Portslade Health Centre Medical Practice

Quality Report

Portslade Health Centre Medical Practice
Church Road
Portslade
Brighton
East Sussex
BN41 1LX
Tel: 01273 431031
Website: www.portsladehealthcentre.co.uk

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

Summary of findings

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Summary of findings

Overall summary

Portslade Health Centre Medical Practice is a GP surgery with approximately 12,100 registered patients situated in the Portslade area of Brighton and Hove. The practice provides a range of services for patients, which include clinics to manage long term conditions, family planning and child health. Portslade patients are signposted to and well supported by local community support groups.

The majority of patients we spoke with gave positive feedback about the practice and staff. We reviewed the results of the last patient survey undertaken in 2013. This showed patients were consistently pleased with the service they received.

Our key findings were:

The practice had responded effectively to safeguarding concerns and had robust processes and procedures to keep patients safe.

There was evidence of collaborative working between the practice and the local clinical commissioning group (CCG). A GP partner was on the board of the CCG and the practice was directly involved in influencing and shaping local services to meet patient needs. The practice was fully engaged in the local health economy and was proactive in responding to patient needs. Patients with mental health concerns, those in vulnerable circumstances and young people were particularly well supported.

The GP partners and practice management team were supportive and staff found them very approachable. There were good governance and risk management measures in place.

During our inspection we looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups we reviewed were:

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing mental health problems

We found the practice provided a responsive service for some patients within each population group.

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 had effective infection control and medicines management policies and procedures which were mostly in line with national guidance. The practice worked closely with the local authority safeguarding team and there were robust internal processes to safeguard vulnerable children and adults from abuse. Robust recruitment processes had been implemented. The practice had systems in place to record, investigate, and monitor incidents and significant events. Information relating to these events was shared with staff in the practice and appropriate action.

Are services effective?

The practice ensured that all staff received appropriate professional development. Clinical audits were used to effectively assess GP and nursing staff performance. Care and treatment was provided following the most up to date guidance and in traditional and holistic ways. New and innovative ways of promoting health and well-being were being developed and supported by the practice Patient Participation Group (PPG).

Are services caring?

All the patients we spoke with during our inspection were very complimentary about Portslade Health Centre Medical Practice. Staff were kind and caring with a compassionate attitude. We observed patients being treated with dignity and respect. Staff were able to demonstrate how they built positive relationships with patients who used the practice in order to provide individual support. The practice's aims and objectives emphasised the need for a patient centred approach to care.

Are services responsive to people's needs?

There was an open culture within the organisation and a clear complaints policy. Patient and staff suggestions for improving the service were actively sought and changes implemented. The practice understood the different needs of the population it served and acted on these to ensure the service they provided supported patients appropriately. This included patients in vulnerable circumstances. The practice participated actively in discussions with commissioners and local health organisations about how to improve services for patients in the Brighton and Hove area. The practice had an established Patient Participation Group (PPG).

Summary of findings

Are services well-led?

Staff were clear about what decisions they were required to make within their areas of responsibility. The GP partners and practice management had formed a strong and visible leadership team with a clear vision and purpose. They encouraged ongoing development for clinicians and staff in support of the organisations succession planning. Governance structures were robust and systems were in place for managing risks and monitoring the quality of 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 Patient Participation Group (PPG) had developed innovative ways of sharing information about long term health conditions and preventative measures with the wider practice population. This included elderly patients. Support organisations were invited into the practice to provide patients with advice about their personal circumstances that concerned them. The practice worked closely with local nursing homes 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. Clinicians in the practice signposted patients with long term conditions to local support groups. Portslade Health Centre Medical Practice worked closely with the Brighton and Hove CCG and other local health organisations to influence changes and improvements to services for people with long term conditions

Mothers, babies, children and young people

Portslade Health Centre Medical Practice works closely with other health care organisations to improve the health and wellbeing of their younger population. Vulnerable patients and those from disadvantaged backgrounds were provided with appropriate care and treatment and additional support, as required. The practice had effective chaperone and safeguarding vulnerable children policies which supported the needs of young people in the practice

The working-age population and those recently retired

Access to appointments for this group of patients was limited. However, further consideration was being given to the provision of extended hours which would provide patients of working age with access to appointments outside of the normal working day. The practice had considered changes in preparation for the amendments to NHS regulations from October 2014

Summary of findings

People in vulnerable circumstances who may have poor access to primary care The leadership of the practice continuously assessed and monitored the practice population needs, including patients in vulnerable circumstances. Some patients from this group were supported by the practice and local community groups and services	
People experiencing poor mental health The practice supported services for patients with mental health problems. They worked collaboratively with local mental health organisations, integrated health care services and the CCG in Brighton and Hove to improve services for patients with mental health conditions.	

Summary of findings

What people who use the service say

We spoke with 22 patients during the inspection. We also received 17 comments cards from patients who had visited the practice in the previous two weeks. 87% were very complimentary about the care and treatment they had received. Many of the patients reported that staff were caring and they felt well looked after. Patients told us that the staff listened carefully to their concerns and took the time to advise them of treatment options and self-care. Seven of the patients who had completed a comments card or who we spoke with on the day of inspection told us that they had to wait too long for an appointment with a GP.

We also looked at the results of the latest national GP survey that collected the views of patients who used the practice. 90.4% of patients rated the practice as good or very good. Feedback left by most patients on the national NHS Choices website also showed a high satisfaction rate with the practice.

Areas for improvement

Action the service COULD take to improve

- Incident and significant event audit cycles could be improved to ensure the effectiveness of learning and actions taken are evaluated.
- Review oxygen cylinder storage signage to clearly signpost its location. This presented an increased risk in the event of a fire.
- Improve the awareness and information available to patients in relation to the protecting vulnerable patients from abuse, to include how patients could report concerns to the other organisations.
- Improve patient awareness of the practice chaperone policy. This was not prominently displayed in the patient waiting areas.
- Review the safety checks required for staff who were trained chaperones within the practice. This will ensure patients are protected from the risk of receiving care and support from unsuitable staff.

Good practice

Our inspection team highlighted the following areas of good practice:

- The practice worked innovatively to ensure care pathways and support for patients with HIV had improved in the practice and in the local Brighton and Hove area.
- The practice forged strong relationships with local community groups and support services. This enabled additional support to be provided for patients in vulnerable circumstances.
- The practice was a champion for a local young person's sexual health clinic. This provided advice and guidance for all young people in the Brighton and Hove area.
- Policies and procedures were well documented, reviewed and recorded on a well-constructed intranet page, which was easily accessible to all staff.
- Collaborative working was seen with the Brighton and Hove Integrated Care Service and CCG.

Portslade Health Centre Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist advisor. The team included a second CQC inspector and an expert by experience. Experts by experience are members of the inspection team who have received care and experienced treatments from similar services.

Background to Portslade Health Centre Medical Practice

Portslade Health Centre Medical Practice is located in the Portslade area of Brighton and Hove. The practice occupies a purpose built building which is owned by Sussex Community NHS Trust. A local pharmacy is situated at the front of the building and local community speech therapy and chiropody services also used the building.

The practice provides a range of primary medical services to approximately 12,100 patients. Patients are supported by a number of GPs, nurse practitioners, nurses, health care assistants, a practice management team and administration staff. The practice is a member of the local Brighton and Hove Clinical Commissioning Group (CCG). One GP from the practice is a member of the CCG board and the practice manager provides additional CCG support.

Outside normal surgery hours patients are able to access emergency care and treatment from an alternative out of hours provider.

Portslade Health Centre Medical Practice, Church Road, Portslade. Brighton, East Sussex, BN41 1LX.

Why we carried out this inspection

We inspected this GP practice 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

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

On the day of inspection we spoke with 22 patients and nine staff. We also reviewed 17 comment cards from patients and members of the public who shared their views and experiences. All had visited the practice in the previous two weeks.

We carried out an announced visit on 21 May 2014. As part of the inspection we looked at the management records, policies and procedures, and we observed how staff cared

Detailed findings

for patients and talked with them. We also spoke with carers and family members. We interviewed a range of staff including the senior and other partners of the practice, the practice manager, nursing and administration staff.

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.

Are services safe?

Summary of findings

The practice had effective infection control and medicines management policies and procedures which were mostly in line with national guidance. The practice worked closely with the local authority safeguarding team and there were robust internal processes to safeguard vulnerable children and adults from abuse. Robust recruitment processes had been implemented. The practice had systems in place to record, investigate, and monitor incidents and significant events. Information relating to these events was shared with staff in the practice and appropriate action.

Our findings

Safe patient care

The practice had robust systems in place to ensure that all clinical and medical staff were aware of risks within the practice. The GPs met regularly with the practice manager to discuss all issues that had arisen including any serious and adverse incidents. Any decisions or new arrangements were discussed at staff meetings or emailed to all staff depending on the urgency. Reception staff, trainee GPs and locums were able to seek support from the duty GP or senior GP in the event of concern about a patient. The practice offered a chaperone service if people required intimate examinations. People also told us they could take someone, for example, a family member or friend, in with them.

GPs and nurses had access to good support services locally where they were able to refer patients for appropriate care and treatment, for example, a crisis team for patients with escalating mental ill health, and support and treatment with drug and alcohol misuse.

The practice operated a robust system to ensure a tight control and overview of weekly prescriptions for people at risk of misusing their prescribed medicines.

The nurses' treatment rooms were clean and infection prevention control procedures were in place.

The practice had policies and procedures which protected the confidentiality of patient information and enabled appropriate information-sharing. Staff we spoke with were able to describe the principles of confidentiality and how they protected the information and privacy of patients. There was a leaflet informing patients how their information was used, who may have access to that information, and their own rights to see and obtain copies of their records. The practice also provided information governance training for staff.

Learning from incidents

All staff received incident reporting training. The practice also had a significant event policy. All incidents whether clinical or operational were entered onto an incident reporting form and log. The level of risk identified to patients would determine the priority of subsequent investigation and possible actions. The practice manager ensured all incidents were investigated and identified learning or changes in practice were actioned. We found

any learning and actions were shared with the individual and team if applicable. Significant events were reviewed regularly at clinical governance meetings to analyse trends. The practice was unable to provide evidence of a complete significant event audit cycle which reviewed the effectiveness of actions implemented after a defined period.

Safeguarding

Children and adults were protected from the risk of abuse, because the practice had taken reasonable steps to identify and prevent abuse from happening. They had systems in place to identify those patients who may be at risk. We spoke with the GP safeguarding lead. They described how practice policies and procedures included the early identification of need and help offered from other services. The safeguarding lead also had strong links with the local authority and CCG safeguarding teams.

All staff had received an appropriate level of training for protecting vulnerable children and adults. The practice safeguarding policies included information to guide staff. These were up to date and available on the intranet. We spoke with staff about identifying and preventing abuse. They had a good understanding of the different types of abuse and were able to describe the procedure to be followed if they suspected or witnessed any concerns. All staff said they would speak with either the GP safeguarding lead or the practice manager. The practice provided safeguarding people from abuse information for patients in the waiting room. This included who they should contact in the event of identifying a concern or to report signs of abuse.

Monitoring safety and responding to risk

The practice was operating an effective system to minimise the risks to the health, safety and welfare of patients and staff. We saw a risk assessment for fire safety and the control of substances hazardous to health (COSHH) on the day of inspection. Staff we spoke with were aware of the COSHH principles and impact upon their roles. Risk assessments and audits to monitor and promote safe care in relation to areas such as infection control, cleanliness and maintenance of the facilities. Checks on the use and maintenance of equipment were routinely undertaken.

Medical safety alerts were received by the senior GP. These were circulated to the partners of the practice, the nurse and practice manager. The alerts were also added to the locum GP pack. Patients were protected against the risk of unsafe use and management of medicines because the practice effectively implemented and acted upon all relevant medicine related patient safety communications.

Medicines management

A lead nurse was responsible for the management of medicines in the practice. There were up to date medicines management policies and staff we spoke with were familiar with them. Medicines were kept securely with appropriate staff access. Expiry date checks were undertaken on a regular basis and recorded. Fridge temperature checks were also undertaken on a daily basis to ensure medicines were stored at the correct temperatures. There were medicine and equipment bags ready for doctors to take on home visits. The nurse told us that the bags were regularly checked to ensure that the contents were intact and in date. We looked at how controlled drugs were managed. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. The records showed that the controlled drugs were stored, recorded and checked safely. Any medicine related issues were reported appropriately to external organisations and recorded as significant events in the practice. These were always discussed at monthly clinical meetings and actions taken. There were standard operating procedures (SOP) for using certain drugs and equipment and demonstrated that patients were protected against the risks associated with medicines because the practice had appropriate management arrangements in place.

Cleanliness and infection control

Effective systems were in place to reduce the risk and spread of infection. The practice had an infection control lead and appropriate policies and procedures. Infection control audits had been completed annually and corrective action taken. We spoke with a practice nurse about infection control training. We found that training had been provided for all staff. The practice had ensured they met the requirements outlined in Department of Health's publication, The Code of Practice for health and adult social care on the prevention and control of infections and related guidance. Hand washing guidance was available above all of the sinks in the treatment rooms and toilets. There were soap and hand towels at every sink throughout the practice. Staff had a good supply of gloves and other personal protective equipment and knew when they should be used. The treatment and consulting rooms had

Are services safe?

clutter free work surfaces, which were easy to clean. In two of the nurse treatment rooms and in the phlebotomist's room there were areas on the walls which were not finished smoothly with a readily cleanable surface. We found no plan in place to state when work would be carried out on the wall surfaces. We spoke with the practice manager about this work and they confirmed there were plans for the final decoration to be carried out in June 2014. Furniture within the waiting room was not well maintained and seating appeared stained and marked. We noted that the chairs were not made of an impermeable and wipe clean material. The practice manager told us that the waiting room chairs had been supplied by Sussex Community NHS Trust and they had requested these were changed so they could be cleaned appropriately to minimise the risk of infection.

Patients were cared for in a clean and hygienic environment. We noted that all areas of the practice were visibly clean and tidy. The cleaning contract of the building was managed and provided by Sussex Community NHS Trust. We reviewed the cleaning contract and procedures used within the practice and found them to be mostly in line with the code of practice. We noted that there was an environmental cleaning schedule for staff to follow. Cleaning products for use in different areas of the building were not described in the schedule to ensure clinical and non-clinical areas were appropriately cleaned by staff. We asked to see copies of the cleaning monitoring records. We noted that these were completed and concerns about cleaning had been reported to the trust. The practice manager told us about their concerns with the cleaning of the premises and delays in action being taken by the contract holder. We saw a cleaning audit which had been completed by the trust. However, this was not robust and actions were not recorded on the audit tool. We asked the practice manager how they assured themselves that actions had been identified and completed. They were unable provide us with evidence to confirm corrective action had been taken. We spoke with patients about the cleanliness of the practice. All of them told us that they were happy with the standards of hygiene and felt the practice was always clean and tidy. Patients and staff were mostly protected from the risk of infection because there were effective cleaning and infection control procedures in place and appropriate guidance had been followed.

