

Dr Elias and Partners

Quality Report

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Date of inspection visit: 15 December 2015
Date of publication: 15/03/2016

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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

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 Dr Elias and partners on 15 December 2015. 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. The practice had identified some issues with their processes for analysing significant events and had been proactive in taking action to resolve them.
- Risks to patients were assessed and well managed, with the exception of some aspects of fire safety. A recent fire risk assessment had been carried out, however not all staff had received fire safety training and there had not been a recent rehearsal of fire safety and evacuation procedures.
- The practice had clear values, aims and objectives which staff identified with and understood.
- 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.
- Urgent appointments were available on the day they were requested.
- Information about services and how to complain was available and easy to understand.
- 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 proactively 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 practice had a history of innovation and continuous improvement. They had been involved in several clinical pilot schemes and were regularly involved in research projects.
- Nursing staff had all had regular documented appraisals.

Summary of findings

- All reception and administrative staff appraisals for 2015 had been commenced but not yet completed.
- Not all staff had received training in the safeguarding of children and vulnerable adults.
- Medicines were generally managed well, however the temperatures in one fridge (which did not contain vaccines) had not been recorded regularly or action taken when recordings were made outside the normal range.
- There were mercury containing sphygmomanometers on the premises (equipment used to measure blood pressure manually), but no mercury spillage kit was available.

The areas where the provider must make improvement are:

- To ensure that all staff receive training in the safeguarding of children and vulnerable adults and also fire safety training.
- To carry out rehearsals of fire safety and evacuation procedures on a regular basis.
- To obtain mercury spillage kits if intending to continue using instruments containing mercury.
- To ensure that maximum and minimum temperatures are recorded daily on all fridges and that action is taken if temperatures are found to be outside the recommended ranges.

The areas where the provider should make improvement are:

- To monitor changes that have been made in the processes of significant event analysis.
- To ensure that the reception and administrative staff appraisals for 2015 are completed and are repeated on a regular basis.
- Review and update practice policies and risk assessments on a regular basis.
- Review their policy with regard to the handling of verbal complaints.
- Review ways to improve patient access to their preferred GP.
- To introduce a systematic programme for future audits and formalise discussion and learning from audits.
- Complete the registration process for the addition of the regulated activities Maternity and Midwifery Services and Family Planning Services.

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 requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events. The practice had identified some issues with their processes for analysing significant events and had been proactive in taking action to resolve them.
- 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 systems, processes and practices in place to keep patients safe and safeguarded from abuse. However on the day of our inspection the practice were unable to provide evidence that all nursing staff had received training in child safeguarding or that all staff had been trained in the safeguarding of vulnerable adults.
- Risks to patients were generally assessed and well managed. However not all staff had undergone fire safety training and evacuation procedures had not been carried out on a regular basis.
- There were mercury containing sphygmomanometers on the premises (equipment used to measure blood pressure manually), but no mercury spillage kit was available.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework 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.
- Clinical audits demonstrated quality improvement. However we saw no evidence of a systematic programme for planning future audits.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Nursing staff had regular documented appraisals.

Summary of findings

- All reception and administrative staff appraisals for 2015 had been commenced but not yet completed. We could find no record that formal reception and administrative staff appraisals had taken place between 2012 and 2014 inclusive. However all the reception and administrative staff that we spoke to felt that they had been regularly appraised. The practice manager had an open door policy and staff felt that they could and would approach him at any time and that any concerns and training needs were addressed.
- 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



- Data from the National GP Patient Survey showed patients rated the practice higher than others for some aspects of care, but marginally lower than average in others. For example the percentage of respondents to the GP patient survey who described the overall experience of their GP surgery as good was 88.2% (clinical commissioning group (CCG) 86.7%, national average 85%). The proportion of respondents who say the last GP they saw or spoke to was good at listening to them 85.9% (CCG 87.3%, national average 88.6%).
- The majority of 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 they ran a referral service for patients requiring a procedure to the ear (microsuction).
- 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

Summary of findings

quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. However we did note that there was no written recording of the handling of verbal complaints.

- Urgent appointments were available the same day.

Are services well-led?

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

- The practice had clear values, aims and objectives which staff identified with and understood.
- 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. However not all policies that we saw had been regularly reviewed and updated.
- 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 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 proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. They had been involved in several clinical pilot schemes and were regularly involved in research projects.

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

Good



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 people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified those most at risk and offered increased support in a proactive manner via their multi-disciplinary team meetings.
- The practice assisted in the provision of advanced care planning for patients within nursing and residential homes.

