

# Brighton Station Health Centre

## Quality Report

Aspect House  
84 – 87 Queens Road  
Brighton  
East Sussex  
BN1 3XE

Tel: 0333 321 0946

Website: [www.brightonstationhealthcentre.nhs.uk](http://www.brightonstationhealthcentre.nhs.uk)

Date of inspection visit: 7 June 2016

Date of publication: 08/11/2016

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## 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	7
What people who use the service say	10

### Detailed findings from this inspection

Our inspection team	11
Background to Brighton Station Health Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Brighton Station Health Centre on 29 September 2015. The practice was rated as requires improvement in safe, effective, caring and responsive. They were inadequate in well-led. On 7 June 2016 we carried out a further follow up comprehensive inspection where the practice is rated as requires improvement in safe and good in effective, caring, responsive and well-led. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Improvements had been made in the way information about safety had been recorded and there were clear processes in place to ensure learning and improvements in practice.
- Risks to patients were assessed and well managed and there were improvements noted in the way risks were recorded and discussed within the practice.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Areas of lower patient satisfaction were identified within the practice and an action plan was in place, however this action plan did not always contain sufficient detail on how the issue was being addressed.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they were generally satisfied with access to the service; however some felt they had to wait for a long time to be seen. The practice did not always communicate with patients the expected length of time they might have to wait.
- The practice continued to experience some difficulties recruiting medical staff although many staff told us

# Summary of findings

they felt continuity had improved through the use of regular locum staff since the previous inspection.

Managers told us that new ways to attract staff had been agreed including improved rates of pay.

- Medicines were generally well managed, however on the day of inspection we noted that the high temperature logs of the vaccine fridge had been consistently out of range for several days although the daily temperature checks were within range. This had not been picked up by the staff carrying out the checks.
- There was a clear leadership structure and staff felt supported by management. We were told by staff that improvements had been made to the management of the service and that this had led to greater staff satisfaction. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

The service included a sexual health clinic where staff worked to improve detection rates and work collaboratively with the local NHS trust to promote access to sexual health services. Specific areas of outstanding practice included staff from the sexual health clinic sharing areas of practice through presentations at a national sexual health conference and reducing the testing to consultant referral time for patients diagnosed as HIV positive.

The areas where the practice must make improvements are:

- To ensure that the systems and processes for monitoring the safe storage of medicines within the practice are followed and understood by all staff and that prompt action is taken to mitigate the risk of medicines being stored outside of the required temperature range.

The areas where the practice should make improvements are:

- To ensure that action plans to address low areas of patient satisfaction are sufficiently thorough and cover all identified areas for improvement through the range of feedback sources available.
- To continue with plans to improve recruitment of medical staff, including exploring a variety of ways to promote recruitment.
- Take action to improve performance for atrial fibrillation related indicators.
- Take action to improve patient experience of GP consultations and the helpfulness of reception staff.

**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?

The practice is rated as requires improvement for providing safe services.

**Requires improvement**



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Medicines were generally well managed, however the monitoring of the vaccine fridge was not adequately managed, with high temperatures recorded as outside of the expected range and no evidence of action taken in relation to this.
- There continued to be some issues with medical staffing although staff told us this had improved with the use of more regular locum GPs. We were told that terms and conditions had been reviewed with a view to attracting more GPs in the future.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff carrying out chaperone duties had been trained to do so.
- Clinical audits demonstrated quality improvement and there were clear plans in place to audit areas of risk or where the need for improvements had been identified.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care, particularly around GP consultations. An action plan had been developed to address this and included monthly internal surveys to identify and address concerns.
- Patients said they were treated with compassion, dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment and there was some continuity of care, with urgent appointments and a walk-in service available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and addressed in monthly quality assurance meetings.

## Are services well-led?

The practice is rated as good for being well-led.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff had been involved in the development of values and a mission statement and were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The managers and clinical lead encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and made sure this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was not yet fully active although the practice had developed a more structured approach to patient surveys and were raising the profile of the Patient Participation Group.
- There were improvements made in relation to continuous learning and improvement at all levels.
- All staff had received an appraisal.
- Regular meetings were structured in each department and across the service as a whole to promote improved communication and reflective learning.
- Staff we spoke with told us there had been improvements to the management and leadership of the service.

# 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 practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice demographic showed a lower than average proportion of older patients (1%) however the practice were involved in a local proactive care project to support frail and vulnerable patients and care was planned and risks managed.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the local and national average at 94.2% compared with 89.5% (local) and 89.2% (national).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- Longer appointments times were available for those patients who needed them.
- The practice had commenced the proactive care service in federation with a group of GP practices in Brighton to manage those patients at greater risk of ill health and hospital admission.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 74%, which was comparable to the CCG average of 72% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Contraceptive and sexual Health services were available from Sexual Health Nurse Specialists and Practice Nurses.
- Family Planning sessions were held regularly to provide a contraceptive service.

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

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments were available between 8am and 8pm, seven days a week, 365 days a year.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and others who might require it.
- Patients with a learning disability received regular reviews, however not every patient had an up to date care plan. We viewed an action plan developed by the practice to address this.

Good





# Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Performance for mental health related indicators was better than the local and national average at 95.2% compared with 89.5% (local) and 92.8% (national) averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice worked closely with these groups and invited them to attend regular clinical meetings.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed that practice performance was mixed in comparison to local and national averages. 368 survey forms were distributed and 56 were returned. This represented less than 1% of the practice's patient list.

- 69% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 54% of patients described the overall experience of this GP practice as good compared to the national average of 73%.
- 64% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

The practice had developed an action plan to address areas of concern. This included a monthly internal survey that was carried out to identify issues or concerns in a timely way. Results were discussed at the monthly quality assurance meeting.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. For example we were told that staff were caring and compassionate and that patients felt they had their needs met.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

# Brighton Station Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included two GP specialist advisers, and a practice manager specialist adviser.

## Background to Brighton Station Health Centre

Brighton Station Health Centre is a GP treatment centre offering general practitioner, sexual health and walk-in services. The GP and walk-in services are open from 8am to 8pm seven days a week. The sexual health service provides walk in appointments from 9am to 12pm and from 3pm to 7pm through a range of walk-in and pre-bookable appointments. Telephone lines for the centre are open from 6am to 10pm.

There is a clinical director who is an advanced nurse practitioner and a general manager who is in the process of completing the application to become the CQC registered manager. In addition there is an interim operation manager. The service is provided by Care UK who provide central support that includes clinical and policy guidance as well as other support functions such as clinical governance and quality assurance. There is one salaried male GP and eight self-employed GPs, one of whom works regular sessions. There are three advance nurse practitioners with additional bank practitioners providing

the walk-in service. There are three sexual health practitioners with additional bank practitioners providing the sexual health service. There are a range of administrative and reception staff.

Services are provided from:

Aspect House

84 – 87 Queens Road

Brighton

East Sussex

BN1 3XE

There are approximately 6500 registered patients within the GP practice. In addition the walk-in centre sees an average daily attendance of 65 patients and the sexual health service sees an average of 25 patients each day. The centre is contracted to provide level one and level two sexual health services and the walk-in minor injury and illness service for patients across Brighton and Hove.

The practice has a patient demographic where 85% of patients are aged between 20 and 49 years. Less than 7% are aged 50 and over and only 1% of patients are over the age of 65. 6% of the patient population are under 18. Clinical prevalence of mental ill health and depression are higher than CCG and national averages and the practice has a transient population due to the walk in centre and practice location.

# Detailed findings

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 June 2016. During our visit we:

- Spoke with a range of staff including GPs, managers, advanced nurse practitioners, sexual health nurses, practice nurses, healthcare assistants and reception staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the 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?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident relating to a used sample testing kit being placed with unused kits we saw that this had been discussed at an internal quality assurance meeting. As a result, changes were made to the way samples were stored to reduce the risk of a repeat incident.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The lead GP for safeguarding had dedicated time each

week to focus on this. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurse practitioners were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. On inspection in September 2015 it was identified that not all staff undertaking chaperone duties were trained to do so. During this inspection we found that all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. This included addressing any infection control concerns during daily 'huddle' meetings within the practice.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice generally kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). However, on the day of inspection we found a vaccine fridge where the high temperature logs had been consistently out of range for several days although the daily temperature checks were within range. This meant that vaccines could have been stored outside of safe temperature ranges for several hours at a time. Staff told us that the high temperatures were likely reached when the fridge was in use and that the issue with the consistent elevation recorded was due to a failure to reset the thermometer. However the monitoring process of the vaccine fridge did not highlight the consistent elevated temperatures and the fact that these were out of range did not trigger appropriate action to identify and address the cause. Processes were in place for handling repeat prescriptions which included the review

## Are services safe?

of high risk medicines including warfarin (an anticoagulant medicine to reduce the risk of blood clots) and methotrexate (a medicine that suppresses the immune system). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

Advanced nurse practitioners working within the walk in clinic had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and those we viewed were in date and appropriately adopted within the practice. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Monitoring meetings were held within the practice three times a week where rotas and staffing issues were reviewed and addressed.

