The Practice Whitehawk Road

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

The Practice Whitehawk Road was inspected in May 2015 where they were rated requires improvement in safe, effective and well-led services. They were rated as good in caring and responsive. As a result we carried out a further announced comprehensive inspection at The Practice Whitehawk Road on 13 April 2016. We found the practice to require improvement in safe, caring and well-led services. They are rated as good in effective and responsive services. Overall the practice is rated as requires improvement. .

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

- Patients said they were treated with compassion, dignity and respect. However, results from the GP patient survey showed that not all patients felt listened to or involved in their care in relation to GP consultations.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks and monitoring of urgent referrals.
- Data showed patient outcomes were comparable to the national average although there was high exception reporting in some areas. Although some audits had been carried out and there was some evidence that audits were driving improvements to patient outcomes there was no clear programme of continuous clinical audit.
- There were some issues with availability of nursing appointments and there was no healthcare assistant in post so health checks were not being offered proactively unless a patient requested one.
- The practice had not identified which of their patients were also carers although there was some information in the practice on support for carers.
- There was no clear vision, strategy or business plan.

Summary of findings

- The practice had taken positive action following a previous inspection including ensuring that clinical equipment was cleaned and that medicines were stored securely. The practice had also ensured that staff, multi-disciplinary and safeguarding meetings were being held regularly.

The areas where the provider must make improvements are:

- Ensure that employment checks are carried out on all staff prior to commencement in post.
- Ensure that there is a centralised system in place to monitor the adoption of NICE guidance.
- Ensure there is a system for monitoring the process of urgent referral so that the practice is assured that the referral has been processed and the patient seen.
- Ensure that the practice engages with patients through the use of patient participation and patient surveys and that there is clear action taken to improve the patient experience, particularly in relation to GP consultations.
- Ensure there is clear leadership and adequate staff to meet patient needs within the practice and that staff roles and responsibilities are clear during a period of change.

In addition the provider should:

- Ensure that there is a programme of continuous clinical audit in place.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement 

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. There was evidence of learning from incidents and staff were involved in discussions about this.
- Risks to patients who used services were assessed, however the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe.
- For example, employment checks were not always carried out robustly enough prior to staff commencing in post. Urgent two week wait referrals were processed, however they were not sufficiently monitored so that the practice could be assured that the patient was seen.

Are services effective?

Good 

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There had been two clinical audits completed in the last year, these were completed audits where the improvements made were implemented and monitored but there was not a programme of continuous clinical audit in place.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, there were staffing shortages in the nursing team that had impacted performance in relation to childhood immunisations and cervical screening. However, the practice had implemented a plan for improvement in these areas. There was no healthcare assistant in post and while health checks were available these were not being offered proactively unless a patient requested them.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

Requires improvement

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

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. For example, in relation to GP consultations and their involvement in decision making about their care.
- The practice had not identified the proportion of patients who were carers although there was information in the practice available about support for carers.
- Patients said they were treated with compassion, dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day. There was evidence of improvements in processes relating to opening times and patient's ability to get through to the practice by phone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice did not have a clear vision and strategy and the future of the practice was uncertain.
- The practice held regular governance meetings and these involved locum staff.
- There was evidence of clinical audit being carried out, however there was not a programme of continuous clinical audit in place.
- The practice did not engage with patients through a patient participation group or the use of regular patient surveys.

Summary of findings

- The practice monitored patient outcomes and there was evidence of improvements in this area, however high exception reporting meant that not all patients were attending for regular reviews. It was unclear how the practice was addressing this.

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

Requires improvement

Due to the issues identified within the practice the service is rated as requires improvement for the care of older people.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were better than or similar to local and national averages. For example, performance for chronic obstructive pulmonary disease (COPD) was 98.7% compared with 93.9% (CCG) and 96% (national).

People with long term conditions

Requires improvement

Due to the issues identified within the practice the service is rated as requires improvement for the care of people with long-term conditions.

- Performance for diabetes related indicators was similar at 86.2% compared to the national average 89.2%.
- Longer appointments and home visits were available when needed. Patients had a named GP, and the practice had provided additional locum GP cover to ensure that all patients with a long-term condition had received a structured annual review to check that their health and care needs were being met.

Families, children and young people

Requires improvement

Due to the issues identified within the practice the service is rated as requires improvement for the care of families, children and young people.

- Immunisation rates for the standard childhood immunisations were mixed. For example childhood immunisation rates for the vaccinations given to under two year olds ranged from 65% to 88% and five year olds from 63% to 68%. The practice had recently increased their nursing hours and we saw plans in place to complete their childhood immunisation programme by the end of June 2016.
- Appointments were available outside of school hours and the premises were suitable for families, children and young people because.

Summary of findings

- The practice's uptake for the cervical screening programme was 55.1% which was below the CCG average of 72.4% and the national average of 76.7%. This was largely due to difficulties recruiting to vacant nursing posts which the practice had made some progress with.

Working age people (including those recently retired and students)

Requires improvement

Due to the issues identified within the practice the service is rated as requires improvement for the care of working-age people (including those recently retired and students).

- The practice offered extended opening hours for appointments during weekday evenings and on Saturdays through a local project where appointments could be offered at a local practice.
- Patients were able to book appointments and request repeat prescriptions online.
- Telephone appointments were available.
- Health promotion advice was offered and there was health promotion material available in the practice.

People whose circumstances may make them vulnerable

Requires improvement

Due to the issues identified within the practice the service is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. They used a community navigator to provide additional support to enable patients to access such services.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement 

Due to the issues identified within the practice the service is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- 70.8% of people experiencing poor mental health had received an annual physical health check and had a comprehensive care plan in place.
- Practice performance in relation to mental health was at 100%, however there was evidence of high exception reporting where patients had not attended for appointments and it was unclear how effective the practice's follow up and recall system was due to issues with nursing recruitment.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental.
- The percentage of patients with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 64.3% which was 9.3% lower than local average and 12.7% lower than national average.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 394 survey forms were distributed and 86 were returned. This represented 2.5% of the practice's patient list.

- 72% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 64% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 57% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 49% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We did not receive any completed comment cards.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, three cited concerns with making appointments, including having to wait for a GP to call or to speak to a receptionist about their medical concerns before being able to access an appointment.

Areas for improvement

Action the service MUST take to improve

- Ensure that employment checks are carried out on all staff prior to commencement in post.
- Ensure that there is a centralised system in place to monitor the adoption of NICE guidance.
- Ensure there is a system for monitoring the process of urgent referral so that the practice is assured that the referral has been processed and the patient seen.
- Ensure that the practice engages with patients through the use of patient participation and patient surveys and that there is clear action taken to improve the patient experience, particularly in relation to GP consultations.
- Ensure there is clear leadership and adequate staff to meet patient needs within the practice and that staff roles and responsibilities are clear during a period of change.

Action the service SHOULD take to improve

- Ensure that there is a programme of continuous clinical audit in place.

Outstanding practice

The Practice Whitehawk Road

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Practice Whitehawk Road

The Practice Whitehawk Road offers general medical services to people living and working in the Whitehawk area of Brighton and Hove. It is a practice with two male locum GPs and one female locum GP providing a total of 16 sessions a week. In addition a lead locality male GP for The Practice Group/Chilvers and McCrea Ltd was available to support the practice and the locum GPs. The lead locality GP was employed for four sessions a week at one of the other Brighton based The Practice Group/Chilvers and McCrea locations and had an additional two sessions to provide support to the other four Brighton based members of the group. There are approximately 3406 registered patients.

The practice was run by The Practice Group/Chilvers and McCrea Ltd. The practice was supported by central management functions from the head office, including human resources, health and safety and clinical locality leads. The practice also had two part time practice nurses, a part time pharmacist and a team of receptionists. Operational management was provided by the practice manager and assistant practice manager.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks, and weight management support.

Services are provided from:

The Practice Whitehawk Road, 179 Whitehawk Road, Brighton, BN2 5FL

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

The practice population has a lower proportion of patients over the age of 65 and a higher proportion of patients under the age of 18, compared with the England average. The practice population also has a higher number of patients compared to the national average with a long standing health condition and with health related problems in daily life. The practice population has higher than average levels of unemployment and a lower than average proportion of patients in employment. The practice population has a significantly higher than average deprivation score that is twice the level of the national average.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

The Practice Whitehawk Road had been inspected in May 2015 where they were found to require improvement in safe, effective, and well-led services. They were rated as good in caring and responsive. We undertook a further comprehensive inspection on 13 April 2016. Before visiting the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Health watch and the NHS Brighton and Hove Clinical Commissioning Group (CCG). We carried out an announced visit on 13 April 2016. During our visit we spoke with a range of staff, including GPs, a practice nurse, administration staff and members of The Practice Group/ Chilvers and McCrea central support team including senior managers. In total we spoke with 11 staff.

We observed staff and patients interaction and spoke with seven patients. We reviewed policies, procedures and operational records such as risk assessments and audits. We did not receive comment cards completed by patients although these were available within the practice in the two weeks prior to our visit.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that the practice manager worked closely with all staff to investigate incidents and identify opportunities for learning. This included working with external services to improve communication and processes within the practice. There was a system in place to review safety alerts that were received into the practice and we saw that this was part of a standing agenda item at practice meetings.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The locality GP and practice nurse shared responsibility as lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We viewed minutes of meetings between the GP, practice nurse and health visitor and saw that these included summaries of discussions about individual cases as well as effective systems and processes within the practice. However, we observed one situation where a child was on a child protection list within the practice although communication from external agencies clearly stated that no child protection plan was required. The GP we spoke with was going to follow this up. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child safeguarding level three. Non clinical staff were trained to level one safeguarding.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. For example, we viewed handwashing training records that showed training had been undertaken in the past 12 months. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, we saw that some waste paper bins had been replaced.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice had recruited a pharmacist to review medicines management processes within the practice, including prescription processes, processes for handling repeat prescriptions and included the review of high risk medicines. The practice carried out regular medicines

audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- We reviewed three personnel files and found appropriate recruitment checks had generally been undertaken prior to employment. For example, proof of identification, references, employment history and qualifications. We saw evidence of registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, we found that a nurse had been recruited and commenced in post where a gap in employment had not been identified or a reason recorded and that a DBS had not been processed prior to commencement of employment.
- The practice had a system in place for two week wait referrals where a patient required urgent referral to a specialist to be processed. However, the system did not include a process for monitoring this or following up whether patients had actually attended an appointment.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. For example, the practice used regular locum GPs who worked on regular days each week. However, staff told us there were nursing shortages and that this had an impact in relation to the availability of nursing appointments. For example, there was no healthcare assistant in post so patient health checks and phlebotomy fell to nursing staff.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- There was discussion at practice meetings about the adoption of these guidelines where NICE guidance was included as a standing agenda item alongside other clinical matters. However there was no clear system in place to monitor the adoption of NICE guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96.4% of the total number of points available. Exception reporting at 13.5% was 2.5% higher than the CCG average and 4.3% higher than the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar at 86.2% compared to the national average 89.2%
- Performance for mental health related indicators was 100% which was better than the national average of 92.8%.
- Performance for chronic obstructive pulmonary disease (COPD) was 98.7% which was 4.8% above the local average and 2.7% above the national average.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last year, these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a reduction in doses of benzodiazepine use as a result of an audit of this carried out by the pharmacist. In addition, an ongoing audit cycle for potentially dangerous medication had led to the development of enhanced protocols to promote safe monitoring of the use of these types of medication.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Nursing staff attended relevant training updates, for example in relation to diabetes management.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion with regional clinical staff as part of regular supervision and support sessions.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Good

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs including those who were vulnerable and those with palliative care needs. In addition we saw that the GP and practice nurse met on a monthly basis with the health visitor to discuss the care needs of identified children.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. All staff had attended training in relation to this in the past year.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and general lifestyle issues. Patients were signposted to the relevant service.
- Smoking cessation advice was available from nursing staff and local support services.

