

Oldwood Surgery

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services 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 Oldwood Surgery on 05 April 2016. Overall the practice is rated as good.

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

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

- Patients said they found it easy to make an appointment with a named GP and that 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.
- 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 areas where the provider should make improvement are:

To consider ways to increase the identification of carers.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- 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.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

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 (CCG) to secure improvements to services where these were identified. For example, they had identified their current premises as being the main barrier to improving services. They had identified a site and submitted plans for new premises. The CCG had approved the plans and they were applying, via NHS England, for funding.
- 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a 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.
- The practice mission statement was clearly posted in every room in the practice.
- 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.
- 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.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Each care home that the practice looked after had a named GP who they could contact when required and who carried out a regular weekly visit of the patients at the home.
- The practice had a housebound patients' register and a system whereby housebound patients were visited by a practice nurse or GP to assess their needs and review medicines.
- Flu clinics were held at convenient times for older patients and practice nurses also visited housebound patients, not on the district nurse caseload, to give them the flu vaccine.
- Some housebound patients were visited by the practice nurse for dressings and foot care on a regular basis.

People with long term conditions

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

Good



- Each GP had lead roles in specific long term conditions and was responsible for overseeing the care of patients with that condition. They also attended annual training specific to their lead roles. .
- Nursing staff had significant roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 88.3% (national average 78%)
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- All clinical staff attended multi-disciplinary team (MDT) and Palliative Care team meetings where possible.
- The practice held a palliative care register and a register of patients at risk of hospital admission.

Families, children and young people

The practice is 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. The child safeguarding lead GP had recently reviewed all patients who had a record of a Child Protection Plan in their notes. When a new child joined the practice the Children's Index was checked to see if they had had any social services input in the past.
- Published figures of immunisation rates for the standard childhood immunisations appeared mixed. For example published figures show children receiving vaccination aged 12 months was 90% (clinical commissioning group (CCG) average 92% to 93%). Children aged two years receiving vaccination 85% to 93% (CCG 91% to 97%). Children of five years receiving vaccination 83% to 97% that there had been errors in the returns leading to the (CCG 90% to 96%). However we were shown unverified evidence that there had been clerical errors in the returns from the practice and that the actual figures were higher than those published.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months was 94% (national average 75%)
- 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 was performed in the preceding 5 years was 86% (national average 82%). Recent figures provided by the practice but not yet verified, showed that at the end of March 2016, the uptake was 90%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors. Ante natal clinics were run by midwives at both the main surgery and at the branch surgery.
- Mothers were seen for their postnatal check at the same time as their baby's six to eight week check.
- The practice offered newborns examinations when required.

Summary of findings

- The practice offered a minor injuries service, to help avoid unnecessary visits to A&E.
- The main surgery at Robertsbridge provided a GP run Friday afternoon urgent appointment surgery, to try to resolve any urgent patient concerns before the weekend.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Text message appointment reminders were offered and patients could download an app that allowed them to book and cancel appointments from their phone.
- Bookable early morning and evening appointments were available as well as the option of telephone consultations.
- The practice offered NHS health checks to patients in the 40-65 age group.
- Travel clinic appointments were available with the practice nurse.
- The Monday evening nurses clinic was extended to allow extended access for cervical screening.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice looked after three care homes for patients with learning disabilities.
- There was a lead GP who carried out annual assessments of patients with learning disabilities. The assessments could be done at the patient's home or at the surgery depending on the patient's needs.
- They had recently introduced a Health Action Plan for those with learning disabilities.
- The practice ensured that patients classed as vulnerable had annual health checks and was active in ensuring that they

Good



Summary of findings

attended chronic disease reviews when appropriate. They would telephone patients to remind them of their appointment when necessary. They also had a good relationship with the specialist health visitor.

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Staff were all aware of the vulnerable patients that the practice cared for and would alert the GPs to any concerns that they might have.

People experiencing poor mental health (including people with dementia)

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

- From April 2014 to March 2015, 72% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average (84%). However, the practice had identified this as an issue and had worked to improve this. Their current unverified figures showed that they had carried out reviews on 95% of their patients with dementia over the year April 2015 to March 2016. The unverified exception rate was 9%.
- The practice were aware that their prevalence for dementia was lower than expected and had participated in a clinical commissioning group (CCG) wide drive to improve dementia diagnosis rates. We saw unverified evidence that dementia prevalence rates had improved significantly.
- The practice cared for patients at a specialised dementia home and a care home. Each home had a designated GP who carried out a weekly visit in protected time and carried out a dementia annual review.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 96% (national average 89%)

Good



Summary of findings

- The practice provided medical care for patients with complex physical and mental health needs in a care home, including end of life care.
- The practice provided medical care for a long stay unit for patients with mental health needs.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing above the local and national averages. 241 survey forms were distributed and 119 were returned. This represented 2.2% of the practice's patient list.