- On inspection in September 2015 it was identified that staffing issues had resulted in occasions where only one advance nurse practitioner (ANP) was on duty in the walk-in centre on a regular occurrence. During this inspection we spoke with staff and reviewed rotas and saw that this had improved. For example, during the four months between March and June 2016 there had consistently been two ANPs on duty on all but one occasion.
- On inspection in September 2015 it was identified that due to difficulties recruiting to GP vacancies there had been occasions where there was insufficient medical cover. During this inspection staff told us that while there had not been additional GPs recruited to substantive posts there was use of regular locum GPs. GPs we spoke with told us they believed there had been an improvement in GP cover since the previous inspection although additional recruitment was needed. Both the salaried GP and regular locum GP were male which meant that patients did not always get a choice of seeing a female GP although we were told that female locum GPs did work within the practice.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

## Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93.8% of the total number of points available. Exception reporting was higher than average at 14.4% compared with regional (11%) and national (9.2%) averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for any of the atrial fibrillation indicators where performance was below both local and national averages, however prevalence of atrial fibrillation was also lower than average. Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the local and national average at 94.2% compared with 89.5% (local) and 89.2% (national).
- Performance for mental health related indicators was better than the local and national average at 95.2% compared with 89.5% (local) and 92.8% (national) averages.
- Performance for hypertension related indicators was better than the local and national average at 100% compared with 96.3% (local) and 97.8% (national).

- Performance for atrial fibrillation related indicators was worse than the local and national average at 64.7% compared with 97.1% (local) and 98.5% (national).

There was evidence of quality improvement including clinical audit.

- On inspection in September 2015 it had been identified that the practice had only undertaken one clinical audit and staff had told us there was not a strong culture of shared learning and improving outcomes for patients. During inspection in June 2016 we viewed three clinical audits that had been carried out, including two full cycle audits and one where a repeat cycle was planned for. We viewed minutes of quality assurance meetings where clinical audits were discussed and we saw that improvements had been made to practice. These improvements included a reduction in the time from a patient being tested for HIV to being referred to an HIV specialist following a positive test result.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included inviting eligible patients for a contraceptive review following an audit of associated risk.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- 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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and those working within the walk-in and sexual health clinics had development plans and access to external training. Reception staff had access to specific external reception skills training including customer services skills.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could



# Are services effective?

## (for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and general lifestyle issues. Patients were signposted to the relevant service.
- The health centre had a dedicated sexual health clinic which provided sexual health advice, screening and treatment. This included contraceptive advice and same day HIV testing.

The practice's uptake for the cervical screening programme was 74%, which was comparable to the CCG average of 72% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 90% to 95% and five year olds from 40% to 70%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

## Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Most of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a friendly service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 10 patients on the day of inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

However results from the national GP patient survey were mixed. The practice was below average for its satisfaction scores on consultations with GPs and although comparable to the national average for nurses. For example:

- 60% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 57% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 75% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 56% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 70% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice had developed an action plan to address the areas of low performance. This included sharing the results of the GP patient survey with staff, including self-employed GPs who worked at the practice. However, the action plan did not cover all areas of low satisfaction, for example it was unclear how a drop in satisfaction with the helpfulness of reception staff was being addressed. Areas of low satisfaction were also discussed at the monthly quality assurance meeting and the practice regularly conducted their own patient satisfaction survey to identify areas where improvements could be made.

The practice had developed their own patient experience questionnaire and they collated the results on a monthly basis. The practice friends and family test (a national survey asking patients if they would recommend the service to their friends and family) score was between 94% and 98% between March 2016 and May 2016.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

However results from the national GP patient survey showed patients did not always respond positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 60% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 50% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%. On review of these

## Are services caring?

figures it was apparent that 11% of respondents stated that GPs were very poor at involving them in decisions about their care. This was in comparison to 1% both locally and nationally.