The practice's uptake for the cervical screening programme was 55.1% which was below the CCG average of 72.4% and the national average of 76.7%. The practice had experienced difficulties with meeting their target for cervical screening due to difficulties recruiting nurses. They had recently recruited a nurse with a sexual health background who was focusing on cervical cytology and there were plans to run additional clinics to improve this figure in the coming weeks. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice audited cervical screening and had set a target of 50% of the remaining eligible women to be offered screening by the end of June 2016.

Childhood immunisation rates for the vaccines given were below national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 65% to 88% and five year olds from 63% to 68%. Nursing staff told us this was an area they were working on improving with the increase in nursing hours within the practice.

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Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74, however due to issues with nursing hours and there being no healthcare assistant within the practice staff told us their approach to health checks was opportunistic and in response to patient requests. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We did not receive any completed comment cards from patients within the practice.

We spoke with seven patients. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected and that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients generally felt they were treated with compassion, dignity and respect. However, the practice was below average for its satisfaction scores on consultations with GPs and nurses in many areas. For example:

- 75% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 71% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 84% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 67% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%).
- 98% of patients said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and the national average of 97%.
- 69% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%).

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt involved in decisions about their care and that they had time to discuss issues with GPs and nursing staff. However, while results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment in relation to nursing appointments they were below average in relation to GP appointments. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

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

Requires improvement

Are services caring?

The practice had not identified any patients as carers although there was information available to patients within the practice if they were carers. Written information was available to direct carers to the various avenues of support available to them.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice participated in the local extended hours project that enabled patients unable to access appointments during working hours to access extended hours appointments at a different practice in the area during the evening or on a Saturday.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8.00am and 6.00pm Monday to Friday. Appointments were from 08.30 am to 1.00pm every morning and 3.00pm to 5.30pm daily. Between 6.00pm and 6.30 pm calls to the surgery were diverted to a mobile phone for emergency appointments only. The practice operated a telephone triaging system where patients calling for an emergency appointment would receive a telephone appointment with a GP initially. Telephone appointments would be conducted between 8.30am and 10.50am and between 3.00pm and 3.30pm. Extended hours appointments were not offered at the practice but were available every evening and on a Saturday via a local system that GPs could refer patients into. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 72% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. However, some patients expressed frustration at having to speak to a GP before being issued with an appointment.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

This system was conducted using a GP triaging approach where all patients would receive a call from a GP to assess their needs prior to a face to face appointment being given. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

We looked at four complaints received in the last 12 months and found that these were satisfactorily handled in a timely way. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw that complaints were discussed as part of a regular practice

Good

Are services responsive to people's needs?

(for example, to feedback?)

meeting and that staff had the opportunity to be involved in these discussions. We viewed one complaint where a patient had been unhappy with the time taken for a referral to be processed and we saw that the practice manager had followed this up with subsequent discussions with the patient and with staff to look at ways the system could be improved.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice staff demonstrated a commitment to delivering high quality care and promoting good outcomes for patients; however the practice did not have a clear vision or strategy to deliver this.

- The Practice Group/Chilvers and McCrea had given notice to NHS England on their contract to provide services at the practice at the beginning of the year and the contract was due to end at the end of June 2016. At the time of our inspection it was unclear what the plans were for the service beyond this time.
- The practice therefore did not have a robust strategy and supporting business plans for how the service would be delivered or developed in the future.