- 99% of patients found it easy to get through to this surgery by phone compared to a national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 97% of patients described the overall experience of their GP surgery as good (national average 85%).

- 97% of patients said they would recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Of the 40 comment cards we received that commented on care, all were positive about the standard of care received. Care was described as excellent and very good. Staff were described as helpful, kind and caring.

We spoke with six patients during the inspection including two members of the patient participation group (PPG). All six patients said they were happy with the care they received and thought staff were approachable, committed and caring. In the NHS Friends and Family test 96% of patients would recommend the service.

Areas for improvement

Action the service **SHOULD** take to improve

To analyse why some childhood immunisation rates are below national averages.

To continue to work on increasing the number of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months.

To consider ways to increase the identification of carers.

Oldwood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Oldwood Surgery

Oldwood Surgery offers personal medical services to the people of Robertsbridge and to the people of Battle via their branch surgery (Battle Health Centre). There are approximately 5400 registered patients across both sites. The practice at Robertsbridge has a dispensary which can dispense medicines to patients who live within a one mile radius of the practice.

The Oldwood Surgery is run by two partner GPs (one male and one female). The practice also has two salaried GPs (one male and one female). They are supported by four practice nurses, a health care assistant, three dispensers and a team of receptionists, administrative staff, and a practice manager.

The GPs run shared lists, so patients can see whichever GP they wish, although all patients on the practice list have a named GP.

The practice runs a number of services for its patients including COPD and asthma clinics, child immunisations, diabetes clinics, new patient checks, travel health clinics and smoking cessation clinics amongst others. Intrauterine Contraceptive Devices (IUCDs) can be fitted at the practice.

Minor surgical procedures are carried out at the branch surgery at Battle.

Services are provided at:

Oldwood Surgery, Station Road, Robertsbridge, East Sussex, TN32 5DG

Opening times:

Monday to Wednesday 8am – 6.30pm

Thursday 8am – 5.30pm

Friday 8am – 6.30pm

The duty doctor can be contacted between 5.30pm and 6.30pm on a Thursday in an emergency

The branch surgery is at:

Battle Health Centre, Telham House, Mitre Way, TN33 0BF

Opening times:

Monday 8.30am – 1pm and 2pm – 6pm

Tuesday 8.30am – 1pm and 2pm – 5pm

Wednesday 8.30am – 1pm and 2pm – 5pm

Thursday 8.30am – 2pm and 3.30pm – 6.30pm

Friday 8.30am – 1pm

All GPs held surgeries across both sites.

Appointment times

Oldwood Surgery

Monday 8.30am to 11.15am and 3.40pm to 5.50pm

Tuesday 8.30am to 11.15am and 4.30pm to 5.50pm

Wednesday 8.30am to 11.15 am and 4.30pm to 5.50pm

Thursday 8.30am to 11.15am and 2.20pm to 4.50pm

Friday 8.30am to 11.15am and 2.20pm to 6.30pm

Battle Health Centre

Detailed findings

Monday 8.30am to 11.15am and 3.00pm to 4.20pm

Tuesday 8.30am to 11.15am and 4.50 to 5.50pm

Wednesday 8.30am to 11.15 am and 2.40pm to 4.50pm

Thursday 8.30am to 11.15am and 4.50pm to 6.30pm

Friday 8.30am to 10.50am

Extended surgery hours are from 7.30am on a Monday at Oldwood Surgery and on Tuesday at Battle Health Centre. There are also evening appointments until 7.15pm on Wednesday at Oldwood Surgery and on Tuesday and Thursday at Battle Health Centre. When the practice is closed patients can hear an answerphone message with information on how to contact the out of hours advice.

The practice population has a lower number of patients aged 65+ years than the national average. There is also a higher than average number of patients aged 18 years or less. There is a lower than average number of patients with a long standing health condition and an average number of patients with a caring responsibility. There are an average number of patients in paid work or full time education. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than average for England.

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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 April 2016. During our visit we:

- Spoke with a range of staff (insert job roles of staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

Detailed findings

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 and kept a log of all events. Significant events were discussed at the weekly clinical meetings.