- 72% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%. On review of these figures it was apparent that 24% of respondents stated that nurses were neither good nor poor at involving them in decisions about their care. This was 10% higher than local and national figures. However only 3% of respondents stated that nurses were poor in this area which was comparable to local and national figures.

The practice had developed an action plan to address the areas of low performance. This included sharing the results of the GP patient survey with staff, including self-employed GPs who worked at the practice. Areas of low satisfaction were also discussed at the monthly quality assurance meeting and the practice regularly conducted their own patient satisfaction survey to identify areas where improvements could be made.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in different formats and languages.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 33 patients as carers (0.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- The service was open from 8am to 8pm every day and patients could access the walk in service without an appointment.
- There were longer appointments available for patients who needed them including those with a learning disability.
- The practice had information leaflets and a health questionnaire available in different languages.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice participated in the CCG proactive care and risk stratification service to ensure prompt access to care for patients who were vulnerable including those with mental ill health.
- The practice was working jointly with a local voluntary sector organisation to pilot an online British Sign Language service for deaf patients to enable easy access to urgent healthcare.
- The practice worked closely with the police on a scheme to support victims of sexual assault.

### Access to the service

The practice was open between 8am and 8pm Monday to Friday for GP and walk-in service appointments. The sexual health service provided walk in appointments between 9am and 12pm and 3pm and 7pm. In addition there were some pre-bookable appointments available during this time. Telephone lines were open between 6am and 10pm seven days a week. The practice had two male GPs. There were no female GPs which limited patient's choice. However, the practice were aware of this and made provision for chaperones or consultations with nurse practitioners including the clinical director who was a female nurse practitioner.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 91% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 69% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. Comments received via the Care Quality Commission comment cards included three stating that the patient had waited longer than anticipated to be seen in the walk in clinic. However, two of these specified their wait had been two hours which is the waiting time indicated in the patient literature about the service. On the day of inspection patients we spoke to told us they had not been made aware of how long they should expect to wait.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the waiting area.

We looked at 21 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, action taken to improve following a review included additional training and a review of staff induction following a complaint from a patient who had been given confusing information about flu vaccines.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed and staff knew and understood the values.
- On our September 2015 there was no strategy in place. During the June 2016 inspection we saw that the practice had begun to develop a strategy and supporting business plans to reflect the vision and values and had involved the staff team in this development.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- On inspection in September 2015 it was identified that the practice did not have a programme of continuous clinical and internal audit. During the June 2016 inspection we saw that this had developed with evidence of audits being undertaken in response to areas of risk or where required improvements were identified.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had made improvements to the way complaints and significant events were recorded. This included the clear identification of learning and action to make improvements.
- Regular monthly quality assurance meetings were held where complaints, significant events, clinical audits and survey results were reviewed and discussed.

### Leadership and culture

On the day of inspection the leads within the practice demonstrated they had the experience, capacity and

capability to run the practice and ensure high quality care. It was identified on the September 2015 inspection that there had been a high turnover of managers within the service. At the time of our June 2016 inspection we saw that a new clinical director was in post and that a new registered manager was in the process of applying to become registered with the CQC. They told us they prioritised safe, high quality and compassionate care. Staff told us the managers were approachable and always took the time to listen to all members of staff. Staff we spoke with told us there had been notable improvements to the way the service was managed and that they felt involved in the development of the service.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the managers within the practice. All staff were involved in discussions about how to run and develop the practice, and the managers encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### Seeking and acting on feedback from patients, the public and staff

# Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice encouraged feedback from patients through the use of patient surveys and feedback questionnaires. During our September 2015 inspection there was no active patient participation group (PPG) within the practice. Since then we saw that the practice had taken action to develop the PPG. This included advertising the PPG in the waiting area and adding a question to the new patient registration form about interest in participation.
- The practice had gathered feedback from staff through an annual staff survey. The 2016 survey showed improvements in staff satisfaction in a number of areas

and the management of the service had identified those areas where improvements were needed. We saw that results were discussed at staff meetings with action taken to ensure improvements.

- Action taken following the September 2015 inspection included improvements to the appraisal rates for staff. All staff we spoke with had received an appraisal in the last year.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. This included involvement in a local proactive care project for patients considered to be vulnerable and sexual health projects to improve uptake of screening and referral to treatment.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not do all that was reasonably practicable to ensure the safe storage and monitoring of medicines requiring refrigeration within the practice.</p> <p>This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>