

# The Lime Tree Surgery

## Quality Report

Lime Tree Avenue, Worthing, West Sussex  
BN14 0DL

Tel: 01903 264101

Website: [www.limetreesurgery.com](http://www.limetreesurgery.com)

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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?

Requires improvement



Are services effective?

Good



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 The Lime Tree Surgery on 4 February 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, significant events were not always discussed in a timely manner and learning from such events was not shared with all staff.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice 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 proactively sought feedback from patients and had an active patient participation group.

The areas where the provider must make improvements are:

- Continue to improve records of training, including that nurses are trained to level two child safeguarding.
- Continue to improve records of staff appraisals to ensure they are completed annually for all staff.



# Summary of findings

- Ensure that all Patient Specific Directions are recorded and completed correctly, in line with legislation.
- Ensure fire extinguishers and oxygen tanks are fit for use and appropriately serviced.
- Display appropriate warning signage on treatment room doors where oxygen is stored.

- Ensure there are arrangements for all staff to attend formal meetings, including discussion of significant events in a timely manner, and improve communication at all levels.

In addition the provider should:

- Review the arrangement of health and wellbeing publications provision within waiting rooms, considering patients' confidentiality and privacy.

**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, although these were not always investigated and discussed in a timely manner.
- Lessons were shared amongst partners and managers to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, the practice was not able to demonstrate that all staff had received safeguarding training appropriate to their role.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. These included the recording of Patient Specific Directions, and that not all health and safety risks were mitigated.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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 several aspects of care.



# 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 actively identified carers and had a nominated staff member as “carer’s champion”. This enabled them to offer a comprehensive support service.

## 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.
- Patients said they found it easy to make an appointment with a named GP 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.
- Home visits were available for older patients and patients who had difficulty attending the practice. Services offered included blood tests, bladder scans and electrocardiograms (ECGs).
- 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**



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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.
- 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.



# Summary of findings

- All staff had received inductions but not all staff had received regular appraisals or attended practice specific staff meetings and events
- 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 was not able to demonstrate that all staff had received training that was mandatory or appropriate to their roles.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement within the practice.



# 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 safety and for 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 patients, 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 safety and for 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.
- 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.
- The practice offered a range of enhanced services to people with long term conditions. This included asthma and diabetes clinics.

**Requires improvement**



### Families, children and young people

The provider was rated as requires improvement for safety and for 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 example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

**Requires improvement**





# Summary of findings

- The practice held child safeguarding meetings that included school nurses and health visitors. Children who were at risk were identified on the practice computer system using an alert on their record.
- All GPs were trained appropriately for child safeguarding, however not all nurses had received training appropriate to their role.
- 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 86% which was above the national average of 82%.
- 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 safety and for 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 as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended appointments every Monday from 6:30pm to 7:30pm, and Monday to Friday from 7:30am to 8am for working patients who could not attend during normal opening hours. Telephone consultations were also available.

Requires improvement



## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety and for 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 patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Requires improvement





# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 86% 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 on 2 July 2016. The results showed the practice was performing in line with local and national averages. There were 258 survey forms were distributed and 122 returned. This represented a response rate of 47%.

- 90% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group average of 68% and a national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 87% and national average 85%).
- 89% of patients described the overall experience of their GP surgery as good (CCG average 86% and national average 85%).
- 84% of patients said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 79% and national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards and almost all were positive about the standard of care received. Comments included that the GPs are thoughtful, and helpful, providing excellent care and treatment. They felt the receptionists were polite and friendly. Patients also commented that the environment was clean and hygienic.

We spoke with four patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring. We reviewed the latest results from the friends and family test in December 2015, which received 13 responses. This showed that 77% of respondents would recommend the practice.

## Areas for improvement

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

- Continue to improve records of training, including that nurses are trained to level two child safeguarding.
- Continue to improve records of staff appraisals to ensure they are completed annually for all staff.
- Ensure that all Patient Specific Directions are recorded and completed correctly, in line with legislation.
- Ensure fire extinguishers and oxygen tanks are fit for use and appropriately serviced.