People with long term conditions

Good



The provider was 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 Quality and Outcomes figures for diabetes were above the national average. For example 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 86.18% (national average 78.03%).
- Longer appointments and home visits were available when needed.
- All these patients were known to the practice clinical team and had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the clinical team worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice was proactive in identifying those at risk of developing long-term conditions and encouraging lifestyle modification. For example they maintained a recall system for monitoring patients who had impaired glucose regulation, who may be at risk of developing type two diabetes.
- The practice used the recall system to empower patients to manage their conditions more effectively themselves. For example they educated patients and provided 'rescue packs' of medicines for patients with COPD (chronic obstructive pulmonary disease).

Summary of findings

Families, children and young people

The provider was rated as good for the care of families, children and young people.

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, those on the child protection register.
- Immunisation rates were comparable to national averages for all standard childhood immunisations. For example the percentage of children of 24 months and under who received vaccination ranged from 90.9% - 98.6% (national average 91.2% - 96.7%).
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that included an assessment of asthma control was 82.8% (national average 75.3%).
- 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 percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 84.4% (national average 81.8%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Children were always given an emergency appointment on the day if requested.

Working age people (including those recently retired and students)

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

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 used an appointment text reminder service for those patients who had given consent to do so.
- After consultation with the patient participation group (PPG), the practice offered weekly clinics on a Saturday morning to improve access for working age people.

Summary of findings

People whose circumstances may make them vulnerable

The provider was 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 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 people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



People experiencing poor mental health (including people with dementia)

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

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93.7% (national average 88.5%).
- One of the clinicians worked within the local Memory Assessment Service.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.
- The practice collaborated with national and local dementia support agencies.
- The practice identified and supported carers of patients with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. 262 survey forms were distributed and 110 were returned. This represented a 42% response rate.

- 78.7% found it easy to get through to this surgery by phone compared to a CCG average of 77.1% and a national average of 73.3%.
- 93.7% were able to get an appointment to see or speak to someone the last time they tried (CCG average 89.6%, national average 85.2%).

- 88.2% described the overall experience of their GP surgery as good (CCG average 86.7%, national average 84.8%).
- 79.6% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 78.1%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were nearly all positive about the standard of care received.

The friends and family test showed that 79.6% of patients would recommend the service to friends and family.

Areas for improvement

Action the service **MUST** take to improve

- To ensure that all staff receive training in the safeguarding of children and vulnerable adults and also fire safety training.
- To carry out rehearsals of fire safety and evacuation procedures on a regular basis.
- To obtain mercury spillage kits if intending to continue using instruments containing mercury.
- To ensure that maximum and minimum temperatures are recorded daily on all fridges and that action is taken if temperatures are found to be outside the recommended ranges.

Action the service **SHOULD** take to improve

- To monitor changes that have been made in the processes of significant event analysis.

- To ensure that the reception and administrative staff appraisals for 2015 are completed and are repeated on a regular basis.
- Review and update practice policies and risk assessments on a regular basis.
- Review their policy with regard to the handling of verbal complaints.
- Review ways to improve patient access to their preferred GP.
- To introduce a systematic programme for future audits and formalise discussion and learning from audits.
- Complete the registration process for the addition of the regulated activities Maternity and Midwifery Services and Family Planning Services.

Dr Elias and Partners

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 advisor, a second CQC inspector and a practice manager specialist advisor.

Background to Dr Elias and Partners

Dr Elias and Partners offers general medical services to the people of Bexhill On Sea. There are approximately 8,600 registered patients who are seen across two locations, Pebsham surgery and a branch surgery at Sea Road. All of the patient registrations are held at Pebsham Surgery and patients can be seen at either site. A similar number of patients are seen at each site throughout the year and the majority of staff work across both sites.

At the time of the inspection the practice had only registered for three regulated activities. We noted that maternity and midwifery services and family planning services were not included although they did carry out some regulated activities under these regulations. We spoke with the senior partner who arranged to add these activities to their registration. We have seen evidence to see that they have commenced this procedure.

Dr Elias and partners is run by seven partner GPs (four male and three female). The practice is also supported by three practice nurses, two health care assistants, and a team of receptionists, administrative staff and a practice manager.

The practice is a training practice for GP registrars (qualified doctors who are undergoing further specialist GP training) and FY2 doctors (FY2 doctors are qualified doctors in their second year of post graduate training).

The practice runs a number of services for its patients including spirometry, ECGs, blood pressure checks, blood tests including warfarin testing, asthma clinics, child immunisation clinics, cervical cytology screening, diabetes clinics, some contraceptive services, diet and smoking cessation advice, new patient checks, three yearly health checks, dressings, general nursing services and travel health clinics. The practice also carries out minor surgical procedures on the premises.

Additionally the practice accepts referrals from other local practices for microsuction services and participates in the local memory assessment services.

Services are provided at:

Pebsham Surgery 119 Seabourne Road, Bexhill On Sea, East Sussex, TN40 2SD and

Sea Road Surgery 39/41 Sea Road, Bexhill On Sea, East Sussex, TN40 1JJ

Reception is open Monday to Friday 8am to 6pm at the Pebsham Surgery and 8.30am to 5.30pm at the Sea Road surgery. Both surgeries are closed between 1pm and 2pm during which time the duty doctor can be contacted in an emergency. There is extended opening on Saturday mornings from 8am to 12.30pm at the Sea Road site. Both surgeries can be contacted for emergencies until 6.30pm.

When the practice is closed patients are advised to access the 111 service.

The practice population has higher number of patients aged 60 to 64 years, 65 years and older, 75 years and older and 85 years and older than the national average. There is also a lower than average number of patients aged 54 years

Detailed findings

or less. There is a higher than average number of patients with a long standing health condition, a higher than average number of patients who have health related problems in daily life and a higher than average number of patients with caring responsibility. The percentage of registered children suffering deprivation is average for England and the number of registered older people suffering deprivation is lower than average for England. Overall the deprivation score is higher than the national average (more deprived).

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 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 that we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 December 2015. During our visit we:

- Spoke with a range of staff including doctors, nurses, health care assistants, administrators, receptionists and the practice manager and spoke with patients who used the service.

- Observed how people were being cared for and talked with carers and/or family members.
- 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.

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 are provided for specific groups of people and what good care looks 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

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.
- We saw that significant events were discussed, analysed and recommendations were made at clinical governance meetings. However definitions as to what was classified as a significant event were not always clear. Actions were assigned to named individuals and learning points identified and recorded although we did not see any evidence as to whether all of the actions had been completed.
- The practice had proactively asked a colleague from another practice to review nine recent significant events that they had dealt with, prior to the announcement of the CQC inspection. They were asked to analyse and report back with recommendations on the processes and handling of the events and the practice were in the process of reviewing and implementing the findings.

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 patient was referred to the community dermatologist with a skin lesion and the final diagnosis was found to be more serious than initially suspected. The whole clinical team was involved in the discussion of the event, as a result changes were made to referral protocols and decisions were minuted and disseminated to all relevant staff.

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

- 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 GP was safeguarding lead for vulnerable adults and another for children. The GPs provided reports where necessary for other agencies. Staff that we talked to demonstrated that they understood their responsibilities with regard to safeguarding. Reception and administration staff had received child and vulnerable adult safeguarding training to the appropriate level and GPs were trained to Safeguarding level 3 for children. All clinical staff attended clinical governance meetings and we saw evidence that child safeguarding was discussed at a recent meeting involving a presentation by the child safeguarding lead. The child safeguarding lead also carried out a safeguarding audit. The practice were unable to provide evidence that GPs had received specific training in the safeguarding of vulnerable adults or that two of the nursing staff or the two HCAs had received safeguarding training for children or vulnerable adults although the practice thought that they had undertaken training. The practice told us that they had identified safeguarding as a training priority and were in the process of organising further training.

- A notice in the waiting room and consulting rooms advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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. The practice nurse was the infection control clinical lead and worked with the practice manager. The lead nurse liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice

Are services safe?

carried out 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 and printable prescriptions 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 (HCAs) to administer vaccines.

- There were protocols in place to check that fridges containing medicines were kept within the recommended temperature range and we saw that all the vaccine fridges had been monitored according to the protocols. However one fridge, which did not contain vaccines, had successive recordings slightly above the upper figure and the recordings were not taken every day. We reported this to the practice lead nurse who was unaware and concerned by the issue. They immediately investigated the matter and informed us of the outcome and solution the next day.
- Only two members of staff had been recently recruited. We reviewed their personnel files and found that 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

Most risks to patients were assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had an up to date fire risk assessment. The practice carried out regular fire alarm checks, but they had last carried out a rehearsal of fire safety and evacuation procedures about 16 months previously. Some staff had received some in-house fire safety training in 2014, but we saw no evidence that GPs had received fire safety training. There were fire safety signs in the practice. 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 infection and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There was a spillage kit available and personal protective equipment (PPE) to be worn by staff whilst cleaning up spillages. However there were mercury containing sphygmomanometers on the premises (equipment used to measure blood pressure manually), but no mercury spillage kit available.
- 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. Many staff were part time and also trained to carry out several different roles within the practice and therefore able to cover for sickness and holidays.

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 behind the reception desk.
- 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 peoples' needs.
- The practice monitored that these guidelines were followed through discussion at meetings, audits and searches of patient records.

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 100% of the total number of points available (clinical commissioning group (CCG) average 97.1%, national average 93.5%) with 9.2% exception reporting (CCG average 8.9%, national average 9.2%). (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 better when compared to the CCG and national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 95.9% (CCG average 91.6%, national average 88.3%)
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was similar to the CCG and national average 83.5% (CCG 84.8%, national average 83.6%)

- Performance for mental health related indicators was better than the CCG and national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 96.09% (CCG 91.3%, national 89.5%).
- QOF data showed that 77.6% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months (national average 84.0%). However the practice investigated this as they have a special interest in dementia diagnosis. They found that the figures were wrong because of the way that the results had been recorded. The practice told us that an up to date search revealed that all of their patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. We also saw CCG figures that showed that the practice had a high rate of dementia diagnosis compared to other local practices.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, two of 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, a recent audit of the prescribing of an antibiotic in children, found that the new NICE guidelines regarding dosage were only followed in 12.5% of prescriptions. Recent action taken as a result included ensuring that all prescribers were aware of and adhered to the guidelines. A subsequent audit two months later showed that 92.2% of prescriptions were now in line with NICE guidelines.
- Although audits had been carried out, on the day of the inspection we did not see evidence of a systematic program in place for future audits or formal record of discussion and learning from the audits.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It 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. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. We saw that all nursing staff had had regular documented appraisals.
- The learning needs of staff were identified through a system of some meetings, reviews of practice development needs and face to face discussions if staff members requested them. Historically staff had had yearly appraisals (We saw records for 2010 and 2011 but none from 2012 to 2014 inclusive). During the last few months all administrative and reception staff had been given a written assessment of their performance which was to be followed up by a face to face discussion with the practice manager, but had not yet taken place. This was confirmed by the practice and all staff members knew that they were due to have a face to face meeting. All of the staff that we talked to however thought that they had had regular appraisals over the last few years when asked directly, but we saw no evidence for this for 2012 to 2014. They also all described an open door policy where they could talk to the practice manager freely if they had any concerns or training needs. For example the practice had introduced an electronic prescription service and at the request of staff, additional training with the external training team had been booked.
- Some staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. However we did not see evidence that all of the clinical staff had received training in the safeguarding of children or vulnerable adults or fire safety training. Staff had access to and made use of e-learning training modules and in-house training.

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 were 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. Patients were then signposted to the relevant service.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 84.1%, which was comparable to the CCG average of 83.9% and the national average of 81.8%. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to national averages. For example, childhood

immunisation rates for the vaccinations given to under two year olds ranged from 90.9% - 98.6% (national average 91.2% - 96.7%) and five year olds from 88% to 96% (national average 89.8% - 95.8%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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 the twelve patient Care Quality Commission comment cards we received, eleven 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. The other comment card didn't comment on the care that they received.

We spoke with two members of the patient participation group. 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 or just below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 85.9% said the GP was good at listening to them compared to the CCG average of 87.3% and national average of 88.6%.
- 85.3% said the GP gave them enough time (CCG average 85.4%, national average 86.6%).
- 93.8% said they had confidence and trust in the last GP they saw (CCG average 93.7%, national average 95.2%).
- 78.1% said the last GP they spoke to was good at treating them with care and concern (CCG average 83.3%, national average 85.1%).

- 88.5% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.7%, national average 90.4%).
- 94.2% said they found the receptionists at the practice helpful (CCG average 89.4%, national average 86.8%).

Care planning and involvement in decisions about care and treatment

Most patients that we interviewed told us they felt involved in decision making about the care and treatment they received. Most patients 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 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:

- 82.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85.4% and national average of 86%.
- 81.2% said the last GP they saw was good at involving them in decisions about their care (CCG average 81.8%, national average 81.4%).
- 85.7% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85.6%, national average 84.8%).

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.

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. Posters in the waiting room and new registration forms encouraged carers to inform the practice. 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, the GPs contacted them or sent them a sympathy card. There was a board behind the reception area and only visible to

staff that recorded the names of patients that had recently died, so that all staff were aware. Information in the waiting room signposted bereaved patients towards support services.

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 one of the GPs undertook further training so that they could run a microsuction (of the ear) service from the Pebsham site. Patients from other GP practices in the locality were referred for this service.

- The practice offered a pre-bookable surgery at the branch site on Saturday mornings between 8.15am and 12.30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice had never closed its list and stated that it always accepts new patients.
- There were disabled facilities, a hearing loop and translation services available.
- One reception desk had been lowered to improve access to wheelchair users.
- The practice had installed automatic sliding doors in the front of the building to improve access to all patients.
- Advanced care plans were in place for patients in nursing homes and with complex needs. These would be shared with the multi-disciplinary team (MDT), out of hours service and ambulance service with the patient's consent.
- One GP had undertaken a course on the diagnosis and management of patients with dementia so that they could work as part of the locality Memory Assessment Service. This service aided the early diagnosis of dementia.
- During the autumn additional influenza vaccination clinics were held on Saturdays at the branch surgery.
- The opening hours of the branch surgery were extended to include Friday afternoon in response to patient feedback.

Access to the service

The main site was open between 8am and 6pm Monday to Friday and closed between 1pm and 2pm. Appointments were from 8.30am to 12am to every morning and 2.30pm to 5pm in the afternoon, Monday to Friday. The branch site was open between 8.30am and 5.30pm Monday to Friday and closed between 1pm and 2pm. It was open from 8am to 12.30pm on Saturdays. Appointments were from 8.40am to 12am to every morning and 2.30pm to 5pm in the afternoon, Monday to Thursday and 8.30am to 11.30am on Friday. Extended surgery hours were on Saturday from 8.15am to 12.30am at the branch surgery. A duty GP was contactable by phone up until 6.30pm Monday to Friday when the surgery was closed. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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 with the exception of whether or not patients could speak to their preferred doctor which was below CCG and national averages. The practice used a shared list system, where patients were not allocated to a single GP. This had been discussed in depth by the practice and they had come to the conclusion that on balance this system benefitted both patients and the practice.

- 76.4% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 74.9%.
- 78.7% patients said they could get through easily to the surgery by phone (CCG average 77.1%, national average 73.3%).
- 46.5% patients said they always or almost always see or speak to the GP they prefer (CCG average 70.4%, national average 60%).

The practice ran a duty doctor system and shared rather than personal lists and therefore telephone calls were usually put through to the duty doctor for the day.

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

Listening and learning from concerns and complaints

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

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example there is a poster in the waiting room and complaints forms are available from reception. The web site also clearly explains how to complain or make suggestions.

We looked at 17 written complaints received in the last 12 months and found that these were satisfactorily handled,

dealt with in a timely way and that there was openness and transparency in dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. An example in one case a referral pathway became very complicated and a diagnosis was delayed. The complaint was discussed at a governance meeting and referral pathways were clarified. A letter was sent with an apology to the patient explaining what had happened and that the practice had learnt from the incidence. However we did note that there was no written recording of the handling of verbal complaints.

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 to deliver high quality care and promote good outcomes for patients.

- The practice had clear values, aims and objectives which staff identified with and understood.
- The practice currently was following a strategy which was under review due to the impending retirement of one of the GPs.

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, however not all policies that we saw had been regularly reviewed and updated.
- A comprehensive understanding of the performance of the practice was maintained
- Clinical and internal audits were used to help monitor quality and to make improvements, however we did not see evidence of a systematic program in place of planning for future audits.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of fire safety.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise 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 written apology.
- They kept written records of 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 and we saw evidence of meetings held in July and November 2015.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, patients had requested that the Sea Road surgery remained open on a Friday afternoon. In response to this the surgery was opened between 2pm and 5.30pm on Friday. Also patients requested that the heavy doors at Pebsham Surgery were replaced with automatic sliding doors and this request was also implemented by the practice.
- The practice had gathered feedback from staff through staff meetings and discussion. Staff told us they would

Are services well-led?

Good 

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

not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice had an FY2 doctor (a post graduate doctor in their second year after completing medical school training) and ST3 doctor (a doctor who is training as a GP) on a training

rotation with them. The practice was involved in pilots for a microsuction service and the local memory assessment service and had a continued involvement in both services. The practice had a long standing interest in research and were RCGP (Royal College of General Practitioners) Research Ready Accredited. They were also a National Institute of Health Research Clinical Research Network (NIHR CRN) Research Site Initiative Delivery Site Level 2. The CCG were allocated an award of £25000 of research funding based on the performance of Dr Elias and Partners and another practice in the CCG.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that all staff had received training in child safeguarding and the safeguarding of vulnerable adults or training in fire safety including regular fire evacuation rehearsals.</p> <p>The provider had not put sufficiently robust processes in place to ensure that fridge temperatures remained within recommended ranges.</p> <p>The provider had not ensured that mercury spillage kits were available when mercury containing instruments were in use on the premises</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(c)(d)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>