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 presented having had an anaphylactic reaction, the practice dealt with the problem and the patient was recovering by the time the ambulance arrived. As a result of the event they decided to keep oxygen on-site in future as they felt that it would be of benefit to patients should a similar incident occur again.

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. 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. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- A notice in the waiting room and clinical 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 arrangements for managing medicines, including emergency medicines and vaccinations and the management of the dispensary, 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service if risk assessed as being necessary.
- 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.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the communal kitchen area which identified local health and safety representatives. The practice had up to date fire risk assessments and we witnessed a fire safety evacuation rehearsal on the day of the inspection. 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 large number 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.
- There was enough GP capacity to avoid the need to employ locums during periods of leave.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks 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, with 7% 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 to 2015 showed:

- Performance for diabetes related indicators (100%) was better than the Clinical Commissioning Group (CCG) average (93%) and national (89%) averages.
- Performance for mental health related indicators (100%) was better than the CCG (97%) and national (93%) averages.

The practice had identified several areas from the QOF figures where they thought that they could improve and had actively made changes to bring improvements about. For example, they felt that they could increase the number of patients that attended for cervical cytology screening. To achieve this they increased the number of opportunistic offers of screening they made when patients attended for

other appointments. They started an evening nurses clinic and they tasked a member of staff specifically to remind patients who had failed to make, or missed, an appointment.

Clinical audits demonstrated quality improvement.

- There had been 10 clinical audits completed in the last two years. Four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Information about patients' outcomes was used to make improvements. For example, diabetic patients on a medicine used by some patients with Diabetes were known to be at increased risk of B12 deficiency. The practice introduced routine tests for B12 for those patients on this medication. Results showed a significant number to be B12 deficient and commenced them on supplements...
- An audit of NHS health checks of the 40-65 year old age group showed that despite a high uptake, there was a lower than expected detection rate of chronic disease. As a consequence the practice were intending to target those most at risk of chronic disease in the future. Specifically this was to be patients who smoked and men over 50.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. All staff were closely mentored during their first two months in post.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions
- Staff administering 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

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- The practice held a training grid which all staff had access to and which was closely monitored. Staff were kept updated as to their training needs and deadlines for completing training.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services and when out of hours services covered the care of their patients.

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 two weekly 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.
- Smoking cessation advice was available from the health care assistant.

The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 84% and the national average of 82%. Recent figures provided by the practice but not yet ratified, showed that at the end of March 2016, the uptake was 90%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. A dedicated member of staff was responsible for following up patients who had failed to make, or attend, an appointment for cervical screening.

Published immunisation rates for the standard childhood immunisations were mixed. For example children receiving vaccination aged 12 months was 90% (clinical commissioning group (CCG) average 92% to 93%). Children aged two years receiving vaccination 85% to 93% (CCG 91% to 97%). Children of five years receiving vaccination 83% to 97% (CCG 90% to 96%). However we were shown unverified evidence that there had been clerical errors in the returns from the practice and that the actual figures were higher than those published.

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 40 patient Care Quality Commission comment cards we received and commented on it, 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.

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

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

- 93% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 88% and national average of 89%.
- 92% of patients said the GP gave them enough time (CCG average 86% and national average 87%).
- 100% of patients said they had confidence and trust in the last GP they saw (CCG average 95% and national average 95%).
- 93% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 84% and national average 85%).

- 98% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91% and national average 91%).
- 99% of patients said they found the receptionists at the practice helpful (CCG average 90% 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 with local and national averages. For example:

- 93% 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%.
- 91% said the last GP they saw was good at involving them in decisions about their care (CCG average 82% and national average 82%).
- 97% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85% and national average 85%).

Translation services were available for patients who did not have English as a first language although staff told us that they had not yet needed to access this facility.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.8% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, they would be sent a sympathy card, offered an appointment with their usual GP and signposted to bereavement support services if appropriate. A local bereavement service held sessions at Battle Health Centre.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had identified their current premises as the main obstacle to expanding and improving the services that they could offer. They had identified a potential site for a new purpose built building and had submitted a proposal to the CCG. This had been agreed by the CCG and they were currently in the process of applying for funding for the new premises.

