

# Dr P D Dewhurst & Partners

## 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 Dr Dewhurst and Partners on 12 January 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 generally assessed and well managed. However some non clinical staff that were trained to chaperone adults had not had a DBS (Disability and Barring Service) check. This was however in line with their chaperone policy.
- 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. Some bookable appointments were available on the day and up to six months in advance.
- 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 took a strong and innovative lead in new initiatives and training in the locality.
- Staff were supported in and encouraged to continue to train beyond their current role.

# Summary of findings

- The practice were pro-active in taking part in research projects.

We saw some examples of outstanding practice

- The practice had an ethos of training, advancement and nurturing of staff. This had the intended result of increasing the levels of staff satisfaction in their work and improving recruitment and retention of staff.
- The practice was pro-active in proposing, encouraging and carrying out pilot schemes in to the training and use of paramedic practitioners in the locality.

The areas where the provider should make improvement are:

- Ensure that all staff are risk assessed as to whether they require a DBS (Disclosure and Barring Service) check, and record the findings of the assessment.
- Ensure that rehearsals of practice fire safety and evacuation procedures are carried out on a regular basis when the practice is open.
- Consider scanning signed consent forms in to the computer records.
- Investigate the reasons for raised exception reporting for atrial fibrillation, asthma, mental health, rheumatoid arthritis and cervical screening.

**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.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- 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 generally well assessed and well managed. However some non clinical staff that were trained to chaperone adults had not had a DBS check. This was however in line with their chaperone policy. All newly recruited staff were DBS checked.
- Fire safety and evacuation procedures had been rehearsed when an external trainer visited the practice. However we did not see evidence on the day that a recent rehearsal had taken place when the practice was open.

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.
- The practice had an ethos of training, advancement and nurturing of staff. This had the intended result of increasing the levels of staff satisfaction in their work and improving recruitment and retention of staff.

Good



# Summary of findings

- Staff at all levels were encouraged to continue to train beyond their role and were fully supported in their training. Administration staff were trained and encouraged to take on specific responsibilities in addition to their normal role.
- The practice was involved in the training in a GP setting of clinicians from a wide range of clinical disciplines and had recruited from their ranks.
- 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.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- 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



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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.
- 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.

Good



## Are services well-led?

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

Good



# Summary of findings

- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice frequently took part in pilot schemes in co-operation with other agencies such as the clinical commissioning group (CCG) and the local ambulance service provider.
- Staff were supported in and encouraged to continue to train beyond their current role.
- The practice were pro-active in taking part in research projects.
- The practice took a strong and innovative lead in new initiatives and training in the locality. For example the practice provided the ideas and initial drive behind the local primary care memory assessment service which delivered 14 clinics a week (two to three new patients per clinic) across two clinical commissioning group localities.
- They had also been involved in promoting, costing and enacting pilot schemes in to the training of paramedic practitioners in the locality.
- The practice were involved in training a wide range of clinical staff including medical students, junior doctors, GP trainees, nurses, pharmacists and paramedic practitioners.

# 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.

- The practice offered proactive, personalised care with a named accountable GP 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.
- They offered longer appointments for elderly patients with complex needs.
- The practice offered pro-active visiting to patients in residential homes.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The 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 81.2% (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.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people.

- 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 on the child risk register. Immunisation rates were relatively high and above the local average for all standard childhood immunisations.

Good



# Summary of findings

- The practice looked after a boarding school for young people with learning difficulties and visited once a week.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 87.7% (national average 75.4%)
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 92.7% (national average 81.8%)
- 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 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 reflects the needs for this age group. This included health promotion via social media.
- The practice ran travel clinics and a sexual health clinic.
- The practice provided extended surgery hours to accommodate patients who could not attend during the working day.

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 with a learning disability and looked after a school for children with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had developed an in-house computer template to ensure that there was a call/recall system for patients with learning difficulties. This had been shared with another local practice.

## **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).

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 88.1% (national average 88.5%).
- 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

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 239 survey forms were distributed and 138 were returned.

This represented 1.1% of the practice's patient list.

- 96% of patients found it easy to get through to this surgery by phone compared to a clinical commissioning group (CCG) average of 77% and a national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89% and national average 85%).
- 91% of patients described the overall experience of their GP surgery as good (CCG average 87% and national average 85%).

- 86% of patients said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 78% 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 25 comment cards of which all except one were positive about the standard of care received. The practice was described as good, very good, fantastic and excellent. The service was considered to be good, professional and of a high standard. Staff were described as kind, polite and helpful.

We spoke with 20 patients during the inspection. All 20 patients said they were happy with the care they received and thought staff were approachable, committed and caring. The current NHS friends and family test showed that 83.5% of patients would recommend the practice to their friends and family.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure that all staff are risk assessed as to whether they require a DBS (Disclosure and Barring Service) check, and record the findings of the assessment.
- Ensure that rehearsals of practice fire safety and evacuation procedures are carried out on a regular basis when the practice is open.
- Consider scanning signed consent forms in to the computer records
- Investigate the reasons for raised exception reporting for atrial fibrillation, asthma, mental health, rheumatoid arthritis and cervical screening.

