small number of homeless patients who had moved away from the practice catchment area.
- The practice told us they used information from surveys to analyse the practice demographics and to understand local needs. For example a high prevalence of diabetes was recognised for South African and Asian patients, and it was found that teenage pregnancies

were high in the area. We were told about their enhanced service for diabetes management and nurse led sexual health clinic, both of which included a focus on education and continuity of care.

- The practice told us that 23% of their patients were of an ethnic minority. The practice had a multi-lingual check-in system, translation services available and GPs that spoke additional languages including Arabic. The latter of which provided the recent opportunity to provide care and support to a vulnerable refugee family.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice offered a variety of services including diagnostic and treatment options available by referral or privately, for example dermatology services.
- The practice regularly attended to the residents of a number of nearby care homes to provide services that included medicine reviews and health checks. We received feedback from the manager of one of these care homes who was happy with the care and treatment provided to the residents. It was commented that the medicine reviews were completed in a timely manner and that the surgery accommodated extra requests for assistance or guidance. The only less positive comment was that if a weekly visit could not be completed the care home was not always informed.

### Access to the service

The practice was open between 8am and 6pm Monday to Friday with a lunchtime closure from 1pm to 2pm, during which time an emergency telephone service was provided. Extended hours appointments were offered Tuesday and Wednesday evenings until 8pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them via the practice triage system. We saw that an appointment with a GP or a nurse were both available within one week, which could be booked online or by phone.

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

- 75% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group average of 74% and the national average of 78%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 58% of patients said they could get through easily to the practice by phone compared to the Clinical Commissioning Group average of 68% and the national average of 73%.

The practice recognised the increased demand on their services and therefore consulted with their patients through the patient support group and a survey. They told us they had recently amended the booking system and these changes were supported by a recent patient survey.

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

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available on notice boards and leaflets in the waiting room to help patients understand the complaints system.

We looked at eight complaints received in the last 12 months and we saw evidence that they had been fully investigated, with transparency and openness. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care.

# Are services well-led?

Requires improvement 

(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 vision to deliver high quality care and promote good outcomes for patients, but this was not always well documented.

- We were told about the practice ethos and all staff showed an understanding of these values.
- We were told that the partners had recently met to consider issues affecting the future of the practice. They were aware of new housing developments in the Crawley area and were considering the impact of an increase in patient numbers. Although they did not provide evidence of a documented business plan, the practice demonstrated that their business strategy was regularly considered and monitored.

### 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:

- The practice had experienced a major incident caused by a storm in 2013, resulting in extensive damage to the roof of the building. The damage was such that the practice had to be relocated to alternative accommodation for 13 months as the building was unsafe and inhabitable. The partners told us this was a challenging time but they told us how they remained focused on continuing to provide care and treatment to their patients. They moved back to their practice building in 2015 after repairs had been made, and they had taken the opportunity to make a number of improvements.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Most practice policies were implemented and were available to all staff but we saw that some policies had not been completed. For example we saw that the fire safety policy was not practice specific.
- A comprehensive understanding of the performance of the practice was maintained. The practice manager had oversight of QOF (Quality Outcome Focus) performance

and individual clinical staff also demonstrated an understanding for their specific areas. Indicators were regularly monitored and discussed with the practice team.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, there was a lack of oversight for the actioning of latest guidance or best practice including medicine alerts, actioning of incoming patient correspondence, and ensuring a complete urgent referral process.

### Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure in place and staff felt supported by most of the management team, including the partners.

- Staff told us the practice held regular team meetings. This included partner meetings, whole practice meetings (including significant event/complaints), clinical supervision and individual team meetings. They said they felt informed about changes through the practice meetings and other communication methods within the practice. Staff also told us they enjoyed socialising together and occasional team building events.

# Are services well-led?

Requires improvement 

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

- Staff told us there was an open, no blame culture within the practice and most staff felt they had the opportunity to raise any issues at team meetings.
- All staff spoke positively about working at the practice. Staff said they felt respected, valued and supported, by most of the partners and management team. Some staff told us they felt certain members of the management team were not approachable and they did not always feel comfortable raising issues to them. For example they told us they did not always feel supported by all of the management team if they did not feel competent to complete a task.
- 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 practice is a training practice for a variety of roles including GP registrars and paramedic practitioners. They are also the only practice in the area offering training to nursing students.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice

management team. They had assisted substantially during the relocation of the practice following the storm damage, including that they attended both buildings to assist patients in finding their GP. They also contributed to press communications such as a radio announcement, liaison with local MPs, councillors, NHS England and they put up posters in local commercial buildings. The group remained active and told us how they had contributed to the practice appointment system, produced newsletters including items such as flu clinic details and number of patients who did not attend their appointment, and they regularly updated a notice board in the waiting room.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would give feedback and discuss any concerns or issues with colleagues and most of the management team. 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. For example one of the GPs had a special interest in paediatrics and was leading the practice in undertaking the Pacesetter award (this award recognises the outstanding services for children and young people). This included that the GP planned to visit local schools in the near future with practice nurses to promote good health. The GP had also reviewed children with asthma and put a system in place to alert staff to children with complex medical needs.



## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• We found that the registered provider could not demonstrate that all Patient Group Directives were completed correctly and in line with legislation.</li><li>• We found that the registered provider could not demonstrate that all correspondence relating to patients, including results, were actioned in a timely manner.</li><li>• We found that the registered provider could not demonstrate a complete urgent referral process where cancer is suspected, to include confirmation that the referral had been sent and received.</li></ul> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not have adequate systems or processes in place to ensure that risks were assessed, monitored, improved or mitigated in relation to the quality and health and safety of patients and staff in carrying on the regulated activity.</p> <p>For example, the provider had not:-</p>



## Requirement notices

- Ensured robust pathways for the obtaining and dissemination of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- **Formally documented all practice specific policies and procedures and ensured these were made available to all staff.**
- Ensured adequate mechanisms for staff to raise concerns; ensuring consistent support and mentorship available from all members of the management team, including partners.

This was in breach of regulation 17 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities)