The Hove Practice

Inspection report

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Date of inspection visit: 17 May 2023
Date of publication: 30/06/2023

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 well-led?	Good

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good (carried over from previous inspection)

Are services responsive? – Good (carried over from previous inspection)

Are services well-led? – Good

We previously carried out a comprehensive inspection of The Hove Practice on 23 and 24 November 2021. We identified breaches of regulation 12 (Safe care and treatment) and regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and issued requirement notices. The service was rated as requires improvement for providing safe services and well-led services, and good for providing effective, caring and responsive services. The service was rated as requires improvement overall.

We carried out this announced comprehensive inspection of The Hove Practice on 17 May 2023 under Section 60 of the Health and Social Care Act 2008. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. At this inspection we checked that the service was providing safe, effective and well-led services. Our ratings of good for caring and responsive services are carried over from the previous inspection.

How we carried out the inspection:

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Speaking with staff in person, on the telephone and using video conferencing.
- Requesting documentary evidence from the provider.
- A site visit.

We carried out an announced site visit to the service on 17 May 2023. Prior to our visit we requested documentary evidence electronically from the provider. We spoke to staff on the telephone and using video conferencing prior to our site visit.

The Hove Practice is an independent provider of a range of GP services, including consultation, chronic disease management, child and adult immunisations, cervical screening, travel vaccinations, well man and well woman screening and advice, sexual health advice and testing, home visits and health assessments.

The Hove Practice is registered with the Care Quality Commission to provide the following regulated activities: Treatment of disease, disorder or injury; Diagnostic and screening procedures.

Overall summary

The service's medical director is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- There were safeguarding systems and processes to keep people safe. Safeguarding guidance and practices had been reviewed and updated since our previous inspection.
- There were robust processes in place for the induction, training and monitoring of staff, including highly supportive mentorship processes.
- There were comprehensive and well managed records to demonstrate that staff recruitment checks had been carried out in accordance with regulations for all staff.
- Arrangements for chaperoning were effectively managed.
- There were processes to assess the risk of, and prevent, detect and control the spread of infection.
- Staff immunisation status was effectively monitored, in line with current guidance, for all staff.
- There were effective governance and monitoring processes to ensure the safety of premises.
- Fire safety processes were in place and well documented, including staff participation in fire drills.
- Risks associated with Legionella had been reviewed since our last inspection and were appropriately managed.
- There were systems in place to ensure the proper and safe storage of medicines and vaccines requiring refrigeration.
- There were clear and highly effective governance and monitoring processes to provide assurance to leaders that systems were operating as intended.
- There was evidence of comprehensive clinical audit and regular monitoring of clinical decision making, to ensure consistency of approach.
- Clinical record keeping was clear, comprehensive and complete, and enhanced by the development of consultation templates.
- There were effective administrative processes in place to ensure patients had timely access to consultation and treatment.
- There was effective and open communication and information sharing amongst the small staff team. There were regular management and team meetings and staff felt motivated to contribute to driving improvement within the service.
- Staff were subject to regular review of their performance and felt well supported by managers.
- Written policies were comprehensive and provided appropriate guidance to staff.
- Service users were asked to provide feedback on the service they had received and there were high levels of patient satisfaction across the service.
- Complaints were managed appropriately.

We saw the following outstanding practice:

- GPs employed by the service on a sessional basis were subject to regular review and support via a robust mentorship process, led by the medical director. GPs told us the mentorship programme included one-to-one review of their clinical decision making and high levels of personal support, following every clinical session, for a 3-month period as part of their induction programme. This enabled care and treatment of individual patients to be reviewed and discussed in order to promote optimum treatment outcomes and consistency of approach and to share learning.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor and a second CQC inspector.

Background to The Hove Practice

The Hove Practice is an independent general medical practice service based in Hove, East Sussex.

The registered provider is Private General Practice Ltd.

The service is located at 40 Wilbury Rd, Hove, BN3 3JP.

The service is run from a suite of rooms on the lower ground and ground floor of the building, which is leased by the provider. Patients access services on the ground floor only. The premises, including the entrance and patient waiting area, are shared with other co-located service providers. The Hove Practice provides a range of GP services including consultation, chronic disease management, child and adult immunisations, cervical screening, travel vaccinations, well man and well woman screening and advice, sexual health advice and testing, home visits and health assessments.

Further information about the service can be found on their website: www.thehovepractice.co.uk

The opening times are 8:30am to 6pm Monday to Friday. If care is required outside of these times an answerphone message directs patients to the NHS 111 service.

Services are managed by the medical director and a co-director, and a practice manager, supported by a small team of administration staff. The service employs 5 GPs on a sessional basis (3 female and 2 male), 4 of whom work in the NHS as well as at The Hove Practice.

How we inspected this service

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

• Is it safe?

• Is it effective?

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Good

Are services safe?

Safety systems and processes

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

- The service had systems and processes to safeguard children and vulnerable adults from abuse, including a safeguarding register which was used to monitor and action any concerns. The provider's safeguarding policies had been reviewed since our previous inspection and provided comprehensive and up to date guidance for staff. Our review of training records confirmed that staff had received training in the safeguarding of children and vulnerable adults at a level appropriate to their role. In addition, the provider implemented quarterly safeguarding review meetings, regular auditing of safeguarding practices and annual in-house training sessions to enhance staff awareness.
- Staff we spoke with had a clear understanding as to who was the safeguarding lead within the service and how to raise safeguarding concerns about a patient. We saw examples of recent safeguarding referrals which demonstrated a thorough and effective approach to ensuring the ongoing safety of vulnerable patients using the service. For example, concerns raised by administration staff had recently prompted a police welfare check of a patient.
- Patients were asked to complete a registration form and provide personal identification on registration with the practice. The service had systems in place to assure that an adult accompanying a child had parental authority.
- There were comprehensive and well managed records to demonstrate that recruitment checks had been carried out in accordance with regulations for all staff. We saw that checks had been undertaken to ensure the registration of GPs with the General Medical Council (GMC) and to ensure the ongoing monitoring of those registrations. 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). Since our previous inspection, the provider had developed clear processes to ensure central oversight of when all checks needed to be carried out or if they had been completed.
- We saw there was signage on display within the service which invited patients to request a chaperone. All staff who acted as chaperones were trained for the role and had undergone a DBS check.
- There were effective systems to manage infection prevention and control within the service. All staff had received training in infection prevention and control. Cleaning and monitoring schedules were in place for all areas. The provider had undertaken an audit of their infection prevention and control processes and all resulting actions had been completed. Weekly management meetings included review of infection prevention and control monitoring records and any associated risks.
- The provider was able to demonstrate that they held appropriate records relating to staff immunisations, in line with current UK Health Security Agency (UKHSA) guidance.
- There were systems for safely managing healthcare waste, including sharp items. We saw that clinical waste disposal was available in clinical rooms. Bins used to dispose of sharps items were signed, dated and not over-filled. An external, lockable bin was used to store healthcare waste awaiting collection by a waste management company.
- The service had comprehensive systems and documented risk assessments in place to manage health and safety risks associated with the premises and general environment. There were processes in place to ensure relevant premises safety information was reviewed in conjunction with the landlord of the premises. For example, following gas safety checks within the premises in November 2022, the provider liaised with the landlord to ensure remedial actions were completed in a timely manner.
- Legionella risk assessments had been undertaken and resulting actions, which included regular water temperature monitoring, were carried out (Legionella is a particular bacterium which can contaminate water systems in buildings). We noted that hot water systems had been adjusted by the landlord, at the provider's request, to ensure hot water temperatures reached the required minimum temperature, further to some low readings.
- There was guidance and information, including risk assessments, available to staff to support the control of substances hazardous to health (COSHH).

Good

Are services safe?

- The provider had undertaken a fire safety risk assessment, fire drills and testing of emergency lighting within the premises. Staff had recently participated in a fire drill. There was appropriate fire-fighting equipment located within the premises which was regularly serviced and maintained. We noted that servicing of equipment was carried out in February 2023. The service had designated staff who were trained as fire marshals and all staff had undertaken fire safety training.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. For example, we reviewed records to confirm that all medical equipment had undergone calibration and testing in March 2023.
- The provider had introduced a number of safety alert measures within the service. There was an emergency alarm available to staff at reception to alert others of an emergency situation and all staff had a 'green button' alarm accessible on their computers. Staff were also able to alert other staff via an instant messaging system. The provider had installed an emergency pull-cord alarm in the patients' toilet since our last inspection.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff required to meet patient 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.
- Telephone and video consultations were available as an alternative to face-to-face consultations, where this was deemed appropriate.
- There were comprehensive, role-specific induction processes in place and a plan of required training for staff to complete as part of the induction process. GPs told us induction processes included clinical supervision and mentorship support led by the medical director.
- Staff were required to complete training in key areas via an online platform and also participated in face-to-face training and periodic internal updates, for example in safeguarding. There were effective monitoring processes to ensure leaders had oversight of all training completed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The practice had provided specific guidance and training to non-clinical staff to support their understanding of managing patients with severe infection and sepsis.
- We found there were appropriate supplies of emergency medicines available to staff in the event of a medical emergency. There was an oxygen supply and a defibrillator available to support the management of medical emergencies, which were subject to regular checks. Staff had completed training in basic life support.
- The provider had in place a public and employer's liability insurance policy.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The provider utilised a cloud-based, password protected, electronic system to ensure security of clinical record keeping. They had implemented a new clinical records system since our previous inspection.
- We reviewed clinical records and saw clear, comprehensive information had been recorded. Clinical record keeping was enhanced by the development of consultation templates, bespoke to the provider, to ensure consistency of approach.

Good

Are services safe?

- We saw consultation summaries were completed in a timely manner and detailed, personalised letters were sent to the patient, fully explaining any findings or suggested follow up arrangements.
- Patients' NHS GP details were routinely recorded. Our review of clinical records confirmed that the service sought patient consent to share information with their GP and other agencies to enable them to deliver safe care and treatment. Clinicians made appropriate and timely referrals, in line with protocols and up to date evidence-based guidance. We saw there were clear processes to ensure urgent referrals had been actioned. For example, where patients were referred back to their NHS GP for an urgent 2-week wait referral, the service followed this up with the patient within one week to ensure appropriate action had been taken.
- Staff told us of an example where a GP had been concerned about the mental health status of one patient and had taken prompt action to share their concerns. The GP had liaised directly with the police and the patient's NHS GP and had made a referral to psychiatric services to ensure the safety of the patient and others.
- The service used an independent pathology service to analyse blood and other specimens. Results were received within the service via an encrypted electronic system. Those patients awaiting test results were flagged on the electronic patient record system and staff were able to identify if any results had not been returned in a timely manner.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines

The service had systems for the appropriate and safe handling of medicines.

- There were systems and arrangements for managing the safe handling of medicines and prescribing practices in a way which minimised risks to patients.
- Appropriate processes were in place for the ordering, receipt and monitoring of stock medicines held and staff kept accurate records of those medicines.
- Medicines requiring refrigeration were stored in a refrigerator which was monitored to ensure it maintained the correct temperature range for safe storage. There was a comprehensive cold chain policy in place and staff involved in the handling and management of vaccine stock and their refrigeration, had received initial training and annual updates to do so. Weekly management meetings included review of cold chain monitoring records.
- The service occasionally prescribed Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). They also prescribed schedule 4 or 5 controlled drugs (medicines with lower potential for abuse).
- We found that staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The provider implemented appropriate processes to mitigate risks associated with the prescribing of dependency-forming and high-risk medicines. Protocols ensured GPs were required to have full knowledge of the patient's identity, and confirmed medical history and limitations with regard to the prescription intervals were clearly set out.
- There were appropriate policies and protocols in place and systems and processes to monitor prescribing. The service had completed medicines reviews and prescribing audits to ensure prescribing was in line with best practice guidance.
- There were effective protocols for verifying the identity of patients, including children, at the point of registration and at the time of consultation.
- Emergency medicines were readily available and in date and supplies were regularly checked. There were documented records of those checks.

Track record on safety and incidents

Good

Are services safe?

- There were robust monitoring and auditing processes in place to provide assurance to leaders that systems were operating as intended. There were detailed risk assessments in place in relation to safety issues to support the management of health and safety within the premises. These were frequently revisited and reviewed by leaders to ensure processes were operating as intended.
- There was comprehensive monitoring and review of activities to support the provider in identifying potential risks within the service. The provider maintained a risk register in order to identify and investigate risks and incidents and implement effective corrective or preventive actions to reduce the risk of recurrence.
- Managers responded promptly when safety concerns or risks were identified. For example, the provider had made some revisions to their emergency protocols and processes for re-ordering of oxygen supplies further to one patient requiring emergency transfer to hospital.

Lessons learned and improvements made

The service had systems to ensure they learned when things went wrong.

- There was a system for recording and acting on significant events. Staff clearly understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. The staff team shared a consistent focus, at all levels, to drive improvement within the service.
- There were robust systems for reviewing and investigating when things went wrong. There was a low threshold for incident reporting which promoted a culture of openness and transparency. The service ensured timely and appropriate action was taken to make changes where necessary. For example, in response to one complaint made, the provider had reviewed the information provided to patients on their website to ensure further transparency with regard to charges made.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty and a blame-free working environment.
- The service had systems in place for knowing about notifiable safety incidents. The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Good

Are services effective?

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice.

- Clinicians employed by the service had high levels of skills, knowledge and experience to deliver the care and treatment offered by the service. Clinicians kept up to date with current evidence-based practice. We found that clinicians assessed needs and delivered care and treatment in line with relevant current legislation, standards and guidance.
- We reviewed clinical records relating to patients who had received treatment within the service. The provider had developed a series of clinical templates. For example, to support safeguarding, paediatric and menopause consultation records, to promote consistency of clinical record keeping and enhance clinical auditing processes. We found clear, accurate and contemporaneous clinical records were kept and risks to the patient were comprehensively assessed, discussed and documented. Treatment planning and diagnostic information were fully documented.
- We saw no evidence of discrimination when making care and treatment decisions.
- The service had developed a labelling system whereby patients who were identified as having a particular support need were flagged within their clinical record. The provider told us that this labelling, together with improved coding of patients with specific conditions or needs, enabled them to respond more effectively to patient needs and audit patient treatment outcomes. For example, patients for whom there was a safeguarding concern, or those prescribed potentially dependency forming medicines.
- Arrangements were in place to appropriately manage returning patients. For example, the provider had developed a long-term condition register to monitor patients. The register included detailed information tracking the patient's condition and any required actions, such as follow up appointments and review. This was regularly monitored to ensure patients received the care and treatment they required for their condition.
- Where a follow up appointment was required, this was booked at the time of the initial consultation. Staff monitored attendance to ensure that follow up appointments were not missed.
- GPs assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was able to demonstrate comprehensive quality improvement activity.

- The service had developed processes to ensure they used information about care and treatment to assess the need to make improvements.
- There was a comprehensive programme of quality improvement activity within the service which had been developed since our previous inspection. There were clear processes to ensure leaders had oversight of all aspects of clinical and service activity and could be assured that processes were operating as intended. There were processes and activities which enabled the provider to identify and monitor incidents, non-conformities and near misses and to review resulting corrective and preventative actions.
- The service had implemented a series of dynamic audits which enabled leaders to have contemporaneous overview of, for example, 2-week wait suspected cancer referrals and imaging referrals, and those requiring further action. The service applied a labelling system to those referrals in order to identify affected patients and facilitate progress monitoring.
- The service had developed a programme of clinical audit which included, for example, auditing of cervical smears; prescribing of oral anticoagulant medicines (anticoagulants are medicines that help prevent blood clots); paediatric consultations; the prescribing of controlled drugs. In each case, whole practice audits were undertaken with outcomes identified for each clinician. Audits were comprehensive and clearly identified the findings, lessons learned and any recommended changes to service provision.

Good

Are services effective?

Effective staffing

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

- All staff were appropriately qualified and received support to access required training. The provider had an induction programme for all newly appointed staff.
- The provider had clearly set out the training all staff were required to complete in key areas, via an online platform. For example: vulnerable adult and child safeguarding, infection control, information governance, health and safety. Staff were provided with additional in-house training to enhance their knowledge and understanding in some areas, such as safeguarding and complaints management. Some training, such as basic life support was delivered face-to-face. We noted that all staff had received specific training to improve their support of patients with a learning disability or autism.
- The provider also understood the individual 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. For example, one member of the administration team had recently taken on the role of Freedom to Speak Up Guardian within the service and had undertaken training to support that role.
- GPs employed by the service on a sessional basis were subject to regular review and support via a robust mentorship process, led by the medical director. GPs told us the mentorship programme included one-to-one review of their clinical decision making and high levels of personal support, following every clinical session, for a 3-month period as part of their induction programme. This enabled care and treatment of individual patients to be reviewed and discussed in order to promote optimum treatment outcomes and consistency of approach and to share learning. Mentorship support meetings with the medical director continued on a monthly basis beyond the induction period.
- There was regular review of individual performance of all staff employed by the service. Administration staff within the service also participated in a mentorship programme which included weekly one-to-one support and review meetings with the practice manager. All staff participated in annual appraisal of their performance and agreement of a personal development plan. Staff who had completed their probationary period were subject to a probationary review.
- The service held records which confirmed medical professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.

Coordinating patient care and information sharing

Staff worked well with other organisations, to deliver effective care and treatment.

- Patients who used the service received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services where appropriate. For example, the provider worked closely with an external pathology laboratory to ensure blood test results were processed in a safe and timely manner.
- Our review of care records confirmed that before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, previous medical and medicines history.
- Patient information was shared routinely with patient consent, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- All patients were asked for consent to share details of their consultation and treatment, with their GP, when they registered with the service. Clinicians routinely corresponded with the patient's GP, following consultation or treatment, where the patient had given their consent.
- There were effective arrangements for supporting patients to access care with other related services. For example, patients were referred to specialist secondary care consultants where required.

Supporting patients to live healthier lives

Good

Are services effective?

Staff empowered patients and supported them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care and maintain a healthy lifestyle.
- Risk factors were identified, highlighted to patients and where appropriate, highlighted to their usual care provider for additional support.
- For some patients with long term conditions, such as diabetes, the provider implemented shared care arrangements with the patient's NHS GP and secondary care providers.
- There were processes in place to encourage patients to attend for screening and monitoring. For example, there was as cervical screening recall protocol which was implemented to follow up on patients who did not respond to invitations to attend for screening.
- Where a patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, counselling services.

Consent to care and treatment

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

- Staff we spoke with understood the requirements of legislation and guidance when considering consent and decision making.
- Staff had completed training in the Mental Capacity Act 2005.
- Staff described processes for the assessment of patients' suitability for treatment which included their psychological well-being, mental capacity and vulnerability.
- Consent was documented in the registration form and in the ongoing patient care record. The service monitored the process for seeking consent appropriately.

Good

Are services well-led?

Leadership capacity and capability:

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

- Leaders demonstrated the capacity to implement systems and processes to support the delivery of high-quality care. Leaders had awareness and understanding of the issues and priorities relating to the quality and future of the service and had taken action to implement those priorities since our previous inspection.
- Leaders within the service included the medical director, co-director and practice manager, who were all highly visible and approachable. They worked very closely with their team of staff and demonstrated their prioritisation of compassionate and inclusive leadership.
- There was a staffing structure in place across the service and staff were aware of their individual roles and responsibilities. The provider had made adjustments to areas of responsibility since our previous inspection and had identified individual members of staff to assume lead roles in key areas. For example, quality management, safeguarding and freedom to speak up.
- There were highly effective formal and informal lines of communication between staff working within the service.

Vision and strategy

- The provider had a clear vision and desire to provide a high-quality service and told us they aimed to provide patients with the highest standards of personalised, private general medical care.
- The provider had set out their organisational values to include the provision of personalised, holistic care to their patients, using evidence-based medicine whilst ensuring transparency and close team-working.
- The service had a realistic strategy and supporting business plans to achieve priorities. The provider told us about their future plans and potential services they were planning to offer.
- The service monitored progress against delivery of the strategy.
- Staff we spoke with were consistent in their awareness and understanding of the vision, values and strategy of the service and their role in achieving them. Staff felt highly motivated to contribute to driving improvement within the service.

Culture

There were systems and processes to support a culture of high-quality sustainable care.

- Leaders and managers clearly encouraged behaviour and performance consistent with the vision and values.
- The service was highly focused upon the needs of patients and ensuring the best possible outcomes.
- Staff we spoke with told us they felt respected, supported and valued. Staff at all levels were fully engaged in ensuring the promotion of optimum outcomes for patients.
- Staff told us they could raise concerns openly and were encouraged to do so. We saw evidence of instances where staff at all levels had shared concerns about the safety of vulnerable patients and felt empowered to do so by leaders.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There was a strong emphasis on the well-being of all staff and an open, supportive and transparent approach was promoted by all leaders. Staff were provided with access to free of charge external counselling services, where this was required.
- There were processes for providing staff with the development they needed and a commitment from leaders to providing opportunities for progression within the organisation. Staff employed by the service had received regular review of their performance in the form of one-to-one mentorship review, assessment of competencies and annual appraisal.

Good

Are services well-led?

- All staff had completed required training in key areas. There were clear and comprehensive monitoring processes to ensure leaders had oversight of all training completed.
- Clinical staff were supported to meet the requirements of professional revalidation where necessary.
- There was a culture of promoting positive relationships and prompt and effective communications between staff. Staff team meetings were held regularly. For example, staff participated in a monthly practice meeting and GPs attended a monthly clinical team meeting. We reviewed comprehensive records of those meetings and saw that staff were encouraged to contribute ideas to promote improvement to services.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- The provider utilised secure systems to store organisational policies, records of meetings and clinical protocols, which enabled staff to share and access information from any device.

Governance arrangements

Responsibilities, roles and systems of accountability to support good governance and management were effective.