## Outstanding practice

- The practice had an ethos of training, advancement and nurturing of staff. This had the intended result of increasing the levels of staff satisfaction in their work and improving recruitment and retention of staff.
- The practice was pro-active in proposing, encouraging and carrying out pilot schemes in to the training and use of paramedic practitioners in the locality.

# Dr P D Dewhurst & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

### Background to Dr P D Dewhurst & Partners

Dr Dewhurst and Partners is a surgery offering personal medical services to the population of Bexhill On Sea, East Sussex. There are approximately 14,900 registered patients. The practice has a large branch surgery which we did not inspect as part of this inspection process.

Dr Dewhurst and Partners is run by eleven partner GPs, four female and seven male. There is one GP with a special interest in dermatology based at the branch surgery and two female salaried GPs. The practice is also supported by six practice nurses and six health care assistants and a team of administrative / reception staff. There is a practice manager at each site.

The practice is a teaching practice for medical students and is also a training practice for FY2s (doctors in their second year following qualification), GP registrars (doctors training to be GPs), paramedics and nurses.

The practice runs a number of services for its patients including asthma clinics, cardiac clinics, diabetes clinics, new patient checks, sexual health clinics and holiday vaccinations and advice.

Services are provided from two locations:

Little Common Surgery

82 Cooden Sea Road

Bexhill On Sea,

East Sussex

TN39 4SP

And a branch surgery located at:

Old Town Surgery

13 De La Warr Road

Bexhill On Sea

East Sussex

TN40 2HG

We did not inspect the branch surgery during this inspection.

Opening hours are Monday to Friday 8:30am to 6:30pm. With emergency calls taken from 8am to 8:30am. The practice has extended hours opening from 7.30am three times a week. The branch surgery also offers appointments from 6.30pm to 7pm twice a week.

During the times when the practice is closed arrangements are in place for patients to access care from an Out of Hours provider, Integrated Care 24 (IC24).

The practice population has a higher number of patients over 65 years of age (41.2%) than the national average (16.7%). The practice population also shows a lower number of patients under 18 years (10.2%) than the national average (14.8%). There is a higher than average percentage of patients with a long standing health condition (69.4%, national average 54%) and with a health-related problem in daily life (54.2%, national average 48.8%). The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the national average

# Detailed findings

## 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 12 January 2016. During our visit we:

- Spoke with a range of staff, GPs, practice nurses, health care assistants (HCAs), the practice managers and practice manager assistant, administration and reception staff and also 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)

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.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these had been discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a request for antibiotics from a member of the community team was missed, eventually leading to an unplanned hospital admission. This was discussed and learning points and actions to prevent a recurrence disseminated to the reception team and community clinicians. The patient received a report of the outcome of the investigation.

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 for children. We saw examples where adult safeguarding concerns had been raised and pathways correctly followed.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. The practice policy stated that all chaperones who chaperoned children should have 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). All clinical staff, some of whom acted as chaperones had been DBS checked. Non clinical staff who acted as chaperones had not been DBS checked. However we were told that they would not be used to chaperone children and would not be left alone with a patient when chaperoning an adult. This had been discussed and agreed following training with the nurse manager at the PCT (Primary Care Trust, now NHS England) in 2013. We were told that at the time of training it was agreed that only clinical staff would chaperone children. If a chaperone was used the fact was recorded in the clinical notes. All recently employed staff had been DBS checked regardless of their role.
- 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 vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular prescribing audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer

## Are services safe?

medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a Patient Specific Direction or prescription when a doctor or nurse were on the premises.

- We reviewed several 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. All recently appointed staff had been checked through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception and outside the administration rooms. A health and safety log book was maintained. The practice had up to date fire risk assessments. The practice had received fire safety training within the last year, when an external trainer came in and rehearsed fire safety and evacuation procedures with staff members, however they had not carried out a recent rehearsal of fire evacuation procedures whilst the practice was open. 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). The practice maintained an index of risk assessments each of which was updated annually.

- 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. Their policy stipulated the importance of adequate staffing levels and the minimum staffing levels required to run the practice safe. The practice identified 'hot spots' when staffing levels may be challenged and planned ahead to ensure staffing levels were adequate.

### 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 and each room also had a panic alarm.
- All clinical staff received annual basic life support training. All non clinical staff received three yearly basic life support training. There were emergency medicines available behind the reception area.
- 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 maintained a register of all alerts that was stored as hard copies and on the practice intranet.
- The practice monitored that these guidelines were followed through audits and discussion during meetings.

