

# The Courtyard Surgery

## Quality Report

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

### Ratings

|  |      |   |
|--|------|---|
| Overall rating for this service            | Good |  |
| Are services safe?                         | Good |  |
| Are services effective?                    | Good |  |
| Are services responsive to people's needs? | Good |  |
| Are services well-led?                     | Good |  |

# Summary of findings

## Contents

### Summary of this inspection

|   | Page |
|---|------|
| Overall summary                             | 2    |
| The five questions we ask and what we found | 4    |
| The six population groups and what we found | 5    |

### Detailed findings from this inspection

|                                     |   |
|-------------------------------------|---|
| Our inspection team                 | 6 |
| Background to The Courtyard Surgery | 6 |
| Why we carried out this inspection  | 6 |
| How we carried out this inspection  | 6 |
| Detailed findings                   | 8 |

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Courtyard Surgery on 17 January 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for The Courtyard Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 24 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 17 January 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- Significant events were discussed at practice meetings. The outcomes and learning from these meetings was shared with staff.
- Systems were now in place for receiving and disseminating information on patient safety alerts.

- Staff appraisal records now included continual professional development records.
- Training and induction records for clinical and non-clinical staff were in place and up to date. Gaps in training had been addressed.
- Systems were in place to record, respond to and learn from complaints and concerns.

Additionally:

- The practice had reviewed the low patient satisfaction scores in respect of involving patients in decisions. We were told that GPs had taken on this feedback and were aware of the need to ensure patients were involved and treatments explained. We saw draft advice leaflets being developed by the practice to assist with explaining test results. The last patient survey showed that 87% of respondents stated the last GP they saw was good at involving them in decisions compared to the previous survey result of 76%.
- The practice reviewed their carers list and undertook an exercise to ensure all known carers were identified as carers in the clinical system. The practice manager told us that every opportunity was taken to check carer status. For examples patients were asked at the

# Summary of findings

point of registration, during self-check-in and appointments. The current figure was 0.9% of the practice population. The practice had a care co-ordinator who kept this under review.

- The practice had reviewed their approach to bereavement and a protocol had been put in place with a copy on display in the reception area. GPs made contact with the family or carers and where appropriate a letter of condolence was sent.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Review the current arrangements for storing information on complaints to ensure this is readily available for review.
- Review the arrangements for transferring data between the two practices to ensure this meets data protection and information governance policies.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

At our previous inspection on 17 January 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of managing significant events, patient safety alerts and the monitoring of prescription forms were not adequate.

At this inspection we found that systems had been improved to ensure significant events were discussed at practice meetings and learning outcomes had been shared with the wider staff team where appropriate. Systems to respond to patient safety alerts and to monitor blank prescription forms were now in place.

Good



### Are services effective?

At our previous inspection on 17 January 2017, we rated the practice as requires improvement for providing effective services as the arrangements in respect of systems to keep up to date with current guidance, appraisals and training for staff were not adequate.

At this inspection we found that systems had been introduced to receive and disseminate updates on national guidance and best practice information. Staff appraisals now included training and development plans and gaps in training found at the last inspection had now been addressed.

Good



### Are services responsive to people's needs?

At our previous inspection on 17 January 2017, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of responding to complaints were not adequate.

At this inspection we found that systems to record and respond to complaints had been improved. We saw evidence that complaints had been recorded, acknowledged and responded to. These were also included in the discussions at clinical and practice meetings.

Good



### Are services well-led?

At our previous inspection on 17 January 2017, we rated the practice as requires improvement for providing well-led services as the governance systems were not adequate.

At this inspection we saw that the provider had taken steps to address the concerns raised at the last inspection. This included the development of systems to respond to and learn from safety risks, significant events and complaints.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The provider had resolved the concerns for providing safe, effective, responsive and well-led services identified at our inspection on 17 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for providing safe, effective, responsive and well-led services identified at our inspection on 17 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for providing safe, effective, responsive and well-led services identified at our inspection on 17 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for providing safe, effective, responsive and well-led services identified at our inspection on 17 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for providing safe, effective, responsive and well-led services identified at our inspection on 17 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for providing safe, effective, responsive and well-led services identified at our inspection on 17 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# The Courtyard Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector; they were accompanied by a second CQC Inspector.

## Background to The Courtyard Surgery

The Courtyard Surgery is a GP practice based in Horsham in West Sussex, providing primary medical services to 8,900 (18,000 in total combined with Riverside Surgery) patients. In October 2016 the practice joined with Riverside Surgery and is managed together as a single, two site practice. However, each practice has retained their own patient lists but services were accessible to patients across both sites.

The practice patient population is made up of a higher than average proportion of patients in work or education and lower levels of unemployment. There was a slightly higher than average proportion of patients with a long standing health condition. The practice had a slightly smaller proportion of elderly patients and fewer children under the age of 18. The deprivation score for the practice area was slightly higher than the CCG average but significantly lower than the national average.

The practice holds a General Medical Service contract and is part of NHS Horsham and Mid Sussex Clinical Commissioning Group. The practice consists of four GP partners (male and female) and two salaried GPs. The GPs are supported by a practice manager, two practice nurses a healthcare assistant, an assistant practice manager at each site, and an administrative team. A wide range of services and clinics are offered by the practice including asthma and diabetes.

The Courtyard Surgery is open between 8.30am to 6pm on Monday to Thursday and between 8.30am and 4pm on a Friday. Telephone lines are open from 8am to 6.30pm Monday to Friday. Extended hours appointments are available until 8pm on a Monday evening and between 8.30am and 1pm on a Saturday. Riverside surgery is open between 8am and 6.30pm Monday to Friday with appointments until 7pm on a Monday. In addition, appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider (111).

Services are provided from:

The Courtyard Surgery, 56 London Road, Horsham, West Sussex, RH12 1AT.

And also from:

Riverside Surgery, 48 Worthing Road, Horsham, West Sussex, RH12 1UD.

We did not inspect Riverside Surgery as part of this inspection.

## Why we carried out this inspection

We undertook a comprehensive inspection of The Courtyard Surgery on 17 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on January 2017 can be found by selecting the 'all reports' link for The Courtyard Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Detailed findings

We undertook a follow up focused inspection of The Courtyard Surgery on 24 August 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

During our visit we:

- Reviewed information on significant events.
- Reviewed procedures for receiving and disseminating information on patient safety alerts and how they were responded to.

- Looked at a sample of staff appraisal records and continual professional development records.
- Looked at the training and induction records for clinical and non-clinical staff.
- Reviewed systems to record and respond to complaints and concerns.
- Reviewed meeting minutes of a range of meetings including staff, clinical and partner meetings to see how the practice shared information on complaints, incidents and national guidelines.
- Spoke with the practice manager.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

At our previous inspection on 17 January 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of managing significant events, patient safety alerts and the monitoring of prescription forms were not adequate.

We issued a requirement notice in respect of these issues and found these arrangements had significantly improved when we undertook a follow up inspection on 24 August 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

At our inspection on the 17 January 2017 we reviewed safety records, incident reports and minutes of meetings where significant events were discussed. We saw that some incidents were discussed in practice meetings with evidence of learning having been identified, however it was not clear that all incidents were discussed. For example, we viewed details of an incident where a patient had exhibited challenging behaviour but there was no evidence of team discussion.

At this inspection the practice demonstrated that significant events were part of the standing agenda of practice meetings. We saw minutes of these meetings that documented discussions about individual incidents and actions that were required. These minutes were shared with the staff team.

At our last inspection we found the practice was not able to demonstrate receiving or acting upon patient safety alerts; for example; the MHRA (Medicines and Healthcare Products Regulatory Agency) medicines safety updates. The practice took action to address this during and in the days following inspection, identifying patients who may have been receiving medicines subject to safety updates and undertaking appropriate reviews.

At our inspection on 24 August 2017 we saw that a record to monitor patient safety alerts had been introduced. This record documented individual alerts and the actions taken by the practice. For example; an alert concerning a medicine taken by patients during pregnancy had resulted in the review of the patients prescribed this medicine. The practice has a pharmacist who had taken the lead in dealing with and monitoring outcomes from actions related to medicine alerts. The practice manager took responsibility for acting upon other aspects of the alert system including medical devices in collaboration with the clinical team. For example, the practice had received an alert in respect of an automatic external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. The records we saw evidenced how the practice manager had discussed the alert with the clinical team and ascertained the type(s) of device they used and determined that no action was required. This outcome was fully documented together with the outcome.

### Overview of safety systems and process

At our last inspection we found blank prescription forms and pads were securely stored, although the system to monitor their use did not include a clear log of prescription numbers and their destination. However, subsequent to the inspection the practice implemented a recording system to monitor this.

At our inspection on 24 August 2017 we found that systems to monitor the serial numbers of blank prescription forms were embedded in the practice. The numbers and locations where the pads were distributed to had been documented. We also noted that printer trays were locked further increasing security. We also noted that the practice manager undertook a regular audit of this record to check completeness and accuracy.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 17 January 2017, we rated the practice as requires improvement for providing effective services as the arrangements in respect of systems to keep up to date with current guidance, appraisals and training for staff were not adequate.

We issued a requirement notice in respect of these issues and found these arrangements had significantly improved when we undertook a follow up inspection on 24 August 2017. The practice is now rated as good for providing effective services.

### Effective needs assessment

At our inspection on 17 January 2017 it was unclear that clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice did not have systems to keep all clinical staff up to date. Relevant staff had access to guidelines from NICE, however keeping up to date was seen as an individual GP responsibility and there was no formal process in place and not in place as a standing agenda item at meetings.

At this inspection we saw that updates on clinical practice were part of the standing agenda of clinical practice meetings. The practice manager had arranged for all clinicians to sign up for regular updates and email alerts on NICE. We saw that the practice had introduced a prescribing tool (Optimise-RX) that automatically cites NICE guidance on medicine choice.

### Effective staffing

At our last inspection we found the practice had an induction programme for all newly appointed staff. This

covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, induction records held on file were not always complete.

At this inspection we were told that one staff member had commenced employment since the last inspection. We saw a comprehensive induction record that had been completed appropriately. Some areas of the form were still to be completed but this was in keeping with the required timescales as the clinician was still undertaking this induction process.

At the last inspection we reviewed the practice's system of appraisal and found this did not always include the identification of learning needs of staff or the development of plans to address this. At this inspection we looked at the records of six members of the staff team. Each individual had an appraisal in place and this included a record of discussion in respect of training and development with an action plan.

At the inspection on 17 January 2017 we found evidence that staff had access to training that included: safeguarding, fire safety awareness, basic life support and information governance. However, the regularity and appropriate level of training was not always clear from records held within the practice. We also noted that there were gaps in training that required an annual update.

At this inspection we saw training records that confirmed staff had undertaken training appropriate to their role. We saw that updates had taken place in fire safety, cardio pulmonary resuscitation, infection control and information governance. We saw evidence that staff had received adult safeguarding training and child safeguarding training at a level appropriate to their role.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 17 January 2017, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of responding to complaints were not adequate.

We issued a requirement notice in respect of these issues and found these arrangements had significantly improved when we undertook a follow up inspection on 24 August 2017. The practice is now rated as good for providing responsive services.

### **Listening and learning from concerns and complaints**

At our last inspection we saw that complaints were discussed at meetings although this was sometimes two months after the complaint was received. Responses to complaints and other records were not always maintained.

At this inspection the practice demonstrated that complaints and concerns were part of the standing agenda of practice meetings. We saw minutes of these meetings that documented discussions about individual complaints and actions that were required. These minutes were shared with the staff team where appropriate. The minutes we saw demonstrated where a complaint was delayed until the appropriate person was available to respond, the matter was still discussed at the next available meeting.

We saw records to confirm the practice responded to the complainant to acknowledge receipt of their complaint. Responses that we saw included a full explanation supported with investigation reports or summaries and were appropriate an apology. Complainants were signposted to the next steps they could take if they were not happy with the response from the practice.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 17 January 2017, we rated the practice as requires improvement for providing well-led services as the governance systems were not adequate.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 24 August 2017. The practice is now rated as good for being well-led.

### Governance arrangements

At our last inspection on 17 January 2017 we found appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions in some areas. For example, in relation to health and safety risk assessments. However, other areas such as addressing action relating to MHRA (Medicines and Healthcare Products Regulatory Agency) medicines alerts was not embedded within the practice.

At this inspection we saw that a record to monitor alerts had been introduced. We saw evidence that appropriate actions had been taken in response to these alerts and these actions were recorded and shared with staff.

At our last inspection we saw evidence from minutes of a meetings structure that allowed for the discussion of significant events and complaints, however there was limited evidence of lessons learned being shared with all staff and recording of learning was not comprehensive.

At this inspection the practice demonstrated that complaints and concerns were part of the standing agenda of practice meetings. We saw minutes of these meetings that documented discussions about individual complaints and actions that were required. These minutes were shared with the staff team were appropriate. The practice did not have a summary complaints log meaning that you had to go into each record to understand the chronology of the complaint including the responses. The practice manager showed us a system they had utilised at the Riverside Surgery to give an overview of complaints. We were told that they intended to introduce this system across both practice sites.

We noted that the practice manager maintained electronic files for each complaint to organise documents related to any investigations and responses. On some files these were incomplete as the document had been added at the other site (Riverside Surgery). The manager had to download onto a data stick to transfer files and documents between sites to update the records. We were told that they were looking into electronic transfer and updating via their shared servers to remove this step and ensure the security of data.