Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Dolphins Practice

Butlers Green Road, Haywards Heath, RH16 4BN

Tel: 01444414767

Date of Inspection: 07 March 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dolphins Practice
Registered Manager	Dr. Robert Howard Jones
Overview of the service	Dolphins Practice provides general medical services to people living in the Haywards Heath area. The practice has 6 general practitioners (GPs) and as a training practice often has additional doctors working there as part of their ongoing training. The practice also has 5 nurses, 2 healthcare assistants and a phlebotomist.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We carried out a visit on 7 March 2014, talked with people who use the service, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We spoke with seven patients, three of whom were members of the practice's Patient Participation Group (PPG). Most of the patients were happy with the care and treatment they had received. One said, "The doctor I have is wonderful." Another said, "The doctors are brilliant. The nurses are brilliant." However, some patients said they found the appointment system difficult and couldn't always get to see the GP of their choice.

We spoke with two GPs, one practice nurse and three administrative staff. They all said they were provided with sufficient training opportunities and felt well supported in their roles. One said, "We get good training."

We found that the practice had policies and procedures in place to safeguard children and vulnerable adults. We saw that training was provided to ensure that all staff were aware of their roles and responsibilities in relation to this. This meant that patients who used the service were protected from the risk of abuse.

The practice had a system in place to monitor the quality of service that patients received. The practice regularly sought the views of patients through surveys and the PPG. There was evidence that these were acted on to improve the service. We saw that learning took place from significant events and that the practice shared and implemented the findings of clinical audits.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

Patients' views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Patients' privacy, dignity and independence were respected.

Reasons for our judgement

We asked the GPs how they ensured patients understood their diagnoses and treatment options. They said they verbally explained things to patients,that they directed patients to approved websites and gave them patient information leaflets to take away. One GP told us that they also used computer tools that provided patients with pictorial displays of how various treatments affected particular conditions. Another GP told us that they often drew diagrams for patients to aid their understanding. The patients we spoke with confirmed this to be the case. One patient said that the doctor, "Goes on the internet while you are sitting there." Another said, "One doctor always does a sketch." The GPs provided us with examples of how they gave patients a choice of treatment options where appropriate and explained the risks and benefits of each. One patient said, "They tailor care to the individual and give you choices."

We saw that the practice had a separate room adjacent to the waiting area which contained a comprehensive range of patient information leaflets about different conditions and local support services. Patients were able to spend time in the room to browse and then take leaflets away. In the waiting room it self there was a plasma screen which also displayed a wide range of patient information. We saw that the practice's website provided patients with health advice and information about local health services. This meant that patients were given appropriate information and support regarding their care or treatment.

Patients' privacy and dignity were respected. We saw that staff signed a confidentiality agreement as part of the terms and conditions of their employment. All the staff we spoke with were able to demonstrate a good understanding of the importance of maintaining patient confidentiality and respecting their privacy and dignity. They gave us examples which included not discussing patients outside of work, ensuring that computer screens were locked when unattended and not leaving telephone messages for patients without their consent. Clinical staff said that they pulled curtains around the couch and closed blinds at the windows if they needed to examine a patient. Reception staff told us that they

would take patients to a private room if they were upset or needed to discuss anything confidential.

We observed that the consulting rooms took account of people's need for privacy with blinds at the windows and curtains which could be drawn around the couch. The practice had a chaperone policy in place, the details of which were displayed on the plasma screen. This ensured that patients could have someone else present for any consultation, examination or procedure where they felt one was required. This could be a family member or friend or a formal chaperone, for example a trained member of staff. The practice played local radio in the background in the waiting areas to obscure private conversations at the reception desk. We also saw that patients were asked to stand behind a barrier to allow for patient privacy at the reception desk.

The patients we spoke with said that they felt their privacy and dignity was respected. They said they were always offered a chaperone when appropriate. They said that staffs were friendly and polite. One patient said about the reception staff, "They are very nice and so helpful if you are not feeling well."