### 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 98.4% of the total number of points available (clinical commissioning group average (CCG) 97.1%, national average 93.5%), with 8.6% exception reporting (CCG 8.9%, national average 9.2%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 to 2015 showed:

- Performance for diabetes related indicators was similar to or better than the clinical commissioning group (CCG) and national average. For example
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 86.7% which was
- Performance for mental health related indicators was similar to the national average. For example the percentage of patients with schizophrenia, bipolar

ffective disorder and other psychoses who have a comprehensive, agreed care plan documented in the preceding 12 months was 88.1% (national average 88.5%).

- Although exception reporting was slightly better than the CCG and national average overall, the exception reporting was noticeably higher for atrial fibrillation than CCG or national averages (practice 16.5%, CCG 10.7%, national 11.0%). It was also higher for asthma than the CCG or national averages (practice 22.3%, CCG 8.4% national 6.8%).
- Exception reporting was also higher than CCG and national averages for mental health and rheumatoid arthritis, but lower for cardiovascular disease (primary prevention) and depression.

Clinical audits demonstrated quality improvement.

- There had been ten clinical audits completed in the last two years, nine of these were completed audits where the improvements made were implemented and monitored. These audits were rolling audits and were being regularly repeated to monitor improvements.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- An audit diary was kept to ensure that re-auditing took place and recorded the frequency at which they should be repeated.

Findings were used by the practice to improve services. For example an audit of the acute chest pain and stroke protocol for receptionists highlighted the importance and effectiveness of the quick action by all staff concerned when dealing with patients who present with chest pain or stroke symptoms. It also showed that it was important to record who called the ambulance and the likely diagnosis.

### Effective staffing

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

- The practice had a thorough induction programme for all newly appointed staff. 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)

- 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 demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, regular training, one to one meetings with their clinical lead 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.
- 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.
- Staff were encouraged to continue to train beyond their role and we saw several examples of staff that had started in one role and progressed and diversified in to other roles. For example a healthcare assistant (HCA) had started as a receptionist and then taken an NVQ level 3 qualification and other training to carry out her current role. This thinking was part of the practice's long term recruitment and retention strategy which was enacted at all levels of staffing.
- Administration staff were supported with and given individual roles in developing, planning and implementing locally commissioned services such as the avoidance of unplanned admissions.
- Discussion with staff did reveal a high level of job satisfaction amongst them.
- The recruitment and retention strategy was also characterised by the practice's input in to the training in the GP setting of clinicians from other disciplines such

as paramedics, pharmacists, nurses and community matrons. The practice had recruited from clinicians that they had initially encountered when they took training placements with them.

### 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 ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the findings in the notes.
- We saw signed and filed hard copies of consent forms but they had not been scanned in to the computer notes.

### Supporting patients to live healthier lives

# Are services effective?

(for example, treatment is effective)

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 and those with learning difficulties. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 92.7%, which was comparable to the CCG average of 83.9% and the national average of 81.8%. However the exception rate was 15.4% which was higher than the CCG average (8.4%) and national average (6.3%).

The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were slightly better than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 98.9% (CCG average 91.2% to 96.7%), 87 children were eligible for immunisation in that age group. Childhood immunisation rates for the vaccinations given to five year olds ranged from 94.2% to 98.1% (CCG average 89.8% to 95.8%), 104 children were eligible.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 16–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced with the exception of one who had a specific issue that they were unhappy about. 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 three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice. 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 comparable with or above satisfaction scores on consultations with GPs and nurses. For example:

- 87.1% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87.6% and national average of 88.6%.
- 89% of patients said the GP gave them enough time (CCG average 86.1% and national average 86.6%).
- 94% of patients said they had confidence and trust in the last GP they saw (CCG average 94.6% and national average 95.2%).
- 86.5% of patients said the last GP they spoke to was good at treating them with care and concern (national average 85.3%).

- 93.1% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 90.6%).
- 98% of patients said they found the receptionists at the practice helpful (CCG average 90.4% and national average 86.8%).

### 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. With the exception of one card, 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 similar to national averages. For example:

- 89.1% 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%.
- 84.2% said the last GP they saw was good at involving them in decisions about their care (national average 81.7%).
- 82.6% said the last nurse they saw was good at involving them in decisions about their care (national average 85.1%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.5% of the practice list as carers. Written information was available to

## Are services caring?

direct carers to the various avenues of support available to them. The patient participation group (PPG) had a carer representative who championed carers, attended various locality carers meetings and fed back to the practice. The practice sent letters to carers inviting them to attend for an influenza vaccination in the autumn.

Staff told us that if families had suffered bereavement, their usual GP would contact them and they would be offered group counselling sessions which were run at the branch surgery.