- Display appropriate warning signage on treatment room doors where oxygen is stored.
- Ensure there are arrangements for all staff to attend formal meetings, including discussion of significant events in a timely manner, and improve communication at all levels.

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

- Review the arrangement of health and wellbeing publications provision within waiting rooms, considering patients' confidentiality and privacy.



# The Lime Tree Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a CQC Inspection Manager, a second CQC inspector, a GP specialist adviser, a practice manager specialist advisor and a practice nurse specialist adviser.

## Background to The Lime Tree Surgery

The Lime Tree Surgery is located in a residential area of Worthing and provides primary medical services to approximately 13,275 patients. The practice also provides care and treatment for the residents of four nearby care homes, which serve individuals with dementia or nursing needs.

There are five GP partners and eight salaried GP (six male, seven female). The practice also has one female locum. Collectively they equate to 10.6 full time GPs and cover 96 sessions per week. 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 six female members of the nursing team; one nurse practitioner, three practice nurses and two health care assistants. 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 65 years or older when compared to

the national average. The number of patients aged 0 to 18 years is slightly lower than average. The number of registered patients suffering income deprivation is below the national average.

The practice is open from Monday to Friday between 8am and 6:30pm. Extended hours appointments are offered every Monday from 6:30pm to 7:30pm, and Monday to Friday from 7:30am to 8am. 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; chronic disease management, new patient checks, smoking cessation, dermatology, and holiday vaccines and advice.

Services are provided at the location of The Lime Tree Surgery, Lime Tree Avenue, Worthing, West Sussex, BN14 0DL.

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

## 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



# Detailed findings

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

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 4 February 2016. During our visit we:

- Spoke with a range of staff including; two GP partners, three salaried GPs, one locum GP, one practice nurse, two health care assistants, the practice manager, the patient services manager and ten receptionists/administrators. We also spoke with four patients who used the service, including one member 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 building.
- 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 practice carried out a thorough analysis of the significant events. However, we found that the practice did not always discuss significant events at the practice meeting in a timely manner. For example, out of seven significant events for 2015-2016 we saw that three were discussed at a meeting more than 6 months after the event occurred.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared with partners and managers to make sure action was taken to improve safety in the practice. For example, we saw that a patient had not fully been examined at first appointment. At a subsequent appointment the patient was referred to see a hospital specialist where a diagnosis of cancer was made. The practice investigated this event fully and determined that, along with the insufficient examination, the hospital caused a delay in the referral. As a result we saw that the practice provided feedback to the hospital, revised their guidelines for examination, and reviewed referral process guidelines.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Children and adults at risk

were identified on the practice computer system using an alert on their record. 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. The practice also held a monthly child safeguarding meeting, which was attended by a health visitor and school nurse. Staff demonstrated they understood their responsibilities and most had received training relevant to their role. All GPs were trained to Children's Safeguarding Level three. Out of six nursing staff, one was trained to Children's Safeguarding Level two and three to Level one. The practice could not evidence training for the remaining two nursing staff. The practice was able to evidence that 11 out of the 14 GPs had completed training in Adults Safeguarding. The GPs and nurses we spoke to on the day of the inspection were able to demonstrate their understanding in these areas.

- Notices in consulting rooms and in the waiting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The 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 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 majority of 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 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. The practice had a protocol that locums were not permitted to prescribe certain high risk medicines. We were told about recent audits that had



## Are services safe?

been completed for high risk medicines and saw evidence that medication reviews were regularly completed. Prescription pads were securely stored and there were systems in place to monitor their use. All treatment room doors had keypad entry, and blank prescription paper was collected at the end of the day to be locked in a cupboard at reception. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. The practice held meetings for nurses, with optional attendance for Health Care Assistants (HCA). Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice told us they had a system for production of Patient Specific Directions to enable HCAs to administer vaccines after specific training when a doctor or nurse was on the premises. However, we were told that a generic message was placed onto patient notes stating that one of the GPs had authorised the HCA to administer vaccines. It was not possible to determine whether each patient and dose had been assessed on an individual basis from this message alone.

- We reviewed seven 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. We noted one personnel file where a GP had not signed a contract, who had been employed since March 2011.
- 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.

### 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 which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire

drills. The practice had a number of fire extinguishers and all but three had labels demonstrating they had been recently serviced. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### 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 rooms.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We saw that one of the three oxygen tanks was unfit for use as it had expired in 2014 and this also presented a fire risk. The practice told us this did not belong to the practice, and they would take immediate steps to resolve the issue. We also noted there was no appropriate warning signage on treatment room doors where oxygen was stored. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, we saw evidence of comprehensive structured annual reviews completed for patients with long term conditions, such as diabetes and chronic obstructive pulmonary disease. We also saw an example of a comprehensive annual health check for a patient with learning disabilities, which was completed using a recognised template.

### 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 99% of the total number of points available, with 10% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators were better than the national average. For example, patients with diabetes had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 86% 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 94% compared with a national average of 88%.

- The percentage of patients with hypertension having regular blood pressure tests was 83% which was comparable to the national average 84%.
- Performance for mental health related indicators was better than the national average. For example, 95% 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 86% which was better than the national average of 84%.

Clinical audits demonstrated quality improvement.

- We viewed eight clinical audits completed in the last two years; one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a completed audit cycle was conducted to audit the use of emergency contraception. Amongst the results it was found that patients presenting for emergency contraception were not offered testing for sexually transmitted infections, and that documentation following consultation was poor overall. In response, a recording template was drawn up to remind GPs/nurses of the key aspects to be covered during a consultation. The audit was also cascaded to all clinical colleagues in the practice. The result was that in 80% of cases the template was used, and consultations improved in all areas. This included that testing for sexually transmitted infections was offered to 40% of patients, compared to zero patients in the first audit.

### 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 we saw the induction template used by the practice to ensure all actions were completed. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.



# Are services effective?

## (for example, treatment is effective)

- 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, 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 on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received training that included: fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets 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 on-going 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 the practice also attended six weekly proactive care meetings (Proactive care is a team consisting of representatives of community agencies). We saw 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.
- The process for seeking consent was recorded on their computer system and monitored through records audits. We saw two examples of the forms that patients were asked to sign as record of their consent. This included the form that patients were asked to sign prior to a procedure to insert a contraceptive device, and the form used prior to a minor operation. Once signed these forms were then scanned into the patients' notes.

### 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.
- Advice on patients' diet and smoking cessation advice was available from the health care assistant.

The practice's uptake for the cervical screening programme was 86% which was above the national average of 82%. The practice did not have a formal policy to follow up patients who did not attend for their cervical screening test. Patients were reminded when contacting the practice. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.



## Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% and five year olds from 95% to 98%.

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

Throughout our inspection we observed that members of staff were courteous, friendly and attentive with patients both in person and on the telephone. The reception area was open; however there were three waiting areas located away from the reception desk. We noted that staff dealt with patients quietly, politely and appropriately. Staff told us that a room could be made available should patients want to speak confidentially away from the reception area. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Within consulting rooms we noted that disposable curtains were provided so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

We spoke with four patients, including one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. One of the patients we spoke to highlighted that staff responded compassionately when a family member needed help and had provided excellent support.

Almost all of the seven 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 helpful, caring and treated them with dignity and respect. Comments included that the GPs are thoughtful, and helpful, providing excellent care and treatment. They felt the receptionists were polite and friendly. Patients also commented that the environment was clean and hygienic. There were four less positive comments that included; one patient experienced a long wait to get an appointment with a named GP, one experienced a delay in receiving a call back from the GP, one felt the waiting room lacked books/toys for children, and one commented that a receptionist did not respect their privacy when speaking to them at the desk.

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

- 90% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 89%.
- 84% of patients said the GP gave them enough time (CCG average 87% and national average 87%).
- 94% of patients said they had confidence and trust in the last GP they saw (CCG average 95% and national average 95%).
- 87% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 86% and national average 85%).
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91% and national average 90%).
- 97% of patients said they found the receptionists at the practice helpful (CCG average 87% and national average 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 and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 86% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 82% and national average 81%)



## Are services caring?

- 80% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85% and national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. It was noted that information was not displayed in reception or waiting areas advising patients this service was available.

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

Notices in the patient waiting rooms told patients how to access a number of support groups and organisations. The practice had a system of numbered support and advice leaflets displayed that were available on request at the reception desk. However we noted this system did not always respect patients' privacy and confidentiality, therefore it could deter a patient from seeking the advice or support they required.

The practice maintained a list of 246 carers. The practice had a nominated "carers champion" and we viewed the carers support file, which provided comprehensive information to all practice staff. The practice proactively

identified carers and their support needs, for example new patients were specifically asked on the registration form if they were a carer or were cared for. The practice's computer system was used to alert GPs if a patient was a carer and we saw the carers support policy. Identified carers were directed to various avenues of support by the practice and we saw a carers support board in all three waiting rooms, which advertised a wide range of local services. The practice also hosted an annual event for carers; we saw information of the coffee morning held in June 2015 during "Carers Week" and we were told about the upcoming event in June 2016.

Staff told us that if families had suffered bereavement, their usual GP will sometimes contact them, but the practice did not have a formal process for this. This call was made to offer condolences and provide advice on how to find a support service. We saw evidence of the bereavement form that was used by the practice to ensure that all administrative processes were dealt with swiftly and accurately. This form also specifically asked whether the person was a carer or was cared for.



# 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.

- The practice offered extended appointments every Monday from 6:30pm to 7:30pm, and Monday to Friday from 7:30am to 8am. Telephone consultations were also available.
- There were longer appointments available for patients, for example those with a learning disability, dementia or poor mental health.
- Home visits were available for older patients and patients who had difficulty attending the practice. Services offered included blood tests, bladder scans and electrocardiograms (ECGs).
- The practice regularly attended to the patients of four nearby care homes, services included mediation reviews and health checks. We received feedback from two of these care homes and both stated GPs were kind, polite and attentive to the needs of the residents. One stated they were always able to access the service in urgent situations outside of their regular six weekly visits. However the other care home stated they were not always able to easily secure a set date for the monthly visit.
- Same day appointments were available for children and those with serious medical conditions.
- Appointments were offered to patients with no fixed address.
- Patients were able to receive travel vaccines available on the NHS and privately.
- There were disabled facilities, baby changing facilities and translation services available. We were told that the practice had a hearing loop but this was awaiting repair.
- Patients in the waiting room were alerted to their appointment by the GP or nurse themselves. A digital check in screen was also available.
- The practice recognised the needs of a local practice and was in the process of merging with this surgery. We were told of their aspiration to combine their resources to enable service delivery to continue for those patients, and in future better facilities for all patients.

### Access to the service

The practice was open from Monday to Friday between 8am and 6:30pm. Extended hours appointments were offered every Monday from 6:30pm to 7:30pm, and Monday to Friday from 7:30am to 8am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, appointments were available on the day through the practice triage system. This was facilitated by a duty GP every day that provided a call back to the patient, and a subsequent appointment if required. Urgent appointments were available all day for patients that needed them, for example children below one year old were automatically seen. Patients told us on the day of the inspection that they were able to get appointments when they needed them.

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

- 78% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 73% and national average of 75%.
- 90% of patients said they could get through easily to the surgery by phone (CCG average 73% and national average 73%).
- 51% of patients said they usually get to see or speak to the GP they prefer (CCG average 56% and national average 60%).

Patients 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.

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

We looked at six complaints received in the last 12 months and these were investigated in detail, with transparency and openness. Lessons were learnt from concerns and complaints and action was taken to as a result to improve



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

the quality of care. For example, a hospital nurse wrote to a GP informing them that a patient required their next two treatments to be given by the practice. The patient booked an appointment but was told the medicine required was

out of stock as none had been ordered. The practice changed the process to ensure all letters went to the prescriptions team to deal with such requests, including booking and ordering of stock.



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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- We found details of the practice aims and objectives values in their statement of purpose. This included that they aim to; understand and meet the needs of patients, involve patients in decision making, and to create an educational environment for staff that promoted shared learning.