People's diversity, values and human rights were respected. We saw that there were parking spaces for disabled drivers and wide, push button doors to the practice to allow disabled access. The reception desk was at a suitable height for wheelchair users and there was a lift to enable access to the first floor. There were also toilet facilities for people with a disability. There was a hearing loop available for use by patients with a hearing impairment. The practice used computer translation services for people whose first language was not English.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Most of the patients we spoke with were happy with the care and treatment they received from the practice. One patient said, "Of late I'm very gratified. I had a blood test and a call from the doctor straight away with the results." Another said, "My own doctor has always been very good." However, whilst all of the patients were happy with their care most of them told us that they usually found it very difficult to get through on the telephone and make an appointment when they wanted, with a doctor of their choice. One patient said "I can't get to grips with the appointment system. I can't get to see the doctor I want to see" Another said, "You never get to see your own doctor."

We spoke with the practice manager about this. They told us that they were aware from feedback from their annual patient survey and the PPG that patients found it difficult to make appointments by telephone. They told us they had made a number of improvements which included opening the telephone lines half an hour earlier and extending on line booking. They said that currently patients were able to make appointments by telephone, in person and on line. The practice also offered urgent same day appointments, however these were initially dealt with over the telephone by a doctor who assessed their priority. Patients seen on the day may not be able to see the doctor of their choice. Non-urgent patients were always able to speak to a doctor over the telephone that day for advice and if necessary could book an appointment up to six weeks in advance. This enabled them to see a doctor of their choice. We also saw that the practice offered extended access to patient's by providing appointments from 7:30am to 6.30pm on a Monday, Tuesday and Friday and from 8.30am to 6.30pm on a Wednesday and Thursday. GP appointments were also available on alternate Saturdays from 9.00 to10.30am.This meant the practice was able to meet the needs of patients who were unable to attend during normal working hours.

The practice had systems in place for managing patients with long term conditions. We spoke with the practice nurse who told us that there were dedicated nurse led clinics for diabetes, asthma, heart disease and lung disease. We were told that the practice kept a register of people with these long term conditions and ensured that they were invited for regular screening and review appointments. This meant that there were systems in place to monitor patients at risk of deterioration in their health status to ensure early intervention.

One patient told us that they had their blood test every year as required and that the practice nurses were "Absolutely superb."

We saw that the practice worked closely with other organisations and health care professionals. We saw evidence that the GPs had regular multi-disciplinary team meetings which involved staff from both health and social care where patient's with long-term conditions or complex health and social care needs were identified. This helped ensure the support they needed was coordinated between all the appropriate professionals. We also saw that the GPs met every three months with the community nurses and staff from the local hospice services to identify and discuss patients who required palliative care. This helped ensured that patients approaching the end of their life experienced well organised, high quality care.

There were arrangements in place to deal with on-site medical emergencies. We saw evidence that all staff had received up to date training in basic life support. We saw that there were emergency drugs and equipment which included oxygen cylinders and a defibrillator in the practice and that these were checked weekly. This meant they would be fit for purpose in the event of a medical emergency. The practice did not operate an emergency out-of-hours service, however, information about how to contact the local out-of-hours team was made available to patients on a recorded telephone message, on the plasma screen in the waiting area and on the website.

The practice had arrangements in place to deal with foreseeable emergencies. We saw that there was a comprehensive and up to date business continuity plan in place. The plan outlined the arrangements in place to deal with foreseeable events such as loss of energy supplies, severe weather, loss of the computer system and essential data and fire.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

Patients who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We saw that the practice had procedures in place for safeguarding children and vulnerable adults. These were displayed on the surgery walls for staff to refer to and could also be accessed via computer desk tops. They provided guidance on the signs of abuse and what staff should do if they suspected abuse was taking place. They also included contact details for the designated adult and child safeguarding leads in the local clinical commissioning group for advice and referral.

The clinical staff told us they had received training on child protection and safeguarding vulnerable adults. They were all able to describe the types of abuse that could occur and signs that might suggest someone was being abused or neglected. They knew who to contact if they had any concerns. This demonstrated that they understood their roles and responsibilities in relation to safeguarding. The administrative staff we spoke with had not had training on child protection and safeguarding vulnerable adults. As a result they were not as familiar with types and signs of abuse and their roles and responsibilities in relation to this. However, the practice manager informed us that training had been arranged in March and April 2014 for all staff on child protection and safeguarding vulnerable adults. We saw evidence that confirmed this was the case. This meant that both clinical and administrative staff would have up to date knowledge in this area.

The practice manager informed us that all clinical staff were subject to a criminal record check with the Disclosure and Barring Service. We saw evidence that confirmed this to be the case. This meant that the practice had sought information on the suitability of its clinical staff to work with children and vulnerable adults.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

Patients were cared for by staff who were supported to deliver care and treatment safe and to an appropriate standard.

Reasons for our judgement

We spoke with the practice manager who informed us that all new staff undertook an induction programme. We saw records of induction which showed that the programme covered key areas which included health and safety, fire procedures, and confidentiality. They told us that all staff had an annual appraisal which identified their training needs and that training was organised in order to meet these.

All the staff we spoke with said that they received sufficient training to undertake their roles. They all confirmed that they had an annual appraisal. One administrative staff member said, "We get good training. We can always go on courses." The training records we looked at showed that administrative staff had attended a range of training which included medical terminology and dealing with aggressive patients. The practice nurse we spoke with told us they had received a lot of training since they joined the practice. The training records we looked at showed that practice nurses had received a variety of training which included cervical screening, wound management and early diagnosis of cancer. All the staff we spoke with told us that they felt well supported in their roles. They said they worked well as a team and received sufficient support from each other and their managers. One administrative staff member said, "We all come together as a team and we are very supportive of each other." The practice nurse told us they got support from regular meetings with the doctors and other nurses to discuss cases and keep up to date with clinical developments. We saw that there were weekly team meetings for administrative staff where they could keep up to date with developments and share information and experiences. The administrative staff we spoke with said they found these very useful. The practice therefore provided appropriate support and training for its staff.

The GPs we spoke with told us that they participated in training and education throughout the year as part of their continuing professional development and the requirements of their annual appraisal. All the GPs received an annual appraisal as required by their governing body, the General Medical Council (GMC), to demonstrate that they continued to meet professional requirements. The GPs told us that they also had monthly in-house education meetings where they met to share information, knowledge and experiences in order to keep up to date with clinical developments. We saw records of these meetings which showed the GPs had received updates on physiotherapy, child protection and

compassionate care. The GPs also told us that they had access to the latest clinical guidelines on their computer desk tops. They said that they all met for a coffee break every day to discuss cases and share experiences and knowledge. This meant that the practice had a system in place to support individual GPs and help ensure their knowledge was kept up to date.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The practice had an effective system to regularly assess and monitor the quality of service that patients received

Reasons for our judgement

The practice had a number of systems in place to assess and monitor the quality of service that patient's received. We saw that the practice regularly undertook surveys of patient views and acted on the results. For example, the 2013 survey highlighted that patients experienced problems when making appointments by telephone. The action plan identified that patients needed to be made aware of other methods for booking appointments. There was evidence that this had been implemented, for example, the practice's website included more information on how to use the on-line booking facility.

The practice had an active PPG which was established to ensure that patients could contribute their views and ideas on how services should be provided by the practice. We spoke with members of the PPG who told us that the group was well supported by the practice and that issues raised were acted on. One member said, "The good thing about the practice is that problems are tackled quickly, openly and enthusiastically." The PPG members told us that they regularly sought patient views by speaking to them directly at health events and the seasonal flu clinics that they supported. They told us that they fed these views back to the practice and made suggestions for improvement. The outcome of their discussions was reported in the PPG newsletter. We saw copies of the newsletters which reported on a number of improvements that had been made as a result of the feedback. For example, in response to requests, the practice arranged for parents to be able to make appointments online on behalf of their children. This meant that the practice sought the input and advice of patient representatives and acted on their feedback.

The practice took account of significant events and used them to improve the service. We saw that the practice had a system for recording significant events, the actions taken and learning for the future. We saw that learning from significant events was discussed at practice 'away days' which were held on a regular basis. The GPs we spoke with were able to give us examples of the learning that had been implemented as a result of significant events. For example, a prescribing error had led to a change in the form for prescribing an anti-malarial drug in order to prevent future errors. This meant that learning from significant events took place and appropriate changes were implemented.

The practice used the Quality and Outcomes Framework (QOF) to measure their

performance. The QOF is a national group of indicators, against which practices scored points according to their level of achievement in the four domains of clinical, organisation, patient experience and additional services. We saw that the practice regularly discussed performance against the QOF at clinical meetings.

The practice undertook regular audits to ensure that clinical practice was in line with recommendations made by the National Institute for Clinical Excellence. We were shown an example of an audit of the identification and management of gestational diabetes. There was evidence that the results were shared and that recommendations had been made to improve current practice. This meant that the practice used findings from audits to ensure action was taken to protect patients from receiving inappropriate or unsafe treatment.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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