# 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 were heavily involved in the pilot phase of Paramedic Practitioner Training (A scheme whereby paramedics are trained to work in general practice)
- The practice offered early appointments starting at 7.50am three days a week for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. The practice also had access to a sign language interpreter.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday with emergency calls taken from 8am to 8.30am. Appointments were available from 8.30am to 11am every morning and 3pm to 5pm in the afternoon (5.30pm at the branch). The practice was closed between 1pm and 2pm although the duty GP could still be contacted in an emergency. Extended surgery hours were offered from 7.30am three mornings a week at Little Common Surgery and until 7pm two evenings a week at the branch surgery. In addition to pre-bookable appointments that could be booked up to six months 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 were higher than local and national averages.

- 85.7% of patients were very satisfied or fairly satisfied with the practice's opening hours compared to the national average of 78.3%.
- 96.5% of patients said they could get through easily to the surgery by phone national average 73.3%.

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

We also saw that the practice had commissioned an outside agency to carry out an in-depth assessment of patient access to the practice and produced various actions for the practice to consider.

### 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 at each site who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were leaflets available and a poster on the notice board in the waiting room explaining the complaints procedure.
- The patient participation group (PPG) also provided waiting room assistants to advise patients and record feedback from patients.

We looked at 21 complaints received over six months and we found these were satisfactorily handled, and dealt with in a timely way. All complaints were investigated thoroughly and 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 patient complained that his wife's recent blood test had been painful and needed more than one attempt. This was discussed with the health care assistant (HCA) concerned. An apology was sent to the patient that included an assurance as to her training and an explanation that sometimes it can be difficult to obtain blood samples. We saw that all new complaints were reviewed every six months.

# Are services well-led?

Good 

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

## Our findings

The practice had a clear vision to deliver high quality health care and service for patients. The vision statement was posted in every room.

- All staff knew of their vision 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 saw a practice charter laying out the practice responsibilities to their patients and the patients' responsibilities to the practice and other service users.

### 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 people reasonable support, truthful information and a verbal and written apology.

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

- Staff told us and we saw evidence that 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 team away days were held monthly (the practice was closed for half a day and covered by an out of hours provider for protected learning).
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice took a significant and innovative lead in the locality being involved in new initiatives and training. For example the practice provided the ideas and initial drive behind the local primary care memory assessment service (MAS) which delivered 14 clinics a week (two to three new patients per clinic) across two clinical commissioning groups. One of the partners developed the Post Graduate Certificate in Dementia for practitioners with a special interest in conjunction with Bradford University. The same partner was the GP lead for governance and training for the consortium that had taken over the service and four GPs from the practice were members of the 16 member clinical team.
- They were a large training practice and had appreciated the difficulty that there was in the area in recruiting GPs and other clinical staff and therefore taken a lead in the training of a wide range of clinical staff in a GP setting. The practice were due to commence training physicians' assistants during 2016.
- For example they had been involved in paramedic practitioner training since 2007. During this time the practice offered placements to many paramedics and involved GP trainees in the training of paramedics for a

# Are services well-led?

Good 

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

general practice role. A full pilot scheme was run from July to October 2014 funded by the practice in conjunction with a local ambulance service provider. The aim was to manage urgent workloads at pressurised times and using fully qualified paramedic practitioners. The practice had since proposed the use of paramedic practitioners across the whole of Bexhill and the proposal was being considered by the CCG. The practice were going to employ a full time paramedic practitioner from May 2016.

- The practice managers had been involved in helping other practices locally transition to a different form of their computer software.
- The practice had developed computer templates and protocols that had been adopted by another local practice.
- They had recently submitted a fully costed IT training service proposition to the CCG for consideration.

## 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 active PPG which met regularly, carried out patient surveys, discussed the results with the practice and submitted proposals for improvements to the practice management team. For example a patient suggested that the wording on the patient information leaflet and website did not reflect current thinking on services and

self-help for mental health problems. The practice reviewed current thinking and changed the wording to reflect this. The PPG also arranged open meetings that could be attended by anyone, with a guest speaker.

- The practice had gathered feedback from staff through staff away days and generally 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. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice held 'whole practice development days' where all staff including GPs trained together.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff were encouraged to continue to train beyond their role and we saw several examples of staff that had started in one role and progressed and diversified in to other roles. This thinking was part of the practice's long term recruitment and retention strategy which was enacted at all levels of staffing. The practice team was forward thinking and took part in local pilot schemes to improve outcomes for patients in the area. For example the practice had just started piloting the 'Year of Care' model for diabetes patients in the locality. They also participated in research and drug trials. For example they were the second highest recruiter for a trial of a new anti-coagulant in western Europe. The practice had a strong emphasis on training, hosting medical students, training FY2s (doctors in their second year following qualification), GP registrars (doctors training to be GPs) and paramedic practitioners. Two GPs were GP trainers with two more training to be trainers. They had helped train pharmacists, nurses and community matrons and encouraged both administrative and clinical staff to undergo further training.