Staffing and recruitment

There were effective recruitment and selection processes in place. The practice had a policy for recruitment and selection. The practice manager told us how all new staff underwent a formal recruitment process, consisting of the submission of a curriculum vitae followed by interview. They explained the recruitment process which was comprehensive and met recruitment guidelines. We asked the practice manager why a formal application form was not used in the application process. They told us that a new form was to be introduced. We were told that the selection and interview process followed policies for equal opportunities and diversity.

Appropriate checks were undertaken before staff began work. References were sought and copies of appropriate identification were taken. This included criminal records bureau (CRB) and disclosure and barring service (DBS) checks. We found that clinical staff had received CRB checks before they started work. We noted that the practice application process did not request whether staff had previous criminal convictions. Some staff who had been trained to become chaperones had not received a CRB/DBS check because the practice had made decision based on a risk assessment not to undertake these. Therefore the practice could not assure themselves that staff undertaking these duties were suitable to work with vulnerable adults and children. Following discussion at inspection the practice reviewed their risk assessment and DBS checks have been undertaken for these members of staff.

We spoke with five members of staff. All staff told us that they had attended an interview and were asked to provide two separate references. Some staff confirmed that they had received a CRB check, if this was appropriate to their role.

Dealing with Emergencies

There were robust plans in place to deal with emergencies that might interrupt the smooth running of the practice. Alternative sites had been identified for potential use if the practice became unavailable for any reason.

Appropriate equipment, medicines and oxygen was available for use in a medical emergency. The equipment was checked regularly to ensure it was in working condition. We saw evidence of these checks.

Are services safe?

Equipment

Appropriate equipment, medicines and oxygen was available for use in a medical emergency. The equipment was checked regularly to ensure it was in working condition. We saw evidence of these checks which showed how patients were protected from the use of unsafe equipment in a medical emergency.

Are services effective?

(for example, treatment is effective)

Summary of findings

The practice ensured that all staff received appropriate professional development. Clinical audits were used to effectively assess GP and nursing staff performance. Care and treatment was provided following the most up to date guidance and in traditional and holistic ways. New and innovative ways of promoting health and well-being were being developed and supported by the practice Patient Participation Group (PPG).

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 condition management.

The practice had a Mental Capacity Act 2005 (MCA) policy. This included the principles of the MCA and also how to conduct an appropriate assessment. We noted MCA guidance displayed in the practice for staff to follow. Staff we spoke with were able to describe the basic principles of the MCA and how this impacted upon their role and interaction with patients.

Management, monitoring and improving outcomes for people

The practice participated fully in all recognised benchmarking programmes nationally and locally. This included the Quality and Outcomes Framework, local and direct enhanced services and local peer reviews. We saw evidence to support this. The Quality and Outcomes Framework (QOF) was part of the General Medical Services (GMS) contract for general practices. This is a voluntary incentive scheme which rewards practices for how well they care for patients.

The practice had ensured effective monitoring of clinical performance and that adequate support was provided to patients to help them manage their medical conditions. Robust monitoring of data was used to improve performance and clinical outcomes for patients. Clinical audits were reviewed regularly and actions taken to address poor performing clinical indicators. Recent 2012/13 Quality and Outcomes Framework (QOF) results demonstrated a high overall achievement. Areas of lower achievement were identified and the practice had taken action which ensured improvement. For example, blood pressure readings for under 75 year old patients showed a decline in the previous year's results. The practice had made changes to ensure patients were invited to make an appointment with the GP or nurse for a blood pressure check and clinicians focused on opportunistic checks.

Are services effective?

(for example, treatment is effective)

Staffing

Staff received appropriate professional development. We found that the induction followed a check list with clear objectives and learning points for new members of staff. The practice manager explained that staff started on a probationary period, with regular reviews of competence and their progress against the induction training. Staff that we spoke told us about the induction process that they had completed at the start of employment with the practice. This was in line with the practice induction procedure.

We saw a comprehensive training matrix for all staff employed in the organisation which clearly identified when staff training was due. There was a rolling programme of mandatory and essential training, including safeguarding, basic life support, infection prevention and control, and patient confidentiality. The practice manager kept training records and prompted staff when they were due for refresher training. We saw a selection of training records which evidenced mandatory training had been provided.

Continuing professional development and training was available for clinical staff. Training was identified from staff appraisals and to support practice's short term business plan. Staff we spoke with told us about the training they had undertaken. One member of staff told us about their training to become a Health Care Assistant which further improved the service provided to patients and the availability of appointments in the practice. This demonstrated how the practice had worked continuously to maintain and improve high standards of care for patients from suitably qualified and skilled staff.

Working with other services

The practice proactively engaged with other health and social care providers to coordinate care and meet patient needs. Joint working arrangements were in place and allowed services to work collectively in support of patient care and treatment. Patients living at a local drug and alcohol rehabilitation centre were also registered with the practice. Local care pathways and treatment programmes were shared between all parties to support patients with managing their specific conditions. This ensured the care planning and treatment was consistent and the patient's GP worked within the rules outlined by the drug and alcohol service. Housebound patients were also supported well by the practice and the community nursing team provided additional care and treatment as required or during times of crisis.

Health, promotion and prevention

Suitable information was available to patients which informed them of medical conditions, self-help and access support from other services. The practice displayed health promotion leaflets in the waiting room and sign posted patients to local support groups. GPs and nursing staff gave patients information leaflets regarding newly diagnosed long term conditions during consultations and health reviews. Patients were also referred to support services as appropriate. The Portslade Health Centre Medical Practice website also contained links to other webpages which provided advice and support for health and well-being.

We spoke with members from the practice's Patient Participation Group (PPG) on the day of inspection. They described how they were considering new and innovative ways of promoting health and well-being to patients of the practice and hard to reach groups in the community. One idea area in development was to use social media to share information with patients and the local people.

Are services caring?

Summary of findings

All the patients we spoke with during our inspection were very complimentary about Portslade Health Centre Medical Practice. Staff were kind and caring with a compassionate attitude. We observed patients being treated with dignity and respect. Staff were able to demonstrate how they built positive relationships with patients who used the practice in order to provide individual support. The practice's aims and objectives emphasised the need for a patient centred approach to care.

Our findings

Respect, dignity, compassion and empathy

Patient privacy, dignity and independence was respected. GPs and staff had received training on information governance and patient confidentiality. We observed them taking care to protect patient privacy and to keep information about patients confidential and secure. Patients who required privacy when attending the practice were invited to wait in a private room in reception. The practice had also recently redesigned the office area to ensure staff taking patient phone calls could not be overheard in reception or by patients in the waiting room. Consultations took place in private rooms. Patients we spoke with were aware that they could request a chaperone.

Patient information about records and information was displayed in the waiting room and on the practice website. This explained what information the practice held about them, how that information was used, and how patients could access their records.

The staff we spoke with all displayed a passion for patient care and were keen for the practice to be patient centred. The practices aims and objectives emphasised the need for a patient centred approach to care and this was embedded across the organisation. We noted that staff training included elements of customer service and listening and communicating effectively. This helped to ensure a consistent approach to patient care across the practice. We observed staff attending to patients in reception and on the phone to be respectful, friendly and caring.

Before the inspection took place we asked patients who used the practice to complete comment cards regarding the care and treatment they had received. The majority of comments were positive and demonstrated that patients were extremely satisfied with the care they had received. One patient who had completed a comments card told us they felt the GPs were patronising and unsympathetic.

We looked at the results of the last national survey that collected the views of patients who used the practice. Patients were positive about the service they received. 93% of patients rated the practice as good or very good. 85% of

Are services caring?

patients would recommend Portslade Health Centre Medical Practice to their friends and families. 76% of patients rated their experience of making an appointment as good or very good.

We also received comments about the friendliness and helpfulness of staff and GPs. Patients were invited to share feedback with the practice by filing in forms displayed in the reception area. These were reviewed regularly and action taken. More recently the practice had received significant feedback about how patients struggled to call the practice to book appointments or order repeat prescriptions. The practice reviewed telephone access and with the support of the PPG sourced and purchased a new patient friendly telephone system. This has led to an improved service. The patients we spoke with on the day of inspection told us it was much easier to contact the practice. This demonstrated how patient views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Involvement in decisions and consent

We spoke with 22 patients on the day of inspection. The majority of patients told us they felt they had been listened to, and that their treatment and care met their needs. All the patients we spoke with said they had enough time during the consultation to be involved in decisions about their treatment. 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.

Patients with long term conditions were well supported to manage their health, care and treatment. They were given appropriate information regarding their care or treatment and they were involved in the decisions around this. Care planning was in place for patients with long term conditions such as Diabetes and Asthma. Care plans were developed with the patients to promote independence and choice. Advice and information to help them manage their condition was discussed between the clinician and the patient. This included advice about prevention and how to take medications. The most suitable options were then included within their care plan.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

There was an open culture within the organisation and a clear complaints policy. Patient and staff suggestions for improving the service were actively sought and changes implemented. The practice understood the different needs of the population it served and acted on these to ensure the service they provided supported patients appropriately. This included patients in vulnerable circumstances. The practice participated actively in discussions with commissioners and local health organisations about how to improve services for patients in the Brighton and Hove area. The practice had an established Patient Participation Group (PPG).

Our findings

Responding to and meeting people's needs

Services to patients were designed and considered in relation to the local population need. Brighton and Hove has some of the highest prevalence rates for HIV and substance misuse, hospital admissions for sexually transmitted diseases and patients with mental health needs. The practice had developed local arrangements with support services for patients with these health conditions. Strong links had been forged with support groups for patients with dementia, young mothers and carers.

We asked staff about patients who accessed the service but whose first language was not English. We were told the practice had access to an interpretation service and some patients would bring in family members to translate. Clinical staff were aware when to use an interpreter in situations where a family member may not be appropriate and would request a further appointment when this could be arranged.

The practice had an effective Patient Participation Group (PPG). A PPG is a group of patients registered with the surgery who have an interest in the services provided. The aim of the PPG is to represent patient views, to work in partnership with the surgery and to improve the services patients receive. The group was made up of patients and the practice manager and GPs of the practice attended their meetings and supported the work of the group. The PPG had been consistently trying to recruit other patients from minority patient groups to join but had not been successful to date. We spoke with seven members of the PPG during our visit and they were able to give us detailed and positive feedback about the practice. They told us that they felt listened to by the practice team and suggestions they made were acted upon.

Access to the service

There were a range of appointments available to patients every day between the hours of 8.30am and 6.30pm. This included urgent and routine appointments, telephone consultations and appointments with the nurse and nurse practitioner. The practice had maximised the appointment slots available to patients from Monday to Friday. The practice did not provide extended hours appointments to patients. The GP and practice manager told us this was currently under review.

Are services responsive to people's needs?

(for example, to feedback?)

Three patients who we spoke with or who provided feedback on the comments cards told us that they had to wait too long for an appointment with a GP. One patient told us they had to wait for two weeks for their routine appointment. On the day of inspection we spoke with reception staff about accessing appointments. We asked when the next available appointment was available with a named GP or any GP. The first routine appointment available was for two weeks later. We could book an urgent appointment or receive telephone advice on the day of inspection. We asked for a blood test and the first available appointment time was six days later. However, the practice manager told us that the practice would accommodate patients sooner if appointments were booked up and the blood test was required urgently. Waiting times for appointments is a national concern. The time waited by patients to see a GP or nurse at Portslade Health Centre Medical Practice was slightly higher than the CCG and national average.

The practice could accommodate those patients with restricted mobility or used a wheelchair. We saw there was level access to the building and electronic doors were wide enough for wheelchair access. The waiting room contained a number of chairs for patients but also contained space for those with prams or pushchairs. We noted that the patient toilets were easily accessible for those patients who used wheelchairs and one toilet contained baby changing facilities.

Concerns and complaints

Patients had their comments and complaints listened to and acted on, without the fear that they would be discriminated against. The practice had a complaints policy and procedure and this was displayed on the notice board in the waiting area, in a patient information leaflet and on the practice website. Staff we spoke with were aware of the complaints process and told us how they would support a patient wishing to make a comment or complaint. The practice survey indicated a high level of satisfaction with the practice, resulting in very few complaints being made.

Patient complaints were fully investigated and resolved, where possible, to their satisfaction. They took account of complaints and comments to improve the service and these were acted upon. We looked at the complaints records and responses to patients. The practice had investigated the concerns and responded in accordance with their complaints policy. We also reviewed the complaints log and found learning points and actions were discussed at practice meetings and recorded.

Are services well-led?

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

Summary of findings

Staff were clear about what decisions they were required to make within their areas of responsibility. The GP partners and practice management had formed a strong and visible leadership team with a clear vision and purpose. They encouraged ongoing development for clinicians and staff in support of the organisations succession planning. Governance structures were robust and systems were in place for managing risks and monitoring the quality of service.

Our findings

Leadership and culture

The leadership and culture within the practice ensured the vision and short term strategy was embedded throughout the organisation. The strategy was clear and included active succession planning by the leadership team. The practice had a clear vision to deliver high quality care and promote good outcomes for patients. All of the staff we spoke with on the day of inspection were able to describe an appropriate ethos and values that were consistent with the organisational values. This was evidenced through the protocols and guidelines stored on the practice intranet, meeting minutes and action plans.

We spoke to two GPs who were clear about the practice leadership priorities and goals. They also felt clinically supported. The practice was able to demonstrate a high level of team working, operating openly and transparently. This was evidenced by minutes from practice meetings and team away days.

Governance arrangements

Arrangements were in place to ensure that responsibilities were clear, quality and performance were regularly considered and risks identified and managed. The practice and staff were able to demonstrate the use of data, audits and benchmarking information on how they minimise risks to care quality by early warnings, proactive practice and performance management. Clinical governance leads were identified and received appropriate professional development and training to support the role. Regular meetings took place to discuss risk management, performance management and training. We saw written and electronic records which evidenced this.

Systems to monitor and improve quality and improvement

The practice had an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients using the practice and others. We spoke with two GPs and a practice nurse. All three showed a good understanding of the need to recognise and act on the views of patients and their carers. They also understood their primary role to protect patients and felt confident to whistle blow if poor or bad practice was identified. Concerns were raised and discussed with the leadership team. We saw evidence of this within the meeting minutes and significant event analysis.

Are services well-led?

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

Clinical audits and operational audits were undertaken to ensure the delivery of high quality care. Clinical audits were used to monitor the performance of clinicians and achievement against the Quality and Outcomes Framework (QOF) clinical domains. Operational audits were completed to monitor the effectiveness process and systems within the practice. For example, an infection control had been completed and assessments were undertaken to ensure health and safety risks were identified and monitored appropriately. This included a fire and building risk assessment.

Patient experience and involvement

The practice had systems in place to seek and act upon feedback from patients. We saw that the practice responded to issues or concerns raised by patients in a positive way. We looked at the most recent patient satisfaction survey carried out in 2013 and the majority of patients were extremely positive about the service provided by the practice. The practice also monitored feedback via external sources such as NHS Choices.

Staff engagement and involvement

In addition to the general and departmental meetings, a number of other regular meetings took place dealing with business matters, personnel, complex care, and liaison meetings with other health care professionals. These were all minuted and available for staff. Checks were in place with each department to ensure a continuation of everything was carried forward each day as well as regular checks throughout each day.

Learning and improvement

The practice continuously strived to learn and improve high standards of care. There was evidence of recognised and appropriate clinical management systems within the practice, which demonstrated improvements in the care and treatment of patients. Performance management and appraisal were routinely undertaken for clinical and non-clinical staff. We saw evidence of this. All staff received training and development that was relevant to their role. Clinicians were supported to maintain their continued professional development.

Identification and management of risk

The practice had carried out a range of risk assessments including environmental and personal to ensure the health and safety of patients, visitors and staff members. For example the practice completed risk assessments and audits in infection control, building health and safety and medicine checks. The practice also undertook reviews of clinical performance of staff to identify poor performance and associated risks in relation to the outcomes for patients.

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 Patient Participation Group (PPG) had developed innovative ways of sharing information about long term health conditions and preventative measures with the wider practice population. This included elderly patients. Support organisations were invited into the practice to provide patients with advice about their personal circumstances that concerned them. The practice worked closely with local nursing homes to ensure patients received consistent care from a named GP.

Our findings

The practice PPG were keen to develop innovative ways of sharing information about long term health conditions and preventative measures with the wider practice population. This included elderly patients.

Support organisations were invited into the practice to provide patients with advice about their financial arrangements or to discuss any personal concerns. Patients identified as carers were offered additional support from practice and the local carers centre.

The practice worked closely with local nursing homes to ensure patients received consistent care from a named GP. A change in NHS regulations meant that the practice had registered patients over 75 years with a named GP. The practice had written to the local nursing homes to request the named GP details be added to the care plans of their registered patients. This ensured that care home staff knew which GPs to book appointments with or request a home visit from and ensured consistency of care.

All patients were encouraged to be actively involved with the Patient Participation Group (PPG). We spoke with members of the PPG who were considering different ways of sharing information about long term health conditions and preventative measures with the wider practice population. This included elderly patients. PPG members explained how they would like to support and improve the health and well-being education programme.

The practice worked collaboratively with Brighton and Hove Integrated Care Service (BICS). BICS improves patient experiences by working innovatively with GPs, clinicians and other health partners. This service enabled care to be provided closer to home by developing tailored, patient-focused services and has led to the development of integrated community based services that better meet patient needs.

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. Clinicians in the practice signposted patients with long term conditions to local support groups. Portslade Health Centre Medical Practice worked closely with the Brighton and Hove CCG and other local health organisations to influence changes and improvements to services for people with long term conditions.

Our findings

Portslade Health Centre Medical Practice worked closely with the Brighton and Hove CCG and other local health organisations to influence changes and improvements to services for patients with long term conditions.

Patients with long term conditions were well supported to manage their health, care and treatment. Care planning was in place for patients with long term conditions such as Diabetes and Asthma. Care plans were developed with patients to promote independence and choice. Advice and information to help them manage their condition was discussed between the clinician and the patient. The most suitable individual options were then included within their care plan. This included advice about prevention and how to take medications. Annual reviews had been undertaken in a timely way to ensure conditions were monitored and managed in line with their plan.

Brighton and Hove has one of the highest HIV prevalence in England. Portslade Health Centre Medical Practice worked closely with the Brighton and Hove Clinical Commissioning Group to influence a change in definition of 'frailty'. This work has led to patients with HIV being considered in locality wide initiatives and access to designated national resources to improve care.

The practice proactive monitoring of the prevalence of long term conditions within the practice population which included identifying those with such conditions and those at risk of developing one. Health promotion advice and information relating to specific health conditions was available in the waiting room of the practice. This included advice on self-management. Clinicians in the practice also signposted patients with long term conditions to local support groups.

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

Portslade Health Centre Medical Practice works closely with other health care organisations to improve the health and wellbeing of their younger population. Vulnerable patients and those from disadvantaged backgrounds were provided with appropriate care and treatment and additional support, as required. The practice had effective chaperone and safeguarding vulnerable children policies which supported the needs of young people in the practice.

Our findings

Safeguarding vulnerable children was a priority for Portslade Health Centre Medical Practice and they work closely with other health care organisations to improve the health and wellbeing of their younger population. The practice had a safeguarding lead who described how practice policies and procedures included the early identification of need and early help offered with other services.