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- We reviewed a number of practice specific policies that were implemented and available to all staff. These included a whistleblowing policy, chaperone policy and a confidentiality policy.
- An understanding of the performance of the practice was maintained. The practice did not have an allocated lead for reviewing their performance of QOF. Each clinical area lead had responsibility for monitoring performance for their area.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- Most staff had received appropriate training, however there were gaps. For example, not all staff had received infection control training appropriate to their role. Furthermore, the practice were not able to evidence completed training for GPs such as for information governance, fire safety and the Mental Capacity Act 2005. The practice told us they had not held this information centrally, however they were consolidating their records and planned to use a new online training system for delivery and monitoring.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We found that records of staff appraisals were held by each appraising manager. However, as records were not held or reviewed centrally, it was not possible to determine whether all staff had an appraisal within the last 12 months. Through interviews and documentation review we found that four staff members had not had an appraisal within 12 months. The practice told us they were in the process of implementing a reviewed procedure and documentation process for appraisals.
- The practice had a comprehensive and up to date Business Continuity Plan accessible to all staff electronically. We saw this had last been updated January 2016.

### Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular business meetings. This included a monthly partners meeting and a monthly significant events/complaints meeting. These were attended by partners and managers. It was noted that none of administrative/secretarial and nursing staff were aware of any recent significant events or complaints appropriate to their role.



# Are services well-led?

Requires improvement 

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

- The practice was also part of a local protected learning scheme which took place four times per year led by the Crawley Clinical Commission Group (CCG). The purpose of these meetings was to share good practice, receive clinical updates and learn of updates to the commissioning agenda. Additionally, four times per year this was practice based with support from the CCG. We saw evidence of minutes for both of these meetings. All staff members were invited to these meetings and spoke positively about their content. However, some staff we spoke to felt communications within the practice could be improved as they were unaware of changes specifically in the practice.
- The administrative, secretarial and reception staff were multi-skilled. All staff felt this benefitted service delivery, maintained their interest at the practice, and provided ample opportunity to develop their own abilities. Conversely, staff told us they had a high workload for this reason, were not kept up to date for all of their skill areas and felt changes were poorly communicated. Each business area had a manager and the teams met separately. For example, the administration team met separately to the reception team and there was no opportunity to formally meet together to discuss cross business processes.
- Almost all staff said they felt respected, valued and supported, particularly by the partners in the practice.
- The practice had gathered feedback from patients through the long standing patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met quarterly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG had been instrumental in a number of developments and improvements with support of the practice. For example they initiated an exercise class for patients to improve health and wellbeing of patients, and this also worked to socially help isolated patients. This was held in a nearby church hall. To assist nervous patients they also had raised funds for two blood pressure monitoring machines within the waiting room areas, which was through a jumble sale and book sales at the practice. And finally, following feedback from patients, they were given a sum of money from the practice to redecorate and develop the waiting room to be more informative and welcoming.
- The practice had gathered feedback from staff through staff meetings, discussions and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a focus on learning and improvement within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

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

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



## 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 had not always ensured that effective systems were in place to assess the risks to the health and safety of service users of receiving care or treatment and had not always done all that was reasonably practicable to mitigate such risks. This included that we found fire extinguishers and oxygen that were not fit for use, and that appropriate signage for the storage of oxygen had not been displayed.</li><li>• We found that the registered provider could not demonstrate that all Patient Specific Directions were completed correctly and in line with legislation.</li></ul> <p>This was in breach of regulation 12(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
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> <ul style="list-style-type: none"><li>• We found that the registered provider could not demonstrate robust arrangements to ensure that all staff were involved in the on-going assessment, monitoring and improvement of quality and safety of services provided by the practice.</li></ul> <p>This was in breach of regulation 17(1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>



This section is primarily information for the provider

## Requirement notices

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### **How the regulation was not being met:**

- We found that the registered provider had not ensured systems and processes were in place to ensure all staff received training and annual appraisals.
- We found that the registered provider had not ensured systems and processes were established and operated effectively to prevent abuse of service users as not all staff had received training at the suitable level for their role.

This was in breach of regulation 18(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.