

# New Pond Row Surgery

## Inspection report

New Pond Row  
35 South Street  
Lancing  
West Sussex  
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www.newpondrow.co.uk

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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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This practice is rated as Good overall.** (Previous rating August 2016 – Good)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced inspection at New Pond Row Surgery on 17 October 2018 as part of our planned inspection programme.

At this inspection we found:

- The practice had 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. However, record keeping in relation to significant events did not always provide a clear audit trail of lessons learned and shared and action taken to improve safety.
- 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.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they could access care when they needed it.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The premises were clean and hygienic.

- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice had won an award from a local mental health charity in recognition of improved services for people with mental health.

The areas where the provider **should** make improvements are:

- Provide awareness training for all staff on the ‘red flag’ sepsis symptoms that might be reported by patients and how to respond.
- Improve the recording and reporting of significant events so that it is clear that the details and lessons learned have been shared with relevant staff and that appropriate action has been taken and followed up.
- Update the practice’s fire safety policy and ensure all the actions from the latest fire risk assessment are completed.
- Put arrangements in place to ensure staff feel properly supported in their roles and able to raise issues or concerns in confidence.
- Look at ways to improve the uptake of cervical screening for eligible patients.
- Improve quality and outcomes framework performance for chronic lung disease and ensure the world health organisation targets for all childhood immunisations are achieved.
- Ensure that a patient participation group is re-established so that the practice can engage with a wider group of patients and utilize their feedback and support in improving services.

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Practice

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

<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>	

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to New Pond Row Surgery

New Pond Row Surgery provides primary medical services to approximately 7,500 registered patients in the town of Lancing and surrounding areas. The practice delivers services to a higher number of patients who are aged 65 years and over, when compared with the local clinical commissioning group (CCG) and England average. Data available to the Care Quality Commission (CQC) shows the number of registered patients suffering income deprivation is similar to the CCG and national average. The percentage of patients with long standing health conditions, is higher than the CCG and national average.

Care and treatment is delivered by three GP partners, two salaried GPs and a GP retainer (a GP retainer is a GP who is employed to provide flexible support). All of the GPs are female. The practice employs a team of four practice nurses, two healthcare assistants, two paramedic

practitioners and advanced nurse practitioner and a pharmacist. There is a practice manager, an assistant practice manager and a team of reception and administration staff.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services; family planning; and surgical procedures.

Services are provided from one location: 35 South Street, Lancing, West Sussex, BN15 8AN

For information about practice services, opening times and appointments please visit their website at: <http://www.newpondrow.co.uk>

# Are services safe?

**We rated the practice as good for providing safe services.**

## Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- 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 including sepsis. However, it was noted that whilst receptionists were aware of actions to take if they

encountered a deteriorating or acutely unwell patient they had not had any awareness training specifically in relation to the 'red flag' sepsis symptoms that might be reported by patients.

## Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

## Track record on safety

The practice had a good track record on safety.

- There were several risk assessments in relation to safety issues. However, the practice's fire safety policy had not been updated to reflect the layout of the new part building.
- It was noted that some of the recommended actions from a fire risk assessment undertaken in January 2018 had not yet been implemented. This included ensuring that fire evacuation drills were recorded, including unplanned evacuations which can be considered valid drills. However, actions that were identified as high risk and requiring immediate attention had been addressed.
- The practice monitored and reviewed safety using information from a range of sources.

## Are services safe?

### Lessons learned and improvements made

There was some evidence that the practice learned and improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. However, some staff told us they did not always feel supported with raising concerns and sometimes felt blamed when things went wrong.
- There were systems for reviewing and investigating when things went wrong. However, record keeping in relation to the reporting and recording of significant

events was not always complete. It was therefore not always clear that the practice had learned from and shared lessons with all relevant staff, identified themes and acted to improve safety in the practice.

- We saw that the practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the evidence tables for further information.**

# Are services effective?

**We rated the practice and all the population groups as good for providing effective services overall.**

## 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' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

## Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. The practice worked with a multi-disciplinary team to develop anticipatory care plans that aimed to prevent unnecessary admission to hospital.
- 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.
- The practice worked closely with local nursing homes to ensure newly admitted patients received a prompt assessment of their medical needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

## People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the practice worked with other health and care professionals to deliver a coordinated package of care.
- A hospital diabetes nurse specialist provided support to the practice for patients with more complex needs.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

- The practice referred patients to wellbeing schemes to provide patients with support for healthy eating, weight loss, smoking cessation, becoming more active, reducing alcohol consumption and social support.
- The practice's performance on quality indicators for long term conditions was comparable to local and national averages.

## Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above, except for one which was only 1% below the target. The practice had recently appointed an additional practice nurse which would help increase the practice's capacity for providing childhood immunisation appointments.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice had monthly meetings with a health visitor to discuss children and families of concern.

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

- The practice's uptake for cervical screening was 71%, which was below the 80% coverage target for the national screening programme. The practice told us that they wrote to patients who did not attend for cervical screening. The practice's information system highlighted if a patient was due for a smear test so that clinicians could encourage uptake if they were seeing the patient for something else.
- The practice's uptake for breast and bowel cancer screening was comparable with the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. 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:

- The practice's information system identified patients living in vulnerable circumstances including homeless people those with a learning disability.
- The practice provided enhanced reviews for patients with learning disability.

# Are services effective?

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice's performance on quality indicators for mental health was comparable to local and national averages.
- The practice provided support to patients who resided in a home for people with severe and enduring mental health problems and liaised closely with the consultant psychiatrist.

## Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- 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. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation. However, some staff told us they did not always feel supported in their role and did not feel they could speak with managers in confidence.

## 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 and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- 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 considered the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

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

- The practice identified patients who may need 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 own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

## Are services effective?

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### **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 recorded the process for seeking consent appropriately.

**Please refer to the evidence tables for further information.**

# Are services caring?

## We rated the practice as good for caring.

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were comparable to local and national averages for questions relating to kindness, respect and compassion.

### Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and large print 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.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were comparable to local and national averages for questions relating to involvement in decisions about care and treatment.

### Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect.
- There was a quiet area adjacent to the main waiting area for patients who preferred to wait in a more private and peaceful environment.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

## We rated the practice, and all the population groups, as good for providing responsive services

### Responding to and meeting people's needs

The practice organised 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.
- Telephone consultations were available to support patients who were unable to attend the practice during normal working hours.
- The practice had built additional facilities and premises to ensure they were more appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- 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 urgent appointments and home visits from GPs, practice nurses and paramedic practitioners and for those with enhanced needs.
- Home visits were made for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice was pro-actively tackling the issue of social isolation in the elderly population by working with the voluntary sector and developing social prescribing schemes.

### People with long-term conditions:

- Patients with multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

### Families, children and young people:

- There was a focus on providing support to the whole families

- The practice had designed a new congratulations card with useful health information which was sent to new mothers.
- The practice offered a one-stop clinic so the six-week baby check the first immunisations could be provided at the same appointment.
- Young patients were provided with a 'Freddy the Frog' certificate on completion of their pre-school immunisation programme.
- The practice hosted a sexual health clinic which had increased access to contraception and sexual health advice for young people.
- The practice had invited two local primary schools and a secondary school to display the pupils' artwork around the surgery. This had helped enhance the practice environment and sense of community.
- All parents or guardians calling with concerns about a young child were offered a same day appointment when necessary.

### 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. For example, extended opening hours in the early morning and late evenings, pre-bookable telephone appointments.
- The practice was part of a 'GP access hub' which provided appointments to patients in the evenings and weekends.
- Appointments could be pre-booked on line.
- The practice utilised a text messaging service to provide reminders to patients about their appointments.

### People whose circumstances make them vulnerable:

- The practice provided extended appointment times for reviews of patients with learning disabilities so that they never felt rushed and could take their time.

### 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 won an award from a local mental health charity in recognition of improved services for

## Are services responsive to people's needs?

people with mental health. This was in recognition of several initiatives the practice had taken which included; the playing of soothing music in the waiting area after asking a patient known to have mental health difficulties who observed to be agitated and upset whilst waiting what would make the environment more comfortable and relaxing for them; routinely asking patients about their mental health as well as their physical health at chronic disease management reviews and sign posting them if necessary; adapting the work environment for any staff members suffering with mental health problems.

- There was a designated quiet area adjacent to the waiting room for patients who may prefer a calmer, less busy environment.

### Timely access to care and treatment

Patients could 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.

- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were below local and national averages for questions relating to access to care and treatment, particularly in relation to getting through to the practice on the phone. The practice was aware of this and had implemented several measures to improve access.

### 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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.

**Please refer to the evidence tables for further information.**

# Are services well-led?

**We rated the practice as good for providing a well-led service.**

## Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders told us they had 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 to deliver high quality, sustainable care.

- Staff were aware of the practice's values and their role in achieving them.
- The practice's strategy was in line with health and social care 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.

- Most staff stated they felt respected, supported and valued. They were proud to work in the practice. However, some staff told us they did not always feel supported and valued.
- The practice focused on the needs of patients.
- 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.
- Most of the staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. However, some staff told us they did not feel able to raise concerns in confidence and felt they were blamed when things went wrong.
- There were processes for providing all staff with the development they need. This included appraisal and

career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- There were arrangements for the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. However, not all staff felt they were treated equally.
- There were mainly positive relationships between staff and teams, however this was not the case for all teams in the practice.

## 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.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. However, record keeping in relation to significant events did not always provide a clear audit trail of lessons learned and shared and action taken to improve safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety 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 considered and understood the impact on the quality of care of service changes or developments.

## Are services well-led?

### 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.

- Patients views and concerns were encouraged, heard and acted on to shape services and culture. The practice was in the process of re-establishing a recently disbanded patient participation group to encourage a wider range of patient views and involvement.
- 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.
- 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.

**Please refer to the evidence tables for further information.**