Information about children identified at risk or families with concerns were circulated to the clinicians in the practice. The list of identified individuals was reviewed and discussed at a monthly meeting. The practice also kept a list of newly registered child patients to ensure they attended an appointment for their new patient check. If the check was not completed within a defined time period contact would be made with the parents or guardians to discuss the reasons for this.

Vulnerable patients or anyone who required support during their consultations with a clinician could be supported by trained chaperones, in line with their local policy.

Vulnerable patients and those from disadvantaged backgrounds were provided with appropriate care and treatment and additional support, as required. The practice had a robust process to ensure the close monitoring of children, young people and families living in disadvantaged circumstances. This included 'looked after' children, children of substance abusing parents and young carers. Extra support was offered to these families as required.

In 2011 Brighton and Hove also had the highest rates of common sexually transmitted infections outside of London. Portslade Health Centre Medical Practice worked closely with other organisations to try and improve the health and wellbeing of our younger population. They were Youth Champions for the area and supported a local young person's sexual health clinic, which provided a drop in

Mothers, babies, children and young people

service for anyone under the age of 24. Patients and people in the community could access completely confidential consultations with trained staff about any sexual health worries.

The practice worked collaboratively with Brighton and Hove Integrated Care Service (BICS). Clinicians from local GP practices received additional training to support the gynaecological needs of young women over the age of sixteen.

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

Access to appointments for this group of patients was limited. However, further consideration was being given to the provision of extended hours which would provide patients of working age with access to appointments outside of the normal working day. The practice had considered changes in preparation for the amendments to NHS regulations from October 2014.

Our findings

Access to appointments for this group of patients was limited due to the opening hours of the practice. Further consideration was being given to the provision of extended hours which would provide patients of working age with access to appointments outside of the normal working day.

Changes to the NHS regulations from 1st October will allow GP practices to be able to register patients from outside their traditional practice boundary areas, without any obligation to provide home visits for such patients. This may improve the choice for patients who live in Brighton and Hove. It will also mean that patients who work in Brighton can register at a GP practice near to their place of work and extends access to primary medical services for working age patients. Portslade Health Centre Medical Practice had considered the changes from 1st October and had recently registered a few patients who lived outside of their practice area.

The practice had a range of appointments between 8.30am and 6.30 pm Monday to Friday. Access to appointments across the day was provided by a variety of clinicians maximise the availability. This included on the day appointments and telephone consultations. The PPG and partners of the practice were reviewing their extended hours provision. This would further improve access to appointments to the working age population.

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 leadership of the practice continuously assessed and monitored the practice population needs, including patients in vulnerable circumstances. Some patients from this group were supported by the practice and local community groups and services.

Our findings

Vulnerable patients who required regular repeat prescriptions were monitored closely. The patients were given a named contact in the practice who was able to provide support by ordering and preparing their prescriptions. The member of staff then ensured prescriptions were delivered to the correct pharmacy, arranged collection and helped patients with other medication concerns.

Carers of patients from the practice were offered support packs. These included information about additional support they could access from the practice or within the community. Practice staff worked with an advisor from a local carer centre. The advisor also regularly visited the surgery to provide more specific patient support and advice.

Patients with a learning disability were well supported by staff in the practice. This included using pictorial communication methods during consultations and offering a chaperone.

Patients whose language was not English were supported by the practice. Patients and staff could arrange support from a local translation service. Patients were also offered longer appointments to ensure communication barriers did not impact upon the consultation length. This meant that clinicians had more time to identify the concerns and provide suitable support and treatment.

House bound patients received appropriate support from the practice. The nursing team undertook annual reviews for long term conditions in the patient's home. The practice had developed good working relationships with community nursing team, who provided additional support for house bound patients at times of increased need or crisis.

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

The leadership of the practice continuously assessed and monitored the practice population needs, including for patients in vulnerable circumstances. There were robust safeguarding policies and procedures for protecting vulnerable adults and children from abuse. The safeguarding lead had excellent links with local authority safeguarding team and CCG lead.

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 supported services for patients with mental health problems. They worked collaboratively with local mental health organisations, integrated health care services and the CCG in Brighton and Hove to improve services for patients with mental health conditions.

Our findings

The practice supported services for patients with mental health problems. Patients discharged from local mental health services were supported by Portslade Health Centre Medical Practice. The lead GP worked closely with the patient and support agencies to ensure their integration back into the community was successful.

Patients living at a local drug and alcohol rehabilitation centre were registered with the practice. Local care pathways and treatment programmes were shared between all parties to support patients with managing their specific condition. This ensured the care planning and treatment was consistent and the patients GP worked within the rules outlined by the drug and alcohol service.

The practice works collaboratively with Brighton and Hove Integrated Care Service (BICS). BICS improves patient experiences by working innovatively and collaboratively with GPs, clinicians and other health partners. This service enables care to be provided closer to home by developing tailored, patient-focused services and has led to the development of integrated community based services that better meet patient needs. BICS provide a well-being service to patients with mild to moderate mental health needs including depression and anxiety.