

# Southgate 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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Letter from the Chief Inspector of General Practice

Southgate Medical Group is rated as good overall. (Previous inspection 25 March 2015 rated as good overall).

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Southgate Medical Group on 21 February 2018. The inspection was carried out as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Patient records we saw were clear and accurate in most instances; however one record did not contain full contemporaneous information used to support decisions made.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice had appropriate facilities and was well equipped to treat patients and meet their needs.
- Patients said they were able to book an appointment that suited their needs. Pre-bookable, on the day appointments, home visits and phone consultation services were available. However some patients felt it was difficult to get through on the phone and get a pre-bookable appointment.

# Summary of findings

- The practice recognised that the patient's emotional and social needs were as important as their physical needs. They took an active part in social prescribing to improve the quality of patient's health and well-being.
- Recruitment procedures kept patients safe.
- Staff had been provided with appropriate training, supported to develop new skills and received an up to date appraisal.
- Staff were positive about working in the practice.
- Patient survey results were positive and higher than average in some areas in respect of care and treatment.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Additionally the provider should:

- Review the collation of responses to MHRA alerts to keep a central record that demonstrates actions and outcomes.
- Keep patient feedback in respect of the appointment system and telephone access under review and take action as appropriate.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

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

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

# Southgate Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and the team included a GP specialist adviser and a practice manager specialist advisor.

## Background to Southgate Surgery

Southgate Medical Group provides general medical services to approximately 9,593 registered patients. The practice delivers services to a slightly lower number of patients who are aged 65 years and over, when compared with the England average. Care is provided to patients living in residential and nursing home facilities and one local hospice.

Data available to the Care Quality Commission (CQC) shows the number of registered patients suffering income deprivation is similar to the national average. Care and

treatment is delivered by three GP partners and three salaried GPs. Five of the GPs are female and one is male. The practice employs a team of four practice nurses, two healthcare assistants and one phlebotomist. GPs and nurses are supported by the practice manager, a deputy practice manager, a practice coordinator and a team of reception and administration staff.

The practice is open from 8.30am to 6.00pm on weekdays. Extended hours consultations are available one evening per week from 6:30pm until 8:30pm and on one Saturday morning each month from 9.30am to 11.00am. The practice operates a flexible appointment system to ensure all patients who needed to be seen the same day are accommodated.

Services are provided from:

137 Brighton Road, Crawley, West Sussex RH10 6TE.

The practice uses the services of IC24 a local out of hours service.

Further information on the practice and services provided can be found on their website, [www.southgatemedicalgroup.co.uk](http://www.southgatemedicalgroup.co.uk)

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as requires improvement for providing safe services.**

### Safety systems and processes

The practice systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments and had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- Policies were regularly reviewed and were accessible to all staff. Staff understood who they should go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 recruitment records we saw contained photographic identity, written references and curriculum vitae.
- All staff who acted as chaperones were trained for the role.
- There was an effective system to manage infection prevention and control and the practice had undertaken a recent audit with all actions completed.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Patient records we saw were clear and accurate in most instances; however one record did not contain full contemporaneous information used to support decisions made. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way for five of the six records we looked at. One record did not contain all of the information to support the recent changes to a prescription for a patient. Following the inspection the practice provided further information to demonstrate that this had been taken seriously by the practice, a significant event had been logged and investigated and systems put in place to reduce the risk of such an event reoccurring.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and there was a system to track and monitor use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The

## Are services safe?

practice had audited antimicrobial prescribing as part of a local scheme which measured the quality, safety and cost effectiveness of antimicrobial prescribing. The practice took part in quarterly reviews with the CCG medicines optimisation team.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

### Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their

duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. The practice also recognised good practice as a significant event and shared these events with the team.

- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, when an incident of aggression took place in the practice the staff received support and de-briefing sessions to review the event. The team was provided with refresher training in managing aggressive and challenging patients.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. However the records did not easily demonstrate that the practice reviewed actions taken as a result of alerts. For example, the practice did not keep a central log of events to confirm actions taken and ensure appropriate responses

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice, and all of the population groups, as good for providing an effective service.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was not an outlier for the percentage of a specific antibiotic group prescribed. The practice prescribing was 11% compared to the clinical commissioning group (CCG) average of 11% and the national average of 10%.
- We saw no evidence of discrimination when making care and treatment decisions.

#### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

#### People with long-term conditions:

- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice was comparable to and higher than local and national data relating to long-term conditions. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 79% compared to the CCG average

83% and the national average of 80%; the percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 99% compared to the CCG average of 93% and the national average of 90%; and the percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that included an assessment of asthma control was 99% compared to the CCG average of 79% and the national average of 76%.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The data available to CQC at the time of the inspection indicated that the uptake rates for the vaccines given were in line with the target percentage of 90% or above in most areas. The practice provided the commission with updated information on the one parameter for under twos that had scored 72.3% for this time period (01/04/2016 to 31/03/2017). They were able to demonstrate that they had achieved over the 90% target for this indicator.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 74%, which was comparable to the 80% coverage target for the national screening programme, the CCG average of 70% and the England average of 72%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

#### People whose circumstances make them vulnerable:

# Are services effective?

## (for example, treatment is effective)

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. GPs offered discussions about end of life care with patients' families where appropriate.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months which was higher than the CCG average of 84% and the England average of 84%.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. Compared to the CCG average of 93% and the England average of 90%; and the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 100% compared to the CCG average of 93% and the England average of 91%.

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example

The most recent published Quality Outcome Framework (QOF) results were 98% of the total number of points available compared with the CCG average of 98% and England average of 96%. The overall exception reporting rate was 10% which was comparable to the CCG average of 11% and the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.
- Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice had systems in place to inform staff of the needs of patients receiving end of life care.
- The practice worked closely with a local service providing support to people who have found themselves homeless. This service provided support and services for those suffering the effects of homelessness, unemployment, loneliness, discrimination, or other forms of social exclusion. The practice provided GP services at the centre and also

# Are services effective?

(for example, treatment is effective)

provided temporary registration for patients whose needs were more complex. Information provided by the practice demonstrated homeless patients had been supported to obtain appropriate healthcare support.

## Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

- The practice had set up a monitoring hub accessible to patients either on a bookable basis or as a walk-in service. Patients were able to take their blood pressure and weigh themselves. The results were uploaded directly to the patient record and flagged for review by a clinician.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

**We rated the practice and all of its population groups as good for providing caring services.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 14 patient Care Quality Commission comment cards we received were positive about the care and treatment experienced. We also spoke with seven patients on the day of the inspection. Patients told us they found the doctors, nurses and administration staff to be helpful, professional, understanding and considerate. We also spoke with seven patients at the practice. Feedback from these patients was in line with the comment card responses, patients told us their experiences of the practice was positive and they felt cared for by supportive and friendly staff. These results were in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Of the 268 surveys which were sent out, 86 were returned. This represented about 0.9% of the practice population. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 82% of patients who responded said the GP gave them enough time comparable to the CCG average of 80% and the national average of 86%.

- 94% of patients who responded said they had confidence and trust in the last GP they saw comparable to the CCG average of 93% and the national average of 96%.
- 81% of patients who responded said the last GP they spoke to was good at treating them with care and concern comparable to the CCG average of 78% and the national average of 86%.
- 93% of patients who responded said the nurse was good at listening to them comparable to the CCG average of 90% and the national average of 91%.
- 90% of patients who responded said the nurse gave them enough time comparable to the CCG average of 90% and the national average of 92%.
- 94% of patients who responded said they had confidence and trust in the last nurse they saw comparable to the CCG average of 97% and the national average of 97%.
- 89% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG average of 89% and the national average of 91%.
- 80% of patients who responded said they found the receptionists at the practice helpful comparable to the CCG of 81% and the national average of 87%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

## Are services caring?

The practice identified patients who were carers when registering patients and opportunistically during consultations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 114 patients as carers (approximately 1.2% of the practice list).

