

# Ardingly Court Surgery

## Quality Report

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Date of inspection visit: 4 June 2014

Date of publication: 30/09/2014

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.

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	3
The five questions we ask and what we found	4
The six population groups and what we found	5
What people who use the service say	6
Areas for improvement	6
Good practice	6

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### Detailed findings from this inspection

Our inspection team	7
Background to Ardingly Court Surgery	7
Why we carried out this inspection	7
How we carried out this inspection	7
Findings by main service	9

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# Summary of findings

## Overall summary

Ardingly Court Surgery is located in purpose built premises near the Brighton sea front. It provides primary medical services to approximately 6000 registered patients. The practice has a higher proportion of patients in the working age group compared to the clinical commissioning group (CCG) and national average and lower in the below 20 year age group. The practice serves a population which is more deprived than the national average. The practice is a member of the local Brighton and Hove CCG.

This was the first inspection since registration. The announced inspection at Ardingly Court Surgery took place on 4 June 2014.

We spoke with seven patients and 11 staff during the inspection.

Our key findings were:

- The practice delivered care in a safe and clean environment. Systems were in place to report and learn from incidents.
- The practice had not carried out Disclosure and Barring Service (DBS) checks in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities). Staff recruitment checks were not all in place in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities).
- The practice provided effective care; it achieved 100% in all of the domains in the Quality and Outcomes Framework 2013/14. The QOF is part of the General Medical Services (GMS) contract for general practices. It is a voluntary incentive scheme which rewards practices for how well they care for patients.
- Patients were very positive about the care they received. Staff were caring and compassionate and treated patients with dignity and respect.

- Some patients expressed dissatisfaction with obtaining appointments.
- Care was provided in a supportive team environment.

### Older people

The practice worked closely with a local nursing home to ensure patients received consistent care from a named GP.

### People with long-term conditions

Patients with long term conditions were well supported to manage their health, care and treatment. The practice proactively monitored the prevalence of long term conditions across the practice population. Ardingly Court Surgery worked closely with the Brighton and Hove Integrated Care Service to improve pathways of care for people with long term conditions.

### Mothers, babies, children and young people

Ardingly Court Surgery worked with health and social care partners to identify and support patients at risk.

### The working-age population and those recently retired

The practice had introduced Saturday morning surgeries and weekly open access clinic to respond to the access needs of the working age population. The practice was part of the EPIC project to develop innovative ways to extend access to general practice in Brighton and Hove.

### People experiencing a mental health problems

The practice supports services for patients with mental health problems. Systems were in place to safeguard patients. The practice aimed to work effectively with local health and social care partners to meet the holistic needs of patients.

# 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 operated a safe service to meet the needs of patients and staff. Learning from incidents was shared amongst the practice team to improve safety. However, no record of actions taken in response to Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were maintained. Staff had training in safeguarding children and vulnerable adults and followed the practice procedures on how to respond to abuse. The practice was clean and well maintained. All staff recruitment checks were not in place. Emergency procedures were in place to respond to medical emergencies. The provider had considered health and safety measures to reduce the risks to patients and staff.

### **Are services effective?**

The practice operated an effective service. The practice achieved 100% in the Quality and Outcomes Framework (QOF) 2013/14 for all domains. The QOF is part of the General Medical Services (GMS) contract for general practices. It is a voluntary incentive scheme which rewards practices for how well they care for patients. The practice worked closely with other health and social care partners to improve the holistic care for patients.

### **Are services caring?**

The practice was caring in its approach. Patients were very positive about the care they received, particularly regarding their named GP. We observed staff were caring and respectful in their interactions with patients.

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

Overall the practice was responsive to patient needs. The practice understood the different needs of the population it served and acted on these to ensure the service they provided supported patients appropriately. Patients and staff suggestions for improving the service were actively sought and changes implemented.

### **Are services well-led?**

The practice was very well-led. Staff were aware of their individual responsibilities and also demonstrated good team work to provide a patient centred service. There was effective communication and a desire to develop innovative services to meet patients needs.

# 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 worked closely with a local nursing home to ensure patients received consistent care from a named GP.

### **People with long-term conditions**

Patients with long term conditions were well supported to manage their health, care and treatment. The practice proactively monitored the prevalence of long term conditions across the practice population. Ardingly Court Surgery worked closely with the Brighton and Hove Integrated Care Service to improve pathways of care for people with long term conditions.

### **Mothers, babies, children and young people**

Ardingly Court Surgery worked with health and social care partners to identify and support patients at risk.

### **The working-age population and those recently retired**

The practice had introduced Saturday morning surgeries and weekly open access clinic to respond to the access needs of the working age population. The practice was part of the EPIC project to develop innovative ways to extend access to general practice in Brighton and Hove.

### **People in vulnerable circumstances who may have poor access to primary care**

The practice was very aware of the vulnerable circumstances of the local deprived population. Systems were in place to safeguard patients. The practice aimed to work effectively with local health and social care partners to meet the holistic needs of patients.

### **People experiencing poor mental health**

The practice supports services for patients with mental health problems. Systems were in place to safeguard patients. The practice aimed to work effectively with local health and social care partners to meet the holistic needs of patients.

# Summary of findings

## What people who use the service say

We spoke with seven patients during the inspection and received two comment cards. All the patients we spoke with were positive about the service they received. One patient and one comment card expressed some dissatisfaction with obtaining urgent appointments.

Ardingly Court Surgery results for the national GP survey 2013 were similar in all areas to the clinical commissioning group (CCG) and national average except

for two areas. The practice performed better for patients 'Seeing or speaking to the GP you prefer' and worse on 'Waiting to be seen more than 15 minutes after your appointment time.'

Feedback left by patients on the national NHS Choices website was mixed. We reviewed four comments since October 2013, two were positive and two negative. The practice had apologised online and responded to the negative comments.

## Areas for improvement

### Action the service **COULD** take to improve

The practice had not carried out Disclosure and Barring Service (DBS) checks in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities).

## Good practice

- Ardingly Court surgery was one of 18 practices in the extended primary integrated care (EPIC) project. EPIC was one of the successful bids for the 'Prime Minister's Challenge Fund to improve access to General Practice in Brighton and Hove. The practice demonstrated a commitment to develop innovative services to meet patients needs.
- A text messaging service for patients for test results had been implemented. This was an action from the most recent patient participation group (PPG) survey.

# Ardingly Court Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector and a GP. The team included two CQC inspectors and a GP Special Advisor.

### Background to Ardingly Court Surgery

Ardingly Court Surgery is located in purpose built premises near the sea front in Brighton. It provides primary medical services to approximately 6000 registered patients.

The practice has a higher proportion of patients in the working age group compared to the clinical commissioning group (CCG) and national average and lower in the below 20 year age group. The practice serves a population which is more deprived than the national average. The practice is a member of the local Brighton and Hove CCG.

### Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

### How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

Prior to the inspection we contacted the local clinical commissioning group, NHS England area team and local Healthwatch to seek their feedback about the service provided by Ardingly Court Surgery. We also spent time reviewing information that we hold about this service.

The inspection team carried out an announced visit on 4 June 2014. We spoke with seven patients and 11 staff. We also reviewed five comment cards from patients, staff and members of the public who shared their views and experiences.

As part of the inspection we looked at the management records, policies and procedures, and we observed how staff cared for patients and talked with them. We

## Detailed findings

interviewed a range of staff including the senior and other GP partners of the practice, members of the practice management team, nursing and reception/administration staff.



# Are services safe?

## Summary of findings

The practice operated a safe service to meet the needs of patients and staff. Learning from incidents was shared amongst the practice team to improve safety. However, no record of actions taken in response to Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were maintained. Staff had training in safeguarding children and vulnerable adults and followed the practice procedures on how to respond to abuse. The practice was clean and well maintained. All staff recruitment checks were not in place. Emergency procedures were in place to respond to medical emergencies. The provider had considered health and safety measures to reduce the risks to patients and staff.

## Our findings

### Safe Patient Care

The practice had implemented systems to reduce the risk of patients receiving unsafe care. This included reporting and responding to incidents. We observed on the day of inspection the vaccine fridge was out of order and appropriate actions had been taken to respond to the incident. Staff demonstrated all safety alerts received from the Medicines and Healthcare Regulatory Products Agency (MHRA) were actioned. However, no record of actions taken in response to MHRA alerts was maintained. We reviewed 13 serious event analysis (SEA) reports that had been identified and recorded in the previous eighteen months. We found they had been completed by the majority of GPs on a range of incidents including prescribing, clinical decision making, breach of internal procedures and poor communication with other providers. This showed the practice identified areas when safe patient care was compromised and took appropriate action.

### Learning from Incidents

The SEA reports referred to above included changes to practice procedures or staff retraining to avoid recurrence of the incidents and lessons learned. These had been shared amongst the practice team through the clinical or practice meetings. Staff we spoke with recalled recent incidents they had reported and the subsequent change in practice if appropriate. This showed the practice implemented learning from incidents.

### Safeguarding

Systems were in place to safeguard children and adults. One GP partner was the practice safeguarding lead. Safeguarding policies and procedures consistent with the local clinical commissioning group (CCG) and Local Authority guidelines were in place to protect vulnerable patients. A list of patients at risk of abuse was available to reception staff so they could prioritise appointments or contact the GP if necessary.

All staff had received training in safeguarding children and vulnerable adults. Safeguarding information, including local authority contacts, was on display in the treatment rooms for ease of access by staff.

A chaperone policy was in place and followed. Clinical staff and trained non-clinical staff were available to act as chaperones as and when needed. A chaperone is an

# Are services safe?

impartial observer who is present during intimate examinations to reassure the patient and be prepared to raise concerns if they are concerned about the doctor's behaviour or actions. Staff demonstrated a good understanding of safeguarding and the potential signs to indicate a person may be at risk. This meant the practice had taken reasonable steps to identify and prevent abuse from happening.

## **Monitoring Safety & Responding to Risk**

The provider had considered the risks to patients and staff and implemented systems to reduce risks. The Practice Manager carried out annual risk assessments on all equipment and the premises. We observed the practice was organised and tidy. Safety equipment such as fire extinguishers were checked and sited appropriately. This meant the practice took appropriate steps to maintain a safe service.

## **Medicines Management**

Medicines were stored securely and access restricted to authorised staff. Vaccines were handled appropriately to ensure they were maintained at the correct temperature to ensure they were safe for use. Fridge temperatures were checked and we saw appropriate action was taken when the temperature was outside of the accepted range.

## **Cleanliness & Infection Control**

Systems were in place to reduce the risks of spread of infection. Infection control guidelines were followed. A designated member of staff was the practice infection control lead person. They demonstrated a good understanding of their role. This involved undertaking regular infection control audits and acting on the findings. All staff had received training in infection control and were aware of good infection control practices. For example, we observed clinical staff used personal protective equipment such as gloves and disposed of clinical waste safely. Reception staff were aware of how to safely handle urine and other specimens from patients and they were aware only clinical staff were permitted to clean spillages of blood or other body fluids. These measures protected staff and reduced the risk and spread of infection.

The practice was clean and well maintained. Daily cleaning schedules were followed and monitored. This meant the

practice had ensured they met the requirements outlined in the Department of Health Code of Practice on the Prevention and Control of Infections and Related Guidance 2010.

## **Staffing & Recruitment**

The majority of practice staff worked part time which allowed for some flexibility in the way the service was managed. For example, covering annual leave and sickness absence. A bank of regular locums was used to ensure familiarity with practice procedures and a degree of continuity of care for patients.

The practice followed recruitment procedures which included carrying out checks on staff before they began employment. We reviewed five recruitment files; these all included most of the required information including a curriculum vitae or application form, one or two references, occupational health check, photographic identity and professional registration check. We saw the practice had undertaken a risk assessment for DBS checks for existing non-clinical staff and determined the risk was minimal, although all new non-clinical staff would be required to be DBS checked. We found Disclosure and Barring Service (DBS) checks were not recorded in four staff files. Consequently all the required information in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) was not in place.

## **Dealing with Emergencies**

Ardingly Court surgery is twinned with a nearby practice. This meant reciprocal and close working arrangements were in place where part or all of the premises had become unfit for use. This showed the practice had given due consideration to meet the needs of patients safely in an emergency situation. Panic alarms were installed in all consulting and treatment rooms.

Medical emergency equipment including drugs, a defibrillator and oxygen were available for use in the event of a medical emergency. The equipment was checked daily to ensure it was in working condition. All staff had training in basic life support.

## **Equipment**

A log of all practice equipment was maintained and regularly checked. This ensured equipment was safe to use.

# Are services effective?

(for example, treatment is effective)

## Summary of findings

The practice was operating an effective service. The practice achieved 100% in the Quality and Outcomes Framework (QOF) 2013/14 for all domains. The QOF is part of the General Medical Services (GMS) contract for general practices. It is a voluntary incentive scheme which rewards practices for how well they care for patients. The practice worked closely with other health and social care partners to improve the holistic care for patients.

## Our findings

### Promoting Best Practice

Care and treatment was delivered in line with recognised best practice standards and guidelines. The practice ensured they kept up to date with new guidance, legislation and regulations. Clinicians followed the relevant National Institute for Health and Care Excellence (NICE) guidelines for long term conditions management.

The practice achieved the maximum Quality and Outcomes Framework (QOF) results 2013/14 in the clinical domain. The QOF is part of the General Medical Services (GMS) contract for general practices. It is a voluntary incentive scheme which rewards practices for how well they care for patients. This meant the practice maintained and managed patients with a range of long term conditions in line with best evidence based practice.

Ardingly Court Surgery fully participated in all the prescribing audits in the local prescribing incentive scheme 2013/14. It achieved maximum points in all areas except one. This meant the practice was committed to delivering high quality cost effective prescribing.

### Management, monitoring and improving outcomes for people

Ardingly Court surgery provided a number of local enhanced services to meet the needs of their patients, including patients with serious mental illness and human immunodeficiency virus (HIV). This involved meeting the intensive needs of patients following discharge from the acute trust with support from specialist staff.

The practice nurses were trained and experienced in providing diabetes and asthma care to ensure patients with these long term conditions were regularly reviewed and supported to manage their conditions.

### Staffing

There were effective recruitment and selection processes in place. Staff described the recruitment process which followed good practice guidelines. We reviewed a sample of six files which confirmed the required pre-employment information had been sought except for Disclosure and Barring Service (DBS) checks.

New staff followed an induction programme and probationary period, followed by a formal review. This ensured staff were familiar with practice procedures and

# Are services effective?

(for example, treatment is effective)

competent to perform their duties. Staff received regular appraisals and were supported to undertake further training to develop their role. We saw records to indicate all staff were up to date with the required annual training updates and had participated in an appraisal meeting in the previous year. This ensured staff were supported to meet the needs of patients and the service.

## **Working with other services**

The practice had strong working relationships with other health and social care providers to coordinate care and meet patient needs. The practice worked with the Brighton and Hove Integrated Care Service (BICS) to manage referrals and improve care pathways for patients.

Multi-disciplinary meetings which included members of the palliative care team and community nursing team were held every two weeks. Discussion of palliative care patients followed the Gold Standards Framework for end of life care.

The Gold Standards Framework is a systematic evidence based approach. It is designed to assist healthcare professionals to optimise care for all patients approaching the end of life. We reviewed notes of recent meetings which focussed on care of patients who had complex needs such as patients who frequently attended the accident and emergency department. Notes of meetings focussed on a holistic approach to identify patients needs and a shared care plan. This supported the practice commitment to work effectively with health and social care partners.

## **Health Promotion & Prevention**

Ardingly Court Surgery achieved 100% for QOF 2013/14 in the public health domain; the practice offered a smoking cessation clinic to support this initiative. A range of literature was accessible in the practice waiting room and on the practice website aimed at patients for health promotion and self-care.

# Are services caring?

## Summary of findings

Overall the practice was caring in its approach. Patients were very positive about the care they received, particularly regarding their named GP. We observed staff were caring and respectful in their interactions with patients.

## Our findings

### **Respect, Dignity, Compassion & Empathy**

Ardingly Court Surgery results for the national GP survey were similar in all areas to the local clinical commissioning group (CCG) and national average except for two areas: the practice performed better for patients 'seeing or speaking to the GP you prefer' 76% compared to 68% CCG and 61% national. This may have reflected the personal list of GPs. This meant individual GPs had a named patient list and routine appointments would be booked with the named GP. The practice performed worse on 'Waiting to be seen more than 15 minutes after your appointment time' 39% compared to 25% for CCG and 26% national. All the patients we spoke with were positive about the service they received. One patient and one comment card expressed some dissatisfaction with obtaining urgent appointments. The practice was aware of this and had tried to make the appointment system more flexible to accommodate patients who required same day appointments.

GPs and staff had received training on information governance and signed a confidentiality agreement at the start of their employment. The practice had recently improved confidentiality in the waiting room by offering patients a private room for discussion, if needed. During the inspection we witnessed numerous caring and compassionate interactions between all staff and patients. This showed staff respected patients and preserved their dignity and privacy.

### **Involvement in decisions and consent**

One of the GPs told us they involved patients and family in discussions before completion of the do not attempt cardiopulmonary resuscitation (DNAR) form. GPs and nurses were aware of what action to take if they judged a patient lacked capacity to give their consent. They told us they recorded best interest decisions, consulted carers with legal authority to make healthcare decisions and sought specialist advice if needed.

Most patients we spoke with said they had enough time during the consultation to be involved in decisions about their treatment. Two patients said they felt rushed during the consultation as it was 'One condition, one appointment'. This meant patients were normally expected to consult the doctor on one medical problem during a single appointment. However, double appointments could

## Are services caring?

be booked if needed. Another patient said they had a good relationship with their doctor and they always had an opportunity to raise questions with their doctor on the phone.

# Are services responsive to people's needs?

(for example, to feedback?)

## Summary of findings

The practice was responsive to patient needs. The practice understood the different needs of the population it served and acted on these to ensure the service they provided supported patients appropriately. Patient and staff suggestions for improving the service were actively sought and changes implemented.

## Our findings

### Responding to and meeting people's needs

The practice was familiar with needs of its registered practice population. It provided a number of local enhanced services to meet patients needs. The practice provided primary medical services to a local education establishment for deaf children and young people. When patients attended the practice a sign language interpreter was booked to ensure the patients needs were met appropriately.

### Access to the service

The practice operated a flexible appointment system which involved a duty doctor to ensure all patients who needed to be seen the same day were accommodated. There was a weekly open access clinic for nurse appointments and a monthly Saturday morning surgery. The practice had implemented changes to the appointment system following findings from the patient participation group (PPG) survey, including online appointment booking and prescription requests, a text messaging service for test results and appointments.

### Concerns & Complaints

Patients had their comments and complaints listened to and acted on, without the fear that they would be discriminated against. Complaints information was made available to patients in the practice leaflet and on the practice website.

We reviewed the practice annual complaints report for 2013/14. We found there had been 12 complaints, all investigated in a timely manner and seven complaints were upheld. The practice had reviewed the complaints to identify trends, although none had been noted. The complaints had been investigated and lessons learned. The practice had responded to patients, where possible, to their satisfaction.

# Are services well-led?

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

## Summary of findings

The practice was very well-led. Staff were aware of their individual responsibilities and also demonstrated good team work to provide a patient centred service. There was effective communication and a desire to develop innovative services to meet patients needs.

## Our findings

### Leadership & Culture

Although the practice vision was not available in writing, all staff spoke about a desire to provide high quality patient centred care. This was demonstrated by the democratic approach of the practice leadership. Staff described a supportive and inclusive environment where individual roles were valued.

Ardingly Court surgery was one of 18 practices in the extended primary integrated care (EPIC) project. EPIC was one of the successful bids for the 'Prime Minister's Challenge Fund to improve access to General Practice in Brighton and Hove. The practice demonstrated a commitment to develop innovative services to meet patients needs.

### Governance Arrangements

Arrangements were in place to ensure staff were clear of their responsibilities and were familiar with practice procedures. An annual practice meeting schedule which covered administration meetings, clinical meetings and all staff protected learning session (PLS) meetings. This ensured staff were supported and kept up to date with changes to practice systems. Staff told us they were comfortable to raise issues and concerns when they arose and were confident they would be dealt with constructively.

### Systems to monitor and improve quality & improvement

The practice achieved the maximum Quality and Outcomes Framework (QOF) results 2013/14 in the quality and productivity domain. This meant the practice reviewed its data on emergency admissions and accident and emergency (A&E) attendance, participated in external peer review and implemented a plan to reduce avoidable A&E attendance.

### Patient Experience & Involvement

The practice valued the role of their virtual patient participation group (PPG). The PPG is a forum for patients of the practice to share their experience and engage in improving the service for all patients. The Ardingly Court Surgery PPG consisted of 32 members; they were all patients of the practice and were actively involved in the practice. We reviewed the PPG report 2014 following the PPG survey. We found some actions had already been



# Are services well-led?

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

implemented. For example, a text messaging service for results and appointment reminders. A work plan for completion by 31 March 2015 was in place. This showed the practice engaged in a meaningful way with patients to implement service changes.

## **Staff engagement & Involvement**

Staff told us they felt valued as part of the practice team. There were good opportunities for formal and informal communication for staff. This meant when issues arose they were communicated and changes implemented promptly. Staff attended PLS meetings and individual service meetings. For example, reception meetings, clinical meetings and practice management meetings. Notes from meetings indicated service development and quality issues were discussed.

## **Learning & Improvement**

All staff were up to date with their mandatory training and had opportunities for development training. Appraisals identified learning development needs. All staff had been appraised in the last year. Staff told us they felt the appraisal was a meaningful process and identified areas for future personal development. The practice nurses were additionally supported by the local CCG practice nurse forum.

## **Identification & Management of Risk**

The provider had carried out a range of risk assessments reviewing environmental and personal risks, to ensure the health and safety of patients, visitors and staff members.

# Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

## Summary of findings

The practice worked closely with a local nursing home to ensure patients received consistent care from a named GP.

## Our findings

### Safe

Older people were part of the general practice population. The practice provided a safe service for this group of patients.

### Effective

The practice worked closely with a local nursing home to ensure patients received consistent care from a named GP.

### Caring

The practice cared for this group with a patient centred approach and did not discriminate on the basis of age.

### Responsive

The practice was responsive to the needs of this patient group.

### Well-Led

The practice was well-led.

# People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

## Summary of findings

Patients with long term conditions were well supported to manage their health, care and treatment. The practice proactively monitored the prevalence of long term conditions across the practice population. Ardingly Court Surgery worked closely with the Brighton and Hove Integrated Care Service to improve pathways of care for people with long term conditions.

## Our findings

### Safe

People with long term conditions were part of the general practice population. The practice provided a safe service for this group of patients.