- Structures, processes and systems to support good governance and management were clearly set out and understood for all areas of the service.
- The provider had identified one director, working alongside the medical director and practice manager, to lead in the implementation of governance processes and policy development.
- There were appropriate policies, procedures and activities to ensure the safety of staff and patients. Policies and procedures had been reviewed and updated since our previous inspection, contained relevant and up to date information, and reflected best practice guidance.
- There were comprehensive monitoring and auditing processes in place. Risk monitoring systems enabled leaders to identify any instances whereby processes were not operating as intended and ensured prompt intervention.
- There were weekly management meetings which included review of all aspects of service delivery, risk management processes and action planning.
- Staff clearly understood their individual roles and responsibilities and were well supported by the practice manager and directors in fulfilling those roles. Appropriate role-specific guidance was provided for staff. Staff were provided with additional training to support areas of responsibility, for example, fire warden training was provided to all administration staff due to the part-time nature of those roles.
- The service submitted data or notifications to external organisations as required.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There were governance processes to ensure leaders were able to identify, understand, monitor and address current and future risks including risks to patient safety.
- There was clear evidence of a commitment to change services to improve quality where necessary. The provider had implemented a wide range of quality and risk monitoring processes since our previous inspection, including for example, an increased programme of clinical and prescribing audits.
- Clinical audit had a positive impact on the quality of care and outcomes for patients. For example, in response to a national outbreak of scarlet fever amongst children, the service had identified the need for improved accessibility for children requiring prompt medical examination during a time of peak winter pressures. An audit of paediatric consultation activity within the service confirmed the introduction of a shortened and less costly paediatric appointment, was effective in meeting the needs of those children and their families.

Good

Are services well-led?

- The leadership team had oversight of safety alerts, incidents, and complaints. There was a system for recording and acting upon significant events. Staff understood their duty to raise concerns and report incidents and near misses. The directors and practice manager supported them when they did so.
- Staff told us they regularly attended staff meetings. We saw documented evidence of staff meetings, where for example, updates, incidents and complaints had been discussed and outcomes from the meetings cascaded to staff who were unable to be present.
- The provider had business continuity processes in place.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to monitor performance and drive improvement.
- There were comprehensive records to demonstrate that recruitment checks had been carried out in accordance with regulations for all staff. Staff immunisations were monitored in line with current guidance. The monitoring and storage of staff documentation was well managed and ensured leaders had clear oversight of their ongoing status.
- Individual patient care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Clear, accurate and contemporaneous patient records were kept. Treatment planning and treatment records were fully documented.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Processes ensured that all confidential electronic information was stored securely on computers. Staff demonstrated a good understanding of information governance processes.
- The provider ensured document management protocols were followed, which included version control, author and review dates.

Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners to support sustainable services.

- The service encouraged and valued feedback from patients, the public and staff. Feedback was closely monitored and acted upon to shape services. The service used feedback from patients, combined with performance information, to drive improvement.
- Patients were invited to complete a feedback form, available in the waiting room and also electronically by scanning a QR code on display within the practice. We noted that 100% of 44 patients who recently completed a friends and family test for the service said they would recommend The Hove Practice to a friend or family member. The provider told us they had made improvements to the waiting area in direct response to patient feedback.
- The service had a complaints policy and procedures in place. Information about how to make a complaint or raise concerns was available to patients within the service. The service learned lessons from individual concerns, complaints and from analysis of trends. This included verbal comments that were not submitted as formal complaints. Staff treated patients who made complaints compassionately and provided comprehensive responses to the concerns they raised.
- Staff could describe to us the systems and regular opportunities in place for them to give feedback.
- The service was transparent and open with stakeholders about the feedback received.

Continuous improvement and innovation

- There was evidence of improvements made to the service as a result of feedback received.

Good

Are services well-led?

- The provider told us they had ensured reflection and team learning to improve their overview of all processes, following our previous inspection.
- Leaders and managers encouraged staff to continually review individual and team objectives, processes and performance. We saw that this approach was embedded in the organisational culture.
- There was evidence of extensive quality improvement activity and ongoing review of quality improvement processes.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The provider told us they were actively involved with the Independent Doctor's Federation in developing benchmarking systems within the independent healthcare sector.
- The provider told us they planned to develop a caring and accessibility lead role within the service, to be undertaken by an identified administrator. This role would include the development and monitoring of a dynamic support register to ensure clear oversight of the needs of patients requiring additional support to access care within the service, such as patients with a learning disability or autism.