- The practice had a care services coordinator to assist with identifying carers. Details about the support services for carers were available from reception.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 or higher than local and national averages:

- 86% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 84% and the national average of 86%.

- 90% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 90%.
- 90% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice and all its population groups as good for providing responsive services**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments. The practice improved services where possible in response to unmet needs.
- The practice ran a triage system with a duty doctor each day where 'on the day' appointments were offered. They reported that the current system was working towards meeting the demand for appointments from patients.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, children requiring emergency appointments were able to attend after school hours and patients who were unable to attend the surgery were encouraged to use the phone appointments system when appropriate.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for older people and housebound patients.
- Older people were encouraged to make use of phone consultations and were able to access on the day appointments with their own GP.

#### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

#### Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A and E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice had run educational sessions with children from a local primary school.
- GPs and nurses were available to give advice on contraception and provide sexual health screening or signpost to appropriate local services.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Phone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- An onsite smoking cessation service was available.

#### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had linked into local initiatives to support patients who are on the autism spectrum.
- The practice took part in a social prescribing initiative together with three other local practices, referring patients to organisations that offered additional help, support and advice on a wide variety of subjects. This

# Are services responsive to people's needs?

## (for example, to feedback?)

included counselling, recreational and social clubs and carer's support services. The practice provided information to demonstrate that they had made 58% of the overall referrals during this pilot.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had worked proactively with the local services for people who found themselves homeless and required support with their mental health needs.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages. The feedback on the day of inspection and completed comment cards was mixed. One person commented that they sometimes had to wait for a long time for the telephone to be answered and another stated they could never get a pre-bookable appointment. Of the 268 surveys which were sent out, 86 were returned. This represented about 0.9% of the practice population. For example:

- 59% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 80%.
- 29% of patients who responded said they could get through easily to the practice by phone; compared to the CCG of 57% and the national average of 71%.
- 59% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; compared to the CCG of 67% and the national average of 76%.

- 68% of patients who responded said their last appointment was convenient; compared to the CCG of 75% and the national average of 81%.
- 46% of patients who responded described their experience of making an appointment as good; compared to the CCG of 60% and the national average of 73%.
- 54% of patients who responded said they don't normally have to wait too long to be seen; compared to the CCG of 54% and the national average of 58%.

The practice was aware of their low scores and access to appointments and concerns with getting through on the phone. We noted that feedback from the practices complaints system and external reviews had been collated and shared at a practice meeting. We observed that the practice had increased the number of staff answering the phones and this was a priority task for staff at busy times. The practice had moved away from their previous call handling system and was now providing a local number together with an appointment cancellation line number. Call handling was being monitored by the practice manager.

The practice was part of the local Crawley CCG access hub initiative providing additional appointment capacity by working with other services in the area. The practice was in the process of recruiting new clinical staff to improve clinical appointment capacity.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Thirty complaints were received in the last year, which we reviewed and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, following a complaint about refusal to register a temporary patient on leave from university the

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

practice worked with the patient to resolve the issue and the concerns were discussed with the staff team and the practice policy had been reviewed and amended.

# Are services well-led?

Good 

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

## Our findings

**We rated the practice and all population groups as good for providing well-led services.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. We were told that there was an open and honest culture within the practice.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. All clinical staff were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

# Are services well-led?

Good 

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

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice had conducted an extended hours survey, reviewed feedback and comments on external review websites and monitored their friends and family test results. These were taken to the practice meetings for discussion.
- There was a patient participation group (PPG) which was active. We met with the PPG members during the inspection. The PPG had been involved consultations about improvements to the practice appointment system, prescription plus, the social prescribing initiative and had played a part in sharing information with patients at flu clinics and education evenings. Members are also active in promoting a singing group to contribute to patient wellbeing.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular: the contemporaneous patient's records were not always up to date with patient information related to prescription changes.  This was in breach of Regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.