### Effective

The practice achieved the maximum Quality and Outcomes Framework (QOF) results 2013/14 in the clinical domain. This meant the practice maintained and managed patients with a range of long term conditions in line with best evidence based practice.

The practice nurses were trained and experienced in providing diabetes and asthma care to ensure patients with these long term conditions were regularly reviewed and supported to manage their conditions. Ardingly Court surgery provided a number of local enhanced services to meet the needs of their patients including patients with human immunodeficiency virus (HIV). This involved meeting the intensive needs of patients following discharge from the acute trust with support from specialist staff.

### Caring

The practice cared for this group with a patient centred approach.

### Responsive

Ardingly Court Surgery worked closely with the Brighton and Hove Integrated Care Service to develop initiatives to improve services for people with long term conditions.

### Well-Led

The practice was well-led.

# Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

## Summary of findings

Ardingly Court Surgery worked with health and social care partners to identify and support patients at risk.

## Our findings

### Safe

Mothers, babies, children and young people were a smaller part of the general practice population. A list of patients at risk of abuse was available to reception staff so they could prioritise appointments or contact with the GP if necessary.

### Effective

Patients received care from a named GP.

### Caring

The practice cared for this group with a patient centred approach.

### Responsive

The practice was responsive to the needs of this patient group.

### Well-Led

The practice was well-led.

# Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

## Summary of findings

The practice had introduced Saturday morning surgeries and weekly open access clinics to respond to the access needs of the working age population. The practice was part of the extended primary integrated care (EPIC) project to develop innovative ways to extend access to general practice in Brighton and Hove.

## Our findings

### Safe

Working age people were a large part of the general practice population. The practice provided a safe service for this group of patients.

### Effective

Patients received care from a named GP.

### Caring

The practice cared for this group with a patient centred approach.

### Responsive

The practice had introduced Saturday morning surgeries and weekly open access clinics to respond to the access needs of the working age population. The practice was part of the extended primary integrated care (EPIC) project to develop innovative ways to extend access to general practice in Brighton and Hove.

### Well-Led

The practice was well-led.

# People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

## Summary of findings

The practice was very aware of the vulnerable circumstances of the local deprived population. Systems were in place to safeguard patients. The practice aimed to work effectively with local health and social care partners to meet the holistic needs of patients.

## Our findings

### Safe

Patients in vulnerable circumstances were part of the general practice population. A list of patients at risk of abuse was available to reception staff so they could prioritise appointments or contact the GP if necessary.

### Effective

Ardingly Court surgery provided a number of local enhanced services to meet the needs of their patients including patients who misused substances. This involved meeting the needs of patients following with support from specialist staff from the substance misuse team.

### Caring

People in vulnerable circumstances were part of the general practice population. The practice cared for this group with a patient centred approach. One of the GPs told us they involved patients and family in discussions (if appropriate) before completion of the do not attempt cardiopulmonary resuscitation (DNAR) form. GPs and nurses were aware of what action to take if they judged a patient lacked capacity to give their consent. They told us they recorded best interest decisions, consulted carers with legal authority to make healthcare decisions and sought specialist advice if needed.

### Responsive

Patients who could not easily communicate in English were supported by the practice. A local translation service was used to ensure these patients needs were communicated and managed appropriately.

### Well-Led

The practice was well-led.

# People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

## Summary of findings

The practice supports services for patients with mental health problems. Systems were in place to safeguard patients. The practice aimed to work effectively with local health and social care partners to meet the holistic needs of patients.

## Our findings

### Safe

People experiencing poor mental health were part of the general practice population. The practice provided a safe service for this group of patients.

### Effective

Ardingly Court surgery provided a number of local enhanced services to meet the needs of their patients including patients with serious mental illness. This involved meeting the intensive needs of patients following discharge from the acute trust with support from specialist staff.

### Caring

The practice cared for this group with a patient centred approach.

### Responsive

The practice was responsive to the needs of this patient group.

### Well-Led

The practice was well-led.