Governance arrangements

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

- There was a leadership structure with named members of staff in lead roles. For example there was a lead nurse for infection control; the lead locality GP was responsible for safeguarding and supporting the GPs clinically. However, this responsibility was held for four separate practices including Whitehawk Road and the lead locality GPs time commitment to this role was just two sessions a week (this is equal to one working day).
- There was governance support from The Practice Group/Chilvers and McCrea. Day to day clinical leadership fell to locum GPs and in particular one long term locum who had been with the practice for a number of years. The locums were given some time to attend meetings and participate in the running of the practice.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and Quality and Outcomes Framework (QOF) data for this practice showed it was performing in line with national and local averages, with evidence of improvement in the past year. However, exception reporting was slightly higher than national and local averages and the practice was limited in terms of their staffing structure in terms of nursing and healthcare assistant time to focus on personally recalling patients for review. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- Clinical and internal audit was used to monitor quality and to make improvements in relation to specific areas of practice such as medicines management and cervical screening. However, there was not a programme of continuous clinical audit.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The Practice Group/Chilvers and McCrea had produced an action plan relating to their exit from the practice at the end of June. The action plan included members of the central support function of the group attending the practice (and other four Brighton based practices) on a more regular basis.

Leadership and culture

Staff told us the senior management staff were approachable and always took the time to listen to all members of staff and we saw that the senior team had increased their presence within the practice during a time of uncertainty for practice staff and patients.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The senior staff encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a leadership structure in place and staff felt supported by management. Clinical leadership at practice level was provided by locum GPs, however they were established within the practice and took on roles such as arranging clinical and multi-disciplinary meetings and involvement in improving patient outcomes.

Are services well-led?

Requires improvement

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

- Staff told us the practice held regular team meetings on a monthly basis and we saw evidence of this in the form of meeting minutes where issues relating to safety and performance were discussed.
- Clinical meetings were held on a regular basis, including monthly safeguarding meetings with a local health visitor and multi-disciplinary meetings to discuss vulnerable patients and those with palliative care needs.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff we spoke with were committed to providing adequate support to each other and the patients during a difficult period of change.
- All staff were involved in discussions about the future of the practice.

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

The practice had explored ways to seek patients' feedback and engage patients in the delivery of the service. However, at the time of our inspection the practice was facing a period of significant change and uncertainty and this had presented difficulties in pursuing this further.

- The practice did not have a patient participation group (PPG) and while they had made some effort to discuss a potential joint group with another practice based in the same building this had not been a priority for the practice at a time of significant change.
- Comment cards were available within the practice and these were reviewed by the practice manger.
- We viewed the results of a survey that had been carried out by the practice following a previous inspection in May 2015. As a result some changes to the appointment system had been made such as offering more face to face appointments and holding additional clinical for patients on the chronic disease registers. However, the survey had not been repeated and there was no system in place to improve patient engagement within the practice over time. The practice manager told us they had considered options for improving engagement with patients but that pending significant changes within the practice and the uncertainty associated with this had impacted their ability to take this forward.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us the practice management team had increased the number of meetings so that staff could meet weekly to discuss changes to the practice and the uncertainties they were facing about the future. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice with evidence of staff improving QOF results and using audit to improve practice. However, the practice team was restricted in relation to continuous improvement because of the uncertain future and subsequent lack of strategy within the practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had failed to implement a system to manage the risks associated with monitoring the safety of their urgent referral processes. This was in breach of regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that the registered provider had not always taken action to assess, monitor and improve the quality and safety of the services provided. They had failed to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. The provider did not have in place a system for monitoring the adoption of national guidance and alerts. This was a breach of regulation 17 (1) (2) (a) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and

This section is primarily information for the provider

Requirement notices

Surgical procedures Treatment of disease, disorder or injury	experienced persons deployed. There were insufficient nursing and support staff to ensure that targets relating to cervical cytology were met and that eligible patients were proactively offered a health check. This was a breach of regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The provider had failed to assess whether an applicant was of good character and had not confirmed information about the candidate before being employed as set out on Schedule 3 of the Health & Social Care Act 2008 namely by not having completed a criminal record check through the Disclosure and Barring Service (DBS). This was a breach of Regulation 19(1)(a)(2)(a)(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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