- The practice offered early appointments from 7.30 am on a Monday at Robertsbridge and on a Tuesday at Battle. They also offered evening appointments until 7.15pm on Wednesday at Robertsbridge and on Tuesday and Thursday at Battle.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious or urgent medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The premises was able to accommodate patients with limited mobility or who used wheelchairs. The limitations of the building meant that the provision of full disabled facilities was not possible. However the building at Battle had full disabled access and patients with a disability could see any of the GPs on that site. Accessible toilets were available for all patients attending the practice and there was ramp access to the building. Baby changing facilities, a hearing loop and translation services were also available.

Access to the service

The practice had employed a new salaried GP in August 2015 and as a consequence had made an extra 45 appointments available across the two sites per week.

Services are provided at:

Oldwood Surgery, Station Road, Robertsbridge, East Sussex, TN32 5DG

Opening times:

Monday to Wednesday 8am – 6.30pm

Thursday 8am – 5.30pm

Friday 8am – 6.30pm

The duty doctor can be contacted between 5.30pm and 6.30pm on a Thursday in an emergency

The branch surgery is at:

Battle Health Centre, Telham House, Mitre Way, TN33 0BF

Opening times:

Monday 8.30am – 1pm and 2pm – 6pm

Tuesday 8.30am – 1pm and 2pm – 5pm

Wednesday 8.30am – 1pm and 2pm – 5pm

Thursday 8.30am – 2pm and 3.30pm – 6.30pm

Friday 8.30am – 1pm

All GPs held surgeries across both sites.

Appointment times

Oldwood Surgery

Monday 8.30am to 11.15am and 3.40pm to 5.50pm

Tuesday 8.30am to 11.15am and 4.30pm to 5.50pm

Wednesday 8.30am to 11.15 am and 4.30pm to 5.50pm

Thursday 8.30am to 11.15am and 2.20pm to 4.50pm

Friday 8.30am to 11.15am and 2.20pm to 6.30pm

Battle Health Centre

Monday 8.30am to 11.15am and 3.00pm to 4.20pm

Tuesday 8.30am to 11.15am and 4.50 to 5.50pm

Wednesday 8.30am to 11.15 am and 2.40pm to 4.50pm

Thursday 8.30am to 11.15am and 4.50pm to 6.30pm

Friday 8.30am to 10.50am

Extended surgery hours were offered from 7.30am on a Monday at Robertsbridge and on a Tuesday at Battle. They also offered evening appointments until 7.15pm on Wednesday at Robertsbridge and on Tuesday and

Are services responsive to people's needs?

(for example, to feedback?)

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

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

- 85% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 77% and national average of 75%.
- 99% of patients said they could get through easily to the surgery by phone (CCG average 77% and national average 73%).
- 88% of patients said they usually get to see or speak to the GP they prefer (CCG average 72% and national average 59%).

Patients told us on the day of the inspection that they were able to get appointments when they needed them. One patient who filled in a comment card said that they found it difficult to make an appointment.

Listening and learning from concerns and complaints

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

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

We looked at seven complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint was made regarding the telephone system and booking appointments during a time when there was a fault on the line and calls had been transferred to the branch surgery. We saw that the complaint was dealt with appropriately and that as a result changes were made to the on-line booking service.

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 a mission statement which was displayed in every room in the practice and on the practice website and staff knew and understood the values of the practice.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The GPs recognised that the main challenge that the practice had was the limitations of the building at Robertsbridge. They had identified a local site and received the backing of the clinical commissioning group (CCG) to build a new surgery, but had not yet received an agreement with regard to funding.

Governance arrangements

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

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

Leadership and culture

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

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

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

When there were unexpected or unintended safety incidents:

- The practice gave affected patients 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 team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- We noted that there had been a recent full team meeting at which the future vision for the practice had been discussed. Staff told us that they found this meeting to be very useful.
- Staff said they felt respected, valued and supported, particularly by the partners and management 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. The practice proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an

Are services well-led?

Good 

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

active PPG which met regularly. The PPG submitted proposals for improvements to the practice management team. For example, the PPG contacted a local ambulance service provider and arranged a talk on basic life support at a local community hall. They also accessed funding to have defibrillators sited in Robertsbridge and three other local villages. In response to patient and PPG feedback, the practice had instituted a text reminder service. They also added an extra computer and telephone away from the reception desk at Robertsbridge to allow staff to make calls to patients in a more private setting...

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, they had suggested some

changes to the new patient registration pack which had been implemented by the practice. 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 team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. In particular they were involved in setting up and taking part in, a locally commissioned service focusing on increasing the uptake of all cancer screening tests. Additionally one of the GPs was undertaking a Dermatology Diploma so that they could offer an onsite Dermatology clinic to their patients